

The Christian Medical Fellowship

Submission to World Medical Association Public Consultation on a draft revised version of the International Code of Medical Ethics

Introduction

The Christian Medical Fellowship (CMF) exists to unite and equip Christian doctors, medical students, nurses, and midwives in the UK to live and speak for Jesus Christ. CMF has around 5,000 UK members, across a wide range of specialties, and links to about 80 similar organisations worldwide.

We are grateful for the opportunity to respond to this consultation and commend the WMA for wanting to update its International Code of Medical Ethics.

Key area of concern: Conscientious Objection

Paragraph 27 of the draft Code introduces the idea of ‘conscientious objection:’

*Physicians have an ethical obligation to minimise disruption to patient care. Conscientious objection must only be considered if the individual patient is not discriminated against or disadvantaged, the patient’s health is not endangered, and undelayed continuity of care is ensured through effective and timely referral to another qualified physician.**

** This paragraph will be debated in greater detail at the WMA’s dedicated conference on the subject of conscientious objection in 2021 or 2022. However, comments on this paragraph are also welcome at this time.*

We welcome the specific mention of conscientious objection and note paragraph 3 which states:

The physician must practise with conscience, honesty, and integrity, while always exercising independent professional judgment and maintaining the highest standards of professional conduct.

We ask you to consider the following observations and recommendations:

1. Lack of internal coherence

Para 27 refers to ‘**undelayed continuity of care...through effective and timely referral to another qualified physician.**’ Clearly, a physician has a responsibility not to obstruct a patient’s access to legally available healthcare. However, it is hard to see how the draft wording preserves the obligation of the physician to ‘**practise with conscience, honesty and integrity**’ (para 3) if they are required to refer seamlessly on to another physician, (presumably, one they know who is willing to provide the treatment or procedure in question).

The duty of a physician to practise with conscience includes the duty not to act against conscience. Physicians have a duty, and hence also a right, to object to undertaking procedures that they regard as unethical. The right of conscientious objection must therefore include the right not to make onward referrals. To require a physician to refer a patient for a procedure or treatment to which the

physician conscientiously objects is to prevent that physician from practising 'with conscience, honesty and integrity.' Rather, it would cause that physician moral harm through enforced complicity with a course of action that he or she believes is unethical. A physician's clinical responsibility must not be made to conflict with their sense of moral responsibility.

2. Falsely opposed interests

The wording of the proposed redraft presents patients' healthcare as 'endangered' by physicians' freedom of conscience. We believe this unhelpfully suggests that the twin interests of the patient's care and the physician's right to object on conscience grounds are in conflict, whereas the opposite is true. If a practice or procedure is ethically objectionable then hastening its delivery does not enhance patient care; it harms it.

We believe that, given the choice between one doctor who will swiftly agree to any legal request and another who, for reasons of integrity will sometimes object to a request, most patients will prefer the latter. Patients respect and feel safer in the hands of doctors who practise in a manner consistent with their own moral compass, even if they might not always agree. A doctor's refusal to comply with a request, on the grounds of conscience, may provide a helpful safeguard against a patient's decision taken without due thought or under duress of some kind. Even if that patient subsequently chooses to approach another doctor, the resulting minor inconvenience or delay will not be resented.

The present draft revision would coerce physicians to act against their consciences and would risk driving them out of healthcare altogether. This in turn would harm patients, who need to be cared for by those who take their ethical responsibilities seriously. Many such patients would prefer to be cared for by doctors who share their own ethical convictions.

3. Inconsistent with WMA policy on euthanasia and assisted suicide

The WMA is firmly opposed to euthanasia and assisted suicide. Your policy states that '*No physician should be forced to participate in euthanasia or assisted suicide, nor should any physician be obliged to make referral decisions to this end.*' This is a clear statement of the right of conscientious objection and expressly includes the right not to have to make effective referrals for these procedures.

The draft revision's requirement of 'effective and timely referral' is, in our opinion, incompatible with the WMA's policy that protects physicians from the obligation to make onward referrals for euthanasia or assisted suicide. We recommend that the same protection of conscientious objection be clearly stated in the draft revision of the International Code of Medical Ethics.

4. Incompatibility with professional guidance

The UK General Medical Council gives detailed guidance on Conscientious Objection in paragraphs 8-16 of *Personal Beliefs in Medical Practice* (<https://www.gmcuk.org/ethicalguidance/ethical-guidance-for-doctors/personal-beliefs-and-medical-practice/personal-beliefs-and-medical-practice>.)

Extracts include:

12c - 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.

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.

The UK GMC guidance emphasises the provision of information, access to suitably qualified colleagues, not obstructing access to services, and respecting patient dignity, **without mandating the 'effective and timely referral'** proposed in the WMA's current draft.

We welcome the news that Paragraph 27 will be debated in greater detail at the WMA conference dedicated to the subject of conscientious objection in 2021 or 2022. It is our hope and recommendation that a more balanced form of words be found that will unambiguously safeguard freedom of conscience.

In Summary

1. **The WMA Code rightly obliges doctors to 'practise with conscience, honesty and integrity.'** This implies the duty not to act against conscience, and that duty must be protected. We recommend that the WMA redraft the Code to include an unambiguous statement ensuring the right to object on the grounds of conscience. The right and duty to conscientiously object must include the right not to make onward referral decisions.
2. **Our proposal for a redrafted Paragraph 27 is:**

The physician has a duty and right to practise conscientiously, and this includes the right conscientiously to object to undertaking procedures they regard as unethical. The right of conscientious objection includes the right not to make onward referral decisions.

The physician must not refuse to treat a person or group of persons because they disagree with their beliefs or disapprove of their lifestyle choices.

The physician must ensure that their exercise of conscientious objection takes full account of their duty of care and does not needlessly or deliberately encroach upon the patient's treatment plan. When declining a patient's request on grounds of conscience, the physician must explain the reasons for the decision, and the options available to the patient, including the option to be seen by another doctor. The physician must ensure that the patient has the necessary information to pursue that option.

If it is not practically possible for a patient to arrange to see another doctor, the physician must make sure that arrangements are made – without delay – for another suitably qualified colleague to advise, treat or refer the patient.

RJT May 2021