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Date: 7 March 2017 – General Pharmaceutical Council

Consultation: *Religion, personal values and beliefs*

Consultation response on behalf of the Scottish Council on Human Bioethics:

The **Scottish Council on Human Bioethics** (SCHB) is an independent, non-religious registered Scottish charity composed of doctors, lawyers, biomedical scientists, ethicists and other professionals from disciplines associated with medical ethics.

The principles to which the Scottish Council on Human Bioethics subscribe are set out in the ***United Nations Universal Declaration of Human Rights*** which was adopted and proclaimed by the UN General Assembly resolution 217A (III) on the 10th of December 1948.

The SCHB's response can be shared with other organisations who may be addressing the issues discussed. They may contact the SCHB again in the future and the SCHB gives permission to do so. The SCHB is very grateful to the General Pharmaceutical Council for this opportunity to respond to the consultation on ***Religion, personal values and beliefs***. It welcomes the Council's intention to promote public consultation, understanding and discussion on this topic.

Scottish Council on Human Bioethics Response to the Questions

Standard 1 says that: Pharmacy professionals must provide person-centred care. However, pharmacy professionals may be asked to provide specific services which are not in line with their religion, personal values or beliefs. For example, these could be services related to:

- contraception
- fertility medicines
- hormonal therapies
- mental health and wellbeing services
- substance misuse services
- sexual health services

Applying the standard

Every person is an individual with their own values, needs and concerns. Person-centred care is delivered when pharmacy professionals understand what is important to the individual and then adapt the care to meet their needs – making the care of the person their first priority.

All pharmacy professionals can demonstrate 'person-centredness', whether or not they provide care directly, by thinking about the impact their decisions have on people.

The General Pharmaceutical Council proposes to change the current wording of the examples under standard 1 from the current wording:

"People receive safe and effective care when pharmacy professionals:

- *Recognise their own values and beliefs but do not impose them on other people.*

- Tell relevant health professionals, employers or others if their own values or beliefs prevent them from providing care, and refer people to other providers”.

To the following:

“People receive safe and effective care when pharmacy professionals:

- Recognise their own values and beliefs but do not impose them on other people [unchanged].
- Take responsibility for ensuring that person-centred care is not compromised because of personal values and beliefs [revised]”.

Question 1: Do you agree with the proposed changes?

SCHB Response: No

Question 1a: Please explain your reasons for this

SCHB Response: The SCHB recognises that pharmacists have particular problems, in that they are supplying products in accordance with the wishes and decisions of others, but nevertheless have professional responsibility for their own actions. They have a right to opt out of interventions they believe are unethical.

The revised guidelines from the **General Pharmaceutical Council** do not recognise the rights of the care-giver, who may wish to opt out of providing that service.

Everyone in society has deeply held personal beliefs and worldviews which should be respected in a civilised society. For example, the personal belief in the inherent human dignity of every person in society must be accepted in the UK since it has accepted the **United Nations Universal Declaration of Human Rights**.

Moreover, because the UK has ratified the **European Convention on Human Rights** which mentions in Article 9 that: “*Everyone has the right to freedom of thought, conscience and religion*”¹, any breach of the rights of the pharmacists in this direction could violate their Convention rights. This means that the proposed changes to standard 1 could be taken to the **European Court of Human Rights** since the proposed amendment puts the rights of patients above the rights of pharmacists.

Of course, the SCHB agrees that pharmacy professionals must not discriminate against any person in their care but this means that they should also not discriminate against themselves in violating their conscience and dignity which would cause deep distress and suffering. Accordingly, creating a person-centred environment includes the pharmacist.

The Equality Act 2010 makes it unlawful to discriminate against people because of a ‘protected characteristic’ such as religion or belief which also includes any eventual forced ‘self-discrimination’ on behalf of the pharmacist against himself or herