

The Conscientious Objection (Medical Activities) Bill Baroness O'Loan deserves our full support

Review by **Peter Saunders**
CMF Chief Executive

Baroness O'Loan's Conscientious Objection (Medical Activities) Bill^{1,2} passed its second reading (debate stage) in the House of Lords on 26 January 2018. It is now being reviewed by a Committee of the Whole House where amendments can be submitted and debated. If it then passes a third reading it will pass to the House of Commons.

The bill aims to strengthen the conscience rights of healthcare professionals who believe it would be wrong to be involved in three specific activities – abortion, activities under the Human Fertilisation and Embryology Act 1990 (like embryo research or egg donation) and withdrawal of life-preserving treatment.

Currently, the law offers general conscience protection. The Equality Act 2010³ includes religion and belief as two of nine 'protected characteristics' and the Human Rights Act 1998,⁴ which brought the European Convention of Human Rights (ECHR) into UK law, states that 'everyone has the right to freedom of thought, conscience and religion' (article 9). But these rights are limited.

When it comes to specific protections the situation is much less clear and statute law currently only applies to abortion and activities under the HFE Act. For abortion its scope is very limited.

In 2014, the Supreme Court ruled⁵ that two Glasgow midwives, who were working as labour ward coordinators, could not opt out of supervising abortions. It said that the conscience clause in the Abortion Act 1967⁶ only applied to those who were directly involved in abortion and not to those involved in delegation, planning, supervision and support. This left many health professionals vulnerable to coercion.

Overall, 25 peers spoke in the debate – 13 for and 11 against, with the government responding. Labour health spokesperson Baroness Thornton made it clear that the Labour party would oppose the bill. The government itself will allow a conscience vote.

The major arguments against the bill were that it expanded the scope of the conscience clause to cover health professionals only indirectly involved in the activity concerned and expanded the number of activities

protected. This, they claimed, would hinder access to patient care. Supporters of the bill will need to address these concerns convincingly at committee stage if the bill is to proceed. Freedom of conscience is not a minor or peripheral issue and it is not only Christians who are affected. It goes to the heart of healthcare practice as a moral activity. As John Wyatt has argued, 'the right of conscience helps to preserve the moral integrity of the individual clinician, preserves the distinctive characteristics and reputation of medicine as a profession, acts as a safeguard against coercive state power, and provides protection from discrimination for those with minority ethical beliefs.'⁷

As Christian citizens we must respect those who rule over us⁸ but the Bible is equally clear that our higher duty is to obey God. 'If you love me you will obey me', says Jesus.⁹

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Fixing the NHS A role for churches

Review by **Steve Fouch**
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In the first weeks of the New Year, the usual acute winter pressures on the NHS reached their worst crisis point in many years.¹ An alarming number of hospitals were on black alert with stories of patients waiting in ambulances for hours to be seen in A&E and the cancellation of hundreds of planned operations to free up beds.² Acres of commentary have been spent discussing why and what should be done about it. However, the consensus is that it will take more than money. While the government has subsequently indicated a shift in funding and pay in the coming year after nearly a decade of austerity, this barely scratches the surface of the deeper problems.

CMF members have, like their non-Christian colleagues, been working incredibly hard during this period, as they do throughout the year. We hear a lot of stories from them, particularly how many patients are being admitted via A&E who should not have to be seen there and how many GP surgeries are struggling to see the

neediest patients because of the sheer volume of people wanting appointments.

Preventative medicine, social support and community care are so vital to keeping people out of hospital or from acute health crises. But for too long, the NHS has focussed resources on acute medicine and side-lined resources that tackle the social (and spiritual) determinants of health.

The Jubilee Centre recently published a paper³ arguing that social support mechanisms need policies that actively support the family. The wealth of research, that shows how families are integral to maintaining and promoting physical and mental health, back this up.⁴ Yet the policies of successive governments have weakened the family and marginalised its role in social support and community cohesion.

There is also a growing body of research to support the role of spiritual health and community in maintaining physical and mental health.⁵ A report from Faith Action⁶ last year suggested that faith-based organi-

sations are having a positive impact on social and spiritual support that promotes long-term health and reduces admission. They argue that the NHS and social services need to be looking to work better with churches and faith-based organisations if we are to avoid a repeat of the last winter crisis.

The church and the family may not be the sole solution to the NHS crises, but any solution must involve policies that recognise their critical role in finding that solution.

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