PRACTICAL MEDICAL ETHICS; HOW TO STAY TRUE TO THE CATHOLIC FAITH IN YOUR DAILY WORK?

EDITORS NOTE:

This section is a new development in the Catholic Medical Quarterly. Each issue will address practical medical ethics dilemmas faced by Catholic doctors who wish to remain true to Christ. The principle of the section is that if it is possible to maintain ones employment as a doctor without compromising the truth given to us by Christian morality then this is to be encouraged. Being a doctor is a good that should be protected by all moral means that are available to us. But if the choice is between denying Christ or the mere loss of a job or promotion then the choice is clear- Christ is worth everything we possess and infinitely more!

I have invited Dr Charlie O'Donnell, a consultant in Emergency and Intensive Care Medicine, to address the first of many practical ethical dilemmas.

HOW DO YOU AVOID PRESCRIBING THE MORNING AFTER PILL?

I am delighted to respond to Dr Thevathasan's request to be the inaugural contributor to this exciting and in my opinion much needed section of the Quarterly. As a Junior Doctor I desperately looked for sound guidance in the practical application of my Faith at work. I think this new idea will make that quest easier for the up-and-coming juniors who in many respects are facing an even more secular atmosphere in the workplace than I did as a junior in the 80's and 90's.

Post coital contraception is morally illicit principally because it potentially prevents implantation of a newly conceived individual. Human life from conception to natural death deserves our utmost protection.

I recently approached the GMC with my strategy that I have used for many years and am pleased to say the GMC agreed that this method is acceptable in terms of their guidance. More importantly I believe I do not cooperate with the prescription of post coital contraception.

My letter to the GMC read as follows:

"I am a Consultant in Emergency Medicine and Intensive Care Medicine.

Having read and reflected on *Personal Beliefs and Medical Practice March 2008*, particularly as it pertains to adolescents, I would just like to be sure that my own Emergency Medicine practice is in accord with GMC guidelines. I guess that you would agree that many of the potential ethical problems in this group revolve around what one may call "sexual ethics", i.e. termination of pregnancy, contraception and post coital contraception.

I should begin by saying that I understand the GMC's desire to balance the right of the doctor not to be made to provide, facilitate or become complicit with treatment that he or she does not believe to be in the best interests of the patient against the legal right of patients to access treatments routinely available via the NHS which they sincerely - though not necessarily rightly - believe to be in their best interests.

The relevant paragraphs that I wish to clarify are 17-18:

"17. Patients may ask you to perform, give advice, 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. 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 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."

"18. In the circumstances (described above), 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."

My own practice occasionally involves seeing patients requesting post coital contraception, a treatment I sincerely believe is not in their best interests and which I therefore cannot prescribe. Moreover, given the fact that I do not think the treatment is in the best interests of the patient I would consider it illogical to refer the patient directly to a doctor who agrees with the treatment, i.e. say to the patient "Look, I do not think post coital contraception is a good treatment for you but nevertheless I will find you someone who does!" I would feel the trust that the patient hopefully has in my good intentions would be severely compromised if the patient were to think, "This doctor will even send me for treatments he does not think are good for me - why should I trust him?"

The consultations that I have had with this relatively small patient group to date have been without any tangible complaint or difficulty. They have been based on the following principles:

- I cannot impose my morality onto the patient
- I must respect the sincerity of conscience of the patient at all times
- I must recognize the difficult situation that the patient perceives herself to be in and ensure that she does not feel intimidated, subjectively judged or undermined by myself

- I must communicate, in way that is both courteous and easily understood by the patient, the fact that the patient does not have the right to impose her morality on the doctor

- I must ensure that the patient knows she is free to seek a second opinion from another doctor (who could be either a GP or a Consultant)

- I must ensure that the patient can always consult me for any other medical problem and that she is not left feeling abandoned in terms of her general medical care

- I must ensure the patient is competent enough to make such an important decision for herself

- I must be convinced after speaking to the patient that she knows how to access other routes of healthcare provision

I have always concluded after due deliberation that if an individual judges herself mature enough to be having sexual intercourse then it would be an insult to her intelligence to say that she has the competence to make such a big life decision but she does not have the competence to decide who she would like to consult! I would be very concerned about a minor (or indeed an adult) who was having sexual intercourse, which is surely a major life decision with very significant consequences, and yet did not demonstrate the capacity to make a far less challenging decision (shall I go to a GP or another doctor?) In the latter case the question of abuse and of lack of free consent to sexual intercourse would then come into the picture. This would obviously require me to address the patient's best interests by ensuring first and foremost her safety. The latter scenario is purely hypothetical to date, though I guess a remote possibility in a world where the incompetent are at risk of having their rights violated. There is also a serious question whether a patient who is not competent to decide where to go for a second opinion would be competent to consent to post coital contraception.

I strongly feel that my strategy avoids me having to engage in medical practices that conflict with my deeply felt religious and ethical beliefs as protected by Article 9 of the European Convention on Human Rights and the Employment Equality (Religion or Belief) Regulations 2003.

Does my practice to date conform to the 2008 GMC guidelines?"

I am pleased to inform you that the GMC responded affirmatively.

On this point of practice Catholics can follow their conscience and keep their job! In practical terms this letter provides the template of any discussion a Junior Doctor needs to have with their supervising Consultant before starting an O and G, Emergency Medicine or GP job. One tip is to beware the response "OK, just get a colleague to do it for you!" I hope that my letter makes it clear why such a strategy is unacceptable. Sadly we cannot prevent a patient choosing a material evil, but we can prevent ourselves aiding and abetting the choice. Obviously 99% of young women have (in my opinion) no concept of the magnitude of their decision and the gravity of the sin but that does not exonerate us who know the truth from upholding it. I hope that a few of the young women I have met over the years who have asked me for post coital contraception may have decided when they left the room that this was not for them. I am not so naive to believe anything other than that most went to the next doctor or pharmacy for the treatment. Quite a few asked me why I would not prescribe it. All of the young women afforded me great respect. I try to remember to pray for them.

Dr Charles O'Donnell FRCP DA EDICM FCEM

Consultant in Emergency and Intensive Care Medicine