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10th December 2021

Equality Hub

By email: ctconsultation@cabinetoffice.gov.uk

Dear Conversion Therapy Consultation Team,

Consultation to help the development of legislation for banning conversion therapy.

Thank you for the opportunity to respond to this consultation. The GMC supports the aim of this proposed legislation to put an end to so-called conversion therapy practices in the UK. We would take very seriously any allegation about a doctor engaging in so-called conversion therapy and our guidance clearly sets out that any such therapy is inconsistent with our standards.

Some relevant principles from our ethical guidance are listed below, which we hope are helpful in further informing the reference made in the consultation to existing regulatory standards. There is also a proposal in the consultation, which we think would benefit from further consideration.

Doctors' duty to practise evidence-based medicine

Our guidance, in Good medical practice, is clear that we expect doctors to practise evidence-based medicine and, as highlighted in the consultation, 'the evidence is clear that [conversion therapy] does not work…and can cause long lasting damage'. It is not a recognised clinical therapy. Therefore, we would be extremely concerned about any allegation of a doctor engaging in so-called conversion therapy with any patient, whatever their age.

The need to allow doctors to support patients

We are glad to see that the proposals in the consultation recognise the need to make sure that legislation doesn't override the independence of clinicians to support patients who may be questioning if they are LGBT, in line with professional obligations. We support clinicians using evidence-based and ethical talking therapies when working with patients who wish to explore, experience conflict with, or are in distress regarding their sexual orientation or gender identity.

The need for this independence is set out clearly in the Memorandum of Understanding, which we've supported since its release in 2015.

In order to make sure this clause of the proposed legislation doesn't prevent doctors from legitimate and ethical practice, we would urge you to consult doctors and their representative bodies, including the British Medical Association and medical defence organisations. These organisations will be best placed to advise how to avoid any unintended consequences of the proposed legislation in relation to supporting patients in line with professional obligations.

Doctors' duty to raise concerns

We expect doctors to act if they believe that a person's freedom to make a decision is inhibited. Our Decision making and consent guidance states that doctors should be aware that patients may feel pressure from others and that, if they suspect that a patient's rights have been abused or denied, they must follow local safeguarding procedures and consider raising a concern. Where doctors are concerned that children or young people may be subject to undue pressure or abuse, we expect them to follow our guidance on Protecting children and young people: The responsibilities of all doctors.

Our outstanding concerns

Can an adult 'freely consent' to 'talking conversion therapy'?

There is one area of the proposals set out in consultation that we feel would benefit from further consideration and clarification. We question how effective a ban on so-called conversion therapy would be if the legislation will allow 'talking conversion therapy' to take place in instances where adults have 'freely consented'.

Having set out clearly in the introduction that so-called conversion therapy is abhorrent and will be banned, the consultation then goes on to propose that 'talking conversion therapy' will be a criminal offence **only** where it is committed against under 18s or those over 18 who 'have not consented or due to their vulnerability are unable to do so'.

This suggests that it will **not** be made a criminal offence to practise so-called conversion therapy with adults who have consented. It is then stated that you 'do not intend to ban adults from seeking such counselling freely', where 'such counselling' is that which will 'help them live a life that they feel is more in line with their personal beliefs'. It is unclear how such counselling differs from so-called conversion therapy if the intention is to change the person's sexual orientation or gender identity (which - as previously stated – cannot be done).

In your opening statement you are clear that so-called conversion therapy is 'coercive and abhorrent… and the evidence is clear that it does not work'. We would therefore question whether a person can freely consent to a 'treatment' that is acknowledged to be coercive. Our Decision making and consent guidance explores the issue of coercion: we would be concerned that a patient's seemingly 'freely given consent' may be the result of indirect pressure from others, or a consequence of distorted beliefs about themselves and society's expectations.

Even if it were possible for a patient to 'freely consent' to such counselling, it would not be ethical for a clinician to provide it. Our guidance clearly states that doctors should not provide a treatment that they don't judge to serve a patient's needs simply because the patient requests it.

If the intention behind this exemption is to facilitate supportive counselling that allows a person to explore their sexual orientation and/or gender identity without judgement – or a pre-determined outcome – this should be made much clearer. But our key comment is that we do not believe that the final proposals should contain this notion that adults can 'freely consent' to so-called conversion therapy given that the therapy itself is something that no doctor could ethically provide.

We appreciate the opportunity to review and respond to your proposals and would like to re-affirm our support for your commitment to banning so-called conversion therapy practices in the UK. I hope that this response is helpful in further informing the development of the legislation. We are more than happy to work with you to explore these areas further with a view to ensuring the legislation is as effective as possible in ending this practice.

Kind regards

Professor Colin Melville
Medical Director and Director of Education and Standards, GMC