

SUBMISSIONS ON MARRIAGE AND THE FAMILY

Many of our members submitted to the consultation on marriage and the family. For a discussion of the issues see Redefining marriage [1]

[1] Redefining Marriage. Peter Doherty Catholic Medical Quarterly Volume 62(2) May 2012, 5-7
http://www.cmq.org.uk/CMQ/2012/May/redefining_marriage.html

SUBMISSION TO THE GENERAL MEDICAL COUNCIL ON PERSONAL BELIEFS.



This consultation raised great anxiety among many colleagues and several submissions were made by the CMA, members and branches. These will be linked to via the online version of the CMQ (www.cmq.org.uk). Key issues in the GMC consultation were whether conscientious objection should be limited to formal and stated legal rights to conscientious objection, or be a matter of general principle; and the objecting healthcare professional's duties as seen by the GMC to refer and participate in as some would see, unethical, procedures.

CONSCIENTIOUS OBJECTION

It is unthinkable that a doctor might operate in a legal framework without thinking through what is right and wrong. Many procedures are legal and right in some situations, but wrong in others. ECT would be a good example of something that is entirely right, effective and legal for the treatment of severe depression, but utterly wrong if used as a punishment of for another condition such as pneumonia. Doctors must always seek to do what is right and must therefore analyse the rightness of their acts. They cannot be prevented from doing this by removing their duty to object to things that they believe to be wrong. A similar example would be sterilisation without consent (which is performed in this country on the mentally incapacitated). No doctor or nurse should be compelled to participate in such an act if they had an objection in conscience. We are deeply worried that the GMC appears content to erode this position and states that doctors may have to set aside their beliefs and do what they believe to be wrong.

DUTY TO REFER

The CMA has robustly defended the right of doctors not to refer to colleagues if they believe the procedure for which they are asked to refer is wrong. While abortion is the classic example of this, many others might be added. A doctor working in the USA where execution is legal, *might* be required to refer to a colleague if he was not willing to do pre execution checks upon a convict due for execution. Surely, the legality of a procedure (in this case execution) cannot be used to compel, a doctor to cooperate in that procedure either by requiring that they do the procedure, or by requiring referral to a colleague. Either is formal cooperation in the act. We hope to publish the CMA response to the GMC online

MINORITY GROUPS

The GMC suggested that some procedures that are only relevant to some minority groups might have to be done by any doctor as refusal to cooperate will be de facto discrimination against that group. They give the example of cooperating with sex change operations and state that doctors will have to cooperate because of the equality Act 2010. In doing so they appear to suggest that actions can be made moral simply because they are applied to a minority group. This is deeply worrying.

It appears to us that, for example, facial surgery to remove the features of certain ethnic groups might fall under that definition. We consider that what is right comes ahead of issues of membership of any minority group. Being of a 17th Century Mayan would not make human sacrifice by excoriation morally right, even if that form of death was a particular religious act of a minority ethnic group. Michael Jackson's facial surgery was not made licit simply because of his membership of a minority group. To refuse to participate in such surgery should not be misconstrued as a form of racial discrimination. While the CMA will always condemn discrimination against any minority group (including Catholic doctors and nurses!) we do not believe, that to use the GMC example, trans-gender operations are made licit or something that all doctors must be willing to participate in simply because they apply to a particular minority group. Surely if an individual believes an act is wrong they must not do it even if that act only applies to a particular minority group.

We are pleased to report that as well as the CMA's main submission which is available on our website several other CMA members made individual responses. At least the GMC will have heard our message.