

Published 25 March 2013 | Comes into effect 22 April 2013

Personal beliefs and medical practice

1 In *Good medical practice*¹ we say:

- 15 You must provide a good standard of practice and care. If you assess, diagnose or treat patients, you must:
 - a adequately assess the patient's conditions, taking account of their history (including the symptoms and psychological, spiritual, social and cultural factors), their views and values; where necessary, examine the patient
 - b promptly provide or arrange suitable advice, investigations or treatment where necessary
 - c refer a patient to another practitioner when this serves the patient's needs.
- 48 You must treat patients fairly and with respect whatever their life choices and beliefs.
- 52 You must explain to patients if you have a conscientious objection to a particular procedure. You must tell them about their right to see another doctor and make sure they have enough information to exercise that right. In providing this information you must not imply or express disapproval of the patient's lifestyle, choices or beliefs. If it is not practical for a patient to arrange to see another doctor, you must make sure that arrangements are made for another suitably qualified colleague to take over your role.
- 54 You must not express your personal beliefs (including political, religious and moral beliefs) to patients in ways that exploit their vulnerability or are likely to cause them distress.
- 57 The investigations or treatment you provide or arrange must be based on the assessment you and your patient make of their needs and priorities, and on your clinical judgement about the likely effectiveness of the treatment options. You must not refuse or delay treatment because you believe that a patient's actions or lifestyle have contributed to their condition.
- 59 You must not unfairly discriminate against patients or colleagues by allowing your personal views² to affect your professional relationships or the treatment you provide or arrange...

2 In this guidance, we explain how doctors can put these principles into practice. Serious or persistent failure to follow this guidance will put your registration at risk.

Personal beliefs and values in medical practice

3 We recognise that personal beliefs and cultural practices are central to the lives of doctors and patients, and that all doctors have personal values that affect their day-to-day practice. We don't wish to prevent doctors from practising in line with their beliefs and values, as long as they also follow the guidance in *Good medical practice*. Neither do we wish to prevent patients from receiving care that is consistent with, or meets the requirements of, their beliefs and values.

Doctors' personal beliefs

4 Doctors may practise medicine in accordance with their beliefs, provided that they act in accordance with relevant legislation and:

- do not treat patients unfairly
- do not deny patients access to appropriate medical treatment or services
- do not cause patients distress.

If any of these circumstances is likely to arise, we expect doctors to provide effective patient care, advice or support in line with *Good medical practice*, whatever their personal beliefs.³

Legal issues

5 As *Good medical practice* makes clear, doctors must keep up to date with and follow the law relevant to their work. For example, the *Equality Act 2010* and parallel legislation in Northern Ireland prohibit doctors from discriminating, directly or indirectly, against others, or from harassing them, on grounds of a protected characteristic,⁴ when they provide medical services. In addition, some legislation:

- a specifically entitles doctors to exercise a conscientious objection to providing certain treatments or procedures

- b allows or prohibits particular treatments or procedures.

- 6** The law does not require doctors to provide treatments or procedures that they have assessed as not being clinically appropriate or not of overall benefit to the patient.
- 7** The legal annex (pages 6–7) provides information about some relevant legislation. You should seek legal advice if you are unsure whether, by exercising a conscientious objection, you are contravening the law in the country where you work.

Conscientious objection

8 You may choose to opt out of providing a particular procedure because of your personal beliefs and values, as long as this does not result in direct or indirect discrimination against, or harassment of, individual patients or groups of patients. This means you must not refuse to treat a particular patient or group of patients because of your personal beliefs or views about them.⁵ And you must not refuse to treat the health consequences of lifestyle choices to which you object because of your beliefs.⁶

9 Employing and contracting bodies are entitled to require doctors to fulfil contractual requirements⁷ that may restrict doctors' freedom to work in accordance with their conscience. This is a matter between doctors and their employing or contracting bodies.

10 If, having taken account of your legal and ethical obligations, you wish to exercise a conscientious objection to particular services or procedures, you must do your best to make sure that patients who may consult you about it are aware of your objection in advance. You can do this by making sure that any printed material about your practice and the services you provide explains if there are any services you will not normally provide because of a conscientious objection.

