news reviews

Ideology trumps evidence at the BMA? *votes on controversial issues passed, ignoring the science*

he British Medical Association (BMA) held its annual meeting on 15 September. Usually a fourday residential event with 600 delegates, it was reduced to one day online due to COVID. Much debate focussed on urgent COVID-related issues, but there was also a helpful open session on embedding equalities and inclusion in the light of COVID, during which I was able to remind delegates that faith is often the 'forgotten protected characteristic' of the Equality Act. We should see faith perspectives in healthcare as valuable contributions, rather than simply problems.

However, two debated motions revealed a much more concerning agenda. The first, regarding transgender issues, went significantly beyond the broad principles of ensuring dignity and respect for transgender staff and patients in the NHS. It proposed removing any medical input to legal gender transition and strengthening the ability of under 18s to access full gender transition treatment, despite the current controversy surrounding the Tavistock Clinic and concerns over children receiving lifechanging treatments without sufficient safeguards and reflection. Concerns over trans rights trumping those of women's rights in access to gendered spaces (such as domestic refuges) were also brushed aside. A helpful briefing paper from the BMA ethics team was hastily withdrawn and urgently rewritten to excise certain paragraphs deemed inappropriate, although with no explanation of why. There was a distinct feeling that the only opinion deemed valid was that of full-on trans affirmation; the motion was passed in all its parts, but with an unusually high abstention rate (14-18% for each part), suggesting unease amongst many delegates.

A second motion proposed the continuation of telemedicine provision of home Review by Mark Pickering CMF Chief Executive

abortion, so-called 'pills by post' that was brought in (up to ten weeks' gestation) as an emergency measure during COVID in March. This has long been an aim of abortion lobbyists, who are using the COVID measures as a 'foot in the door' to continue them. Speakers stated the many benefits of the measures, such as reduced waiting times and even better safeguarding against domestic abuse. Powerful speeches were made against the motion by Melody Redman and Naomi Beer, highlighting evidence from leaked NHS communications in May showing deeply concerning complications, including two maternal deaths, a stillborn at 28 weeks and a near-miss at 32 weeks. However, proponents of the motion, and even the chair of the BMA ethics committee, simply dismissed this evidence as 'misleading', instead repeating the mantra from abortion providers that all is safe and well.

Priceless but penniless Hero worship and the NHS pay rise protests

n 21 July, in a move by the government to cultivate a positive relationship with its

valuable 'frontliners', the Treasury announced a pay rise for almost 900,000 public sector workers.¹ However, not everybody embraced the pay rise because the pay rise did not embrace everybody. In the NHS, the raise will only benefit dentists and senior doctors, leaving nurses, midwives, junior doctors, healthcare assistants, and many other frontline health workers excluded, not to mention those working in social care.

Many of those excluded are in the final year of a three-year Agenda for Change pay deal, ² while junior doctors signed an agreement last year³ after a hard-fought battle. Not at all satisfied with that reasoning, protestors filled the streets in more than 30 UK cities to express their disgust at the decision.⁴

While the fight against the virus has taken centre stage, another battle has bubbled under the surface: the fight for hero status. Who has sacrificed more during the pandemic – teachers or healthcare workers? NHS staff or care home staff? Nurses or doctors? Intensivists or GPs?

Many healthcare professionals object to being called 'heroes' because heroes volunteer. In contrast, they argue, healthcare professionals are employed to provide a service for which they have been promised an appropriate financial compensation. Calling them heroes masks the truth.

In contrast, a CMF member recently told me that 'I have never knowingly treated a COVID case. And I am not the only one who has "felt a fraud" when clapped on a Thursday by my neighbours. Particularly so when I know that many of my neighbours, and church brothers and sisters, had to either continue to work in supermarkets, public transport, care homes, or survive on furlough on 80 per cent pay, whilst struggling to pay rents, and fearing eventual redundancy... meanwhile [many doctors receiving the pay rise] have been sitting at home, still being paid for work they were not able to do because of lockdown...'

Sometimes our colleagues work hours that are incompatible with their or their patients' safety. Some rely on foodbanks Review by **Georgie Coster** CMF Associate Head of Nurses & Midwives

despite working full time because their wages are insufficient. Others are paid more despite doing less due to circumstances beyond their control. That does not feel just. And we should speak up – sign the petition; write the letter; go to the protest. However, we must realise that our attitude to our own work is of utmost importance and that this season of exasperation among colleagues is an opportunity for us to shine, knowing that while our earthly rewards may waver, our treasure in heaven is secure.⁵

This news review is based upon Georgie's CMF Blog at *cmf.li/3gVQIBB*

references (accessed 15 September 2020)

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- 5. ie Colossians 3:23, Ephesians 1:3-14, 2:4-10