

# Personal Beliefs and Medical Practice

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- 1 In our core guidance, *Good Medical Practice*, we advise doctors that:
  - You must make the care of your patient your first concern ('The duties of a doctor').
  - You must treat your patients with respect, whatever their life choices and beliefs (paragraph 7).
  - You must not unfairly discriminate against patients by allowing your personal views to affect adversely your professional relationship with them or the treatment you provide or arrange (paragraph 7).
  - If carrying out a particular procedure or giving advice about it conflicts with your religious or moral beliefs, and this conflict might affect the treatment or advice you provide, you must explain this to the patient and tell them they have the right to see another doctor. You must be satisfied that the patient has sufficient information to enable them to exercise that right. If it is not practical for a patient to arrange to see another doctor, you must ensure that arrangements are made for another suitably qualified colleague to take over your role (paragraph 8).
  - You must not express to your patients your personal beliefs, including political, religious or moral beliefs, in ways that exploit their vulnerability or that are likely to cause them distress (paragraph 33).
- 2 This supplementary guidance is intended to provide more detailed advice about how to comply with these principles. It also includes examples of specific scenarios on which we are regularly asked for advice. The examples are not exhaustive, and will be amended and updated as new issues are raised.
- 3 Serious or persistent failure to follow this guidance will put your registration at risk.

## Personal beliefs and the doctor-patient relationship

- 4 Personal beliefs and values, and cultural and religious practices are central to the lives of doctors and patients.
- 5 Patients' personal beliefs may be fundamental to their sense of well-being and could help them to cope with pain or other negative aspects of illness or treatment. They may also lead patients to ask for procedures which others may not feel are in their best clinical interests, or to refuse treatment which is.
- 6 All doctors have personal beliefs which affect their day-to-day practice. Some doctors' personal beliefs may give rise to concerns about carrying out or recommending particular procedures for patients.
- 7 This guidance explores the ways we expect doctors to approach some of the issues arising from their own personal beliefs and those of their patients. It attempts to balance doctors' and patients' rights – including the right to freedom of thought, conscience and religion, and the entitlement to care and treatment to meet clinical needs – and advises on what to do when those rights conflict.
- 8 While we do not impose unnecessary restrictions on doctors, we expect them to be prepared to set aside their personal beliefs where this is necessary in order to provide care in line with the principles in *Good Medical Practice*.

## Patients' personal beliefs

- 9 Trust and good communication are essential components of the doctor-patient relationship. Patients may find it difficult to trust you and talk openly and honestly with you if they feel you are judging them on the basis of their religion, culture, values, political beliefs or other non-medical factors. For some patients, acknowledging their beliefs or

religious practices may be an important aspect of a holistic approach to their care. Discussing personal beliefs may, when approached sensitively, help you to work in partnership with patients to address their particular treatment needs. You must respect patients' right to hold religious or other beliefs and should take those beliefs into account where they may be relevant to treatment options. However, if patients do not wish to discuss their personal beliefs with you, you must respect their wishes.

### Examples of situations where patients' personal beliefs may affect care

#### Refusal of blood products by Jehovah's Witnesses

- 10 Many Jehovah's Witnesses have strong objections to the use of blood and blood products, and may refuse them<sup>1</sup>, even if there is a possibility that they may die as a result.
- 11 You should not make assumptions about the decisions that a Jehovah's Witness patient might make about treatment with blood or blood products. You should ask for and respect their views and answer their questions honestly and to the best of your ability<sup>2</sup>. You may also wish to contact the hospital liaison committees established by the Watch Tower Society (the governing body of Jehovah's Witnesses) to support Jehovah's Witnesses faced with treatment decisions involving blood<sup>3</sup>. These committees can advise on current Society policy regarding the acceptability or otherwise of particular blood products. They also keep details of hospitals and doctors who are experienced in 'bloodless' medical procedures.

#### Circumcision of male<sup>4</sup> children for religious or cultural reasons

- 12 Many people within the Jewish and Islamic faiths consider male circumcision to be essential to the practice of their religion; they would regard any restriction or ban on male circumcision as an infringement of a fundamental human right. Others, including those who campaign against the practice of male circumcision, strongly believe that, because circumcision carries risks, it is wrong to perform the procedure on children who are not old enough to give informed consent, unless it is undertaken to address a specific clinical condition.
- 13 The GMC does not have a position on this issue. We do not have general authority to determine public policy on issues that arise within medical practice – these are matters for society as a whole to determine, through the parliamentary process.
- 14 If you are asked to circumcise a male child, you must proceed on the basis of the child's best interests and with consent. An assessment of best interests will include the child and/or his parents' cultural, religious or other beliefs and values<sup>5</sup>. You should get the child's consent if he is competent. If he is not, you should get consent from both parents if possible, but otherwise from at least one person with parental responsibility<sup>6</sup>. If parents

cannot agree and disputes cannot be resolved informally, you should seek legal advice about whether you should apply to the court.

- 15 If you are opposed to circumcision except where it is clinically indicated you must explain this to the child (if he can understand) and his parents and follow our advice on conscientious objection (paragraphs 21 - 25).
- 16 If you agree to circumcise a male child, you must:
  - have the necessary skills and experience to perform the operation and use appropriate measures, including anaesthesia, to minimise pain and discomfort both during and after the procedure
  - keep up to date with developments in the practice of male circumcision including when the procedure is, and is not, necessary for medical reasons
  - explain objectively to the child (if he can understand) and his parents the benefits and risks of the procedure
  - explain to the child and his parents that they may invite their religious adviser to be present at the circumcision to give advice on how the procedure should be performed to meet the requirements of their faith
  - ensure conditions are hygienic and provide appropriate aftercare including advice to parents on how to minimise pain and discomfort and maintain cleanliness.

#### Doctors' personal beliefs

- 17 Your first duty as a doctor is to make the care of your patient your first concern. Patients are entitled to expect that you will offer them good quality care based on your clinical knowledge and professional judgement.
- 18 You must not allow any personal views that you hold about patients to prejudice your assessment of their clinical needs or delay or restrict their access to care. This includes your view about a patient's age, colour, culture, disability, ethnic or national origin, gender, lifestyle, marital or parental status, race, religion or beliefs, sex, sexual orientation, or social or economic status.
- 19 You should not normally discuss your personal beliefs with patients unless those beliefs are directly relevant to the patient's care. You must not impose your beliefs on patients, or cause distress by the inappropriate or insensitive expression of religious, political or other beliefs or views. Equally, you must not put pressure on patients to discuss or justify their beliefs (or the absence of them).
- 20 Patients have a right to information about their condition and the options available to them. You must not withhold information about the existence of a procedure or treatment because carrying it out or giving advice about it conflicts with your religious or moral beliefs.
- 21 Patients may ask you to perform, advise on, or refer them for a treatment or procedure which is not prohibited by law or statutory code of practice

in the country where you work, but to which you have a conscientious objection<sup>7</sup>. In such cases you must tell patients of their right to see another doctor with whom they can discuss their situation and ensure that they have sufficient information<sup>8</sup> to exercise that right. In deciding whether the patient has sufficient information, you must explore with the patient what information they might already have, or need.

- 22** In the circumstances described in paragraph 21, if the patient cannot readily make their own arrangements to see another doctor you must ensure that arrangements are made, without delay, for another doctor to take over their care. You must not obstruct patients from accessing services or leave them with nowhere to turn. Whatever your personal beliefs may be about the procedure in question, you must be respectful of the patient's dignity and views.
- 23** You must be open with patients – both in person and in printed materials such as practice leaflets – about any treatments or procedures which you choose not to provide or arrange because of a conscientious objection, but which are not otherwise prohibited.
- 24** If your post involves arranging treatment or carrying out procedures to which you have a conscientious objection, you should explain your concerns to your employer or contracting body. You should explore constructively with them how to resolve the difficulty without compromising patient care, and without placing an unreasonable burden on colleagues.
- 25** You have an overriding duty to provide care for patients who are in need of medical treatment, whatever the cause of that medical need. It is not acceptable to seek to opt out of treating a particular patient or group of patients because of your personal beliefs or views about them<sup>9</sup>.

### Examples of situations where doctors' personal beliefs may affect care

#### Care of patients pre- and post- termination of pregnancy

- 26** Where a patient who is awaiting<sup>10</sup> or has undergone a termination of pregnancy needs medical care, you have no legal<sup>11</sup> or ethical right to refuse to provide it on grounds of a conscientious objection to the procedure. The same principle applies to the care of patients before or following any other procedure from which you have withdrawn because of your beliefs.

#### Clothing and other expressions of religious belief or culture

- 27** We do not give advice on how doctors should dress. It is for employers to determine appropriate workplace dress, taking into account factors such as the nature of the role, health and safety considerations and religious or cultural requirements of staff members.
- 28** However, it is important that patients feel able to build relationships of trust and communicate freely

with their doctors. Some patients, for example, may find that a face veil worn by their doctor presents an obstacle to effective communication and the development of trust. You must be prepared to respond to a patient's individual needs and take steps to anticipate and overcome any perceived barrier to communication. In some situations this may require you to set aside your personal and cultural preferences in order to provide effective patient care.

#### Completion of cremation forms

- 29** If you are the only doctor legally able to sign the Certificate of Medical Attendant (Form B)<sup>12</sup> you should not refuse to do so on the basis of your own personal or religious objection to cremation. Refusal to sign the form could necessitate a referral to the coroner and a post mortem, causing unnecessary delay and distress to the relatives of the deceased patient.

#### Footnotes

- 1 Adult patients who have capacity to make decisions about their care have the right to refuse any medical treatment.
- 2 The GMC's guidance *0-18 years: Guidance for all doctors* deals with making decisions where the patient is a child or young person, including issues such as capacity to consent, parental responsibility and refusal of treatment.
- 3 The Hospital Information Service runs a 24-hour telephone line (020 8906 2211) for those trying to contact their local Hospital Liaison Committee. If you intend to discuss an individual patient's case you should seek consent before contacting the committee.
- 4 Female genital mutilation – sometimes referred to as female circumcision – is a serious crime and a child protection issue, whether undertaken in the UK or abroad (see the Female Genital Mutilation (England, Wales and Northern Ireland) Act 2003 and the Prohibition of Female Genital Mutilation (Scotland) Act 2005).
- 5 Paragraphs 34 – 35 of *0-18 years: Guidance for all doctors*.
- 6 *Re J (Specific Issue Orders Child's Religious Upbringing and Circumcision)* [2000] 1 FLR 571; Appendix 2 of *0-18 years: Guidance for all doctors*.
- 7 In England, Wales and Scotland the right to refuse to participate in terminations of pregnancy is protected by law. Section 4(1) of the Abortion Act 1967 (in force in England, Wales and Scotland) permits that 'no person shall be under any duty, whether by contract or by any statutory or other legal requirement, to participate in the treatment authorised in this Act to which he has a conscientious objection'. The Abortion Act does not apply in Northern Ireland.
- 8 For example, the contact details of an alternative local doctor who is known not to hold the same conscientious objection.
- 9 This guidance is intended for registered doctors, but the issue has also been raised in relation to medical students, and we have taken the same view (see paragraphs 10 – 13 of the GMC Education Committee's February 2003 Position Statement on Core Educational Outcomes).
- 10 See paragraphs 21-22. This does not include care which is necessary preparation for performing a termination.
- 11 The case of *Janaway v Salford Health Authority All England Law Rep 1988 Dec 1; [1988] 3:1079-84* set a precedent and defined participation as 'actually taking part in treatment designed to terminate a pregnancy'.
- 12 Doctors' responsibilities when completing cremation forms are governed by the Cremation Acts of 1902 and 1952, and the Cremation Regulations 1930 (as amended). The Certificate of Medical Attendant (Form B) must be signed by a doctor who attended the deceased before death and has seen and identified the deceased's body after death. It can be completed by the same doctor (and even at the same time) as the Medical Certificate of Cause of Death (MCCD).