- 11** You should also be open with employers, partners or colleagues about your conscientious objection. You should explore with them how you can practise in accordance with your beliefs without compromising patient care and without overburdening colleagues.
- 12** Patients have a right to information about their condition and the options open to them. If you have a conscientious objection to a treatment or procedure that may be clinically appropriate for the patient, you must do the following.
- a** Tell the patient that you do not provide the particular treatment or procedure, being careful not to cause distress. You may wish to mention the reason for your objection, but you must be careful not to imply any judgement of the patient.
 - b** Tell the patient that they have a right to discuss their condition and the options for treatment (including the option that you object to) with another practitioner who does not hold the same objection as you and can advise them about the treatment or procedure you object to.
 - c** Make sure that the patient has enough information to arrange to see another doctor who does not hold the same objection as you.
- 13** If it's not practical for a patient to arrange to see another doctor, you must make sure that arrangements are made – without delay – for another suitably qualified colleague to advise, treat or refer the patient. You must bear in mind the patient's vulnerability and act promptly to make sure they are not denied appropriate treatment or services. If the patient has a disability, you should make reasonable adjustments⁸ to your practice to allow them to receive care to meet their needs. In emergencies, you must not refuse to provide treatment necessary to save the life of, or prevent serious deterioration in the health of, a person because the treatment conflicts with your personal beliefs.
- 14** You will not necessarily need to end a consultation with your patient because you have an objection to a treatment or procedure that may be appropriate for them. However, if you feel (or the patient feels) that your conscientious objection prevents you from making an objective assessment, you should suggest again that the patient seeks advice and treatment elsewhere.
- 15** You must not obstruct patients from accessing services or leave them with nowhere to turn.
- 16** Whatever your personal beliefs about the procedure in question, you must be respectful of the patient's dignity and views.

How could a patient's personal beliefs affect their healthcare?

- 17** Patients' personal beliefs may lead them to:
- ask for a procedure for mainly religious, cultural or social reasons
 - refuse treatment that you judge to be of overall benefit to them.

Procedures provided for mainly religious or cultural reasons

- 18** If patients (or those with parental responsibility for them) ask for a procedure, such as circumcision of male children, for mainly religious or cultural reasons, you should discuss with them the benefits, risks and side effects of the procedure. You should usually provide procedures⁹ that patients request and that you assess to be of overall benefit to the patient. If the patient is a child, you should usually provide a procedure or treatment that you assess to be in their best interests. In all circumstances, you will also need the patient's or parental consent.

19 In assessing what is of overall benefit to adult patients, you must take into account their cultural, religious or other beliefs and values. For further advice on assessing overall benefit, see our guidance *Consent: patients and doctors making decisions together*¹⁰ and *Treatment and care towards the end of life: good practice in decision making*.¹¹

20 If the patient is a child, you must proceed on the basis of the best interests of the child and with consent. Assessing best interests will include the child's and/or the parents'¹² cultural, religious or other beliefs and values.¹³ You should get the child's consent if they have the maturity and understanding to give it. If not, you should get consent from all those with parental responsibility. If you cannot get consent for a procedure, for example, because the parents cannot agree and disputes cannot be resolved informally, you should:

- inform the child's parents that you cannot provide the service unless you have authorisation from the court
- advise the child's parents to seek legal advice on applying to the court.

21 If you judge that a procedure is not in the best interests of a child, you must explain this to the child (if he or she can understand) and to their parents. If you do not believe that the procedure is of overall benefit to an adult patient, you must explain this to them. You are not obliged to provide treatments in such cases. If you hold objections to the procedure as a result of your religious or moral beliefs, you should follow our advice on conscientious objection (paragraphs 8–16).

22 If you agree to perform any procedure for religious or cultural reasons, you must meet the same standards of practice required for performing therapeutic procedures including:

- having the necessary skills and experience to perform the procedure and use

appropriate measures, including anaesthesia, to minimise pain and discomfort both during and after the procedure

- keeping your knowledge and skills up to date
- ensuring conditions are hygienic
- providing appropriate aftercare.

23 If you are carrying out circumcision, or another procedure, for religious reasons, you should explain to the patient (or, in the case of children, their parents) that they may invite their religious adviser to be present during the procedure to give advice on how it should be performed to meet the requirements of their faith.

Patients who refuse treatment

24 You must respect a competent patient's decision to refuse an investigation or treatment, even if you think their decision is wrong or irrational.¹⁴ You may advise the patient of your clinical opinion, but you must not put pressure on them to accept your advice.¹⁵ You must be careful that your words and actions do not imply judgement of the patient or their beliefs and values.

25 If you have a conscientious objection – for example, to the withdrawal of life-prolonging treatment – you should follow the guidance in paragraphs 79–80 and 47–48 of our guidance *Treatment and care towards the end of life: good practice in decision making*.

26 If the patient is a child who lacks capacity to make a decision, and both parents¹⁶ refuse treatment on the grounds of their religious or moral beliefs, you must discuss their concerns and look for treatment options that will accommodate their beliefs. You should involve the child in a way appropriate to their age and maturity. If following a discussion of all the options you cannot reach an agreement, and treatment is essential to preserve life or prevent serious deterioration in health, you should seek advice on approaching the court.

- 27** In an emergency, you can provide treatment that is immediately necessary to save life or prevent deterioration in health without consent or, in exceptional circumstances, against the wishes of a person with parental responsibility.
- 28** For further advice on consent to treatment involving children and adults, including adults who lack capacity, see our guidance *Consent: patients and doctors making decisions together* and *0–18 years: guidance for all doctors*.

Talking to patients about personal beliefs

- 29** In assessing a patient's conditions and taking a history, you should take account of spiritual, religious, social and cultural factors, as well as their clinical history and symptoms (see *Good medical practice* paragraph 15a). It may therefore be appropriate to ask a patient about their personal beliefs. However, you must not put pressure on a patient to discuss or justify their beliefs, or the absence of them.
- 30** During a consultation, you should keep the discussion relevant to the patient's care and treatment. If you disclose any personal information to a patient, including talking to a patient about personal beliefs, you must be very careful not to breach the professional boundary¹⁷ that exists between you. These boundaries are essential to maintaining a relationship of trust between a doctor and a patient.
- 31** You may talk about your own personal beliefs only if a patient asks you directly about them, or indicates they would welcome such a discussion. You must not impose your beliefs and values on patients, or cause distress by the inappropriate or insensitive expression of them.

Legal annex

This annex is for reference only. It is not intended to be a comprehensive statement of the law or list of relevant legislation and case law, nor is it a substitute for up-to-date legal advice.

Abortion Act 1967

In England, Wales and Scotland the right to refuse to participate in terminations of pregnancy (other than where the termination is necessary to save the life of, or prevent grave injury to, the pregnant woman), is protected by law under section 4(1) of the Act.

This right is limited to refusal to participate in the procedure(s) itself and not to pre- or post- treatment care, advice or management, see the Janaway case: *Janaway v Salford Area Health Authority* [1989] 1 AC 537

Northern Ireland

The *Abortion Act 1967* does not apply in Northern Ireland. The relevant legislation in Northern Ireland is the *Offences Against the Person Act 1861* and the *Criminal Justice Act (Northern Ireland) 1945*.

Sections 58-59 of the *Offences Against the Person Act 1861* were repealed on 22 October 2019 in Northern Ireland.

A new regulatory framework is expected to be put in place on 31 March 2020. The UK Government has published guidance for healthcare professionals in Northern Ireland on the law on abortion and terminations of pregnancy during this interim period. See: <https://www.gov.uk/government/publications/changes-to-the-law-in-northern-ireland-latest-information>

Human Fertilisation and Embryology Act 1990

Section 38 of the Act prevents any duty being placed on an individual to participate in any activity governed by the Act.

Female Genital Mutilation Act 2003

This Act prohibits a range of procedures on female genitalia, except where they are necessary for health reasons or to assist in the birth of a child. Female genital mutilation raises child protection issues.

This Act was amended by the Serious Crime Act 2015, which introduced a duty on doctors in England and Wales to report known cases of FGM in girls and young women aged under 18 to the police. This duty came into force in October 2015.

For further information, see our guidance *Protecting children and young people: The responsibilities of all doctors* (2012).

Equality Act 2010 (and parallel legislation in Northern Ireland)

The *Equality Act* and parallel legislation prohibit direct or indirect discrimination or harassment of patients on the basis of a protected characteristic. The protected characteristics are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

Direct discrimination occurs where a person treats another person less favourably than he or she treats, or would treat, others because of a protected characteristic.

Indirect discrimination occurs when a person (A) applies a provision, criterion or practice to another person (B) that appears neutral on its face but which disadvantages B and other people with whom B shares a protected characteristic, and which cannot be shown to be justified.

Harassment occurs where a person's conduct has the purpose or effect of violating another person's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for that person (section 26). For further detail on the application of protected characteristics and discrimination in providing health services, check the *Equality Act* or seek legal advice.

Gender Recognition Act 2004

The *Gender Recognition Act 2004* imposes certain responsibilities to maintain confidentiality. Section 22 of the Act makes it a crime for any individual who has obtained information in an official capacity to divulge that a person has a gender recognition certificate or do anything that would make such a disclosure. *The Gender Recognition (Exceptions to Offence of Disclosure) Order 2005* creates an exception to Section 22 for healthcare professionals where:

- The disclosure is made to a healthcare professional
- The disclosure is made for medical purposes, and
- The person making the disclosure reasonably believes that the subject has given consent to the disclosure or cannot give such consent.

Human Rights Act 1998

The *Human Rights Act* incorporates the *European Convention on Human Rights* into UK law. Article 9 of the Convention concerns the right to freedom of thought, conscience and religion. It provides an absolute right as far as holding a belief is concerned, but the right to act on beliefs or to oblige others to comply with them is subject to qualification and cannot be used to support an action that infringes the rights and freedoms of others.

References

- 1 General Medical Council (2013) *Good medical practice* London, GMC.
- 2 This includes your views about a patient's or colleague's lifestyle, culture or their social or economic status, as well as the characteristics protected by legislation: age, disability, gender reassignment, race, marriage and civil partnership, pregnancy or maternity, religion or belief, sex and sexual orientation.
- 3 For example, if you are the only doctor legally able to sign a cremation certificate, you should not refuse to do so on the basis of your own personal or religious objection to cremation.

- 4 The terms 'discrimination', 'harassment' and 'protected characteristic' are explained in the legal annex.
- 5 For example, this means that you must not refuse to provide a patient with medical services because the patient is proposing to undergo, is undergoing, or has undergone gender reassignment. However, you may decide not to provide or refer any patients (including patients proposing to undergo gender reassignment) for particular services to which you hold a conscientious objection, for example, treatments that cause infertility.
- 6 For example, this means that while you may decide not to provide contraception (including emergency contraception) services to any patient, you cannot be willing to prescribe it only for women who live in accordance with your beliefs (eg by prescribing for married women but not for unmarried women).
- 7 Except where those requirements are inconsistent with legislation or where the law provides protection on grounds of conscience.
- 8 This is a requirement of the *Equality Act 2010*. 'Reasonable adjustments' does not only mean changes to the physical environment. It can include, for example, being flexible about appointment time or length, and making arrangements for those with communication difficulties, such as impaired hearing. For more information, see the Equality and Human Rights Commission website.
- 9 Where you have the knowledge, skills and experience to do so safely.
- 10 General Medical Council (2008) *Consent: patients and doctors making decisions together* London, GMC.
- 11 General Medical Council (2010) *Treatment and care towards the end of life: good practice in decision making* London, GMC. See paragraphs 13 and 40–46.
- 12 'Parents' here means all those with parental responsibility for the child.
- 13 You must also follow our guidance on treating patients aged 0–18 years. General Medical Council (2007) *0–18 years: guidance for all doctors* London, GMC, paragraphs 34–35.
- 14 *Airedale NHS Trust v Bland* [1993] 1 All ER 821; *Re JT (Adult: Refusal of Medical Treatment)* [1998] 1 FLR 48 and *Re AK (Medical Treatment: Consent)* [2001] FLR 129.
- 15 For example, many Jehovah's Witnesses have strong objections to the use of blood and blood products, and may refuse them even if they may die as a result. Hospital liaison committees established by the Watch Tower Society (the governing body of Jehovah's Witnesses) can advise on current Society policy. They also keep details of hospitals and doctors who are experienced in 'bloodless' medical procedures.
- 16 The consent of one parent is sufficient see *Re N (A child: Religion: Jehovah's Witness)* [2011] EWHC 3737 (Fam).
- 17 You must follow our guidance on maintaining a professional boundary between you and your patient. General Medical Council (2013) *Maintaining a professional boundary between you and your patient* London, GMC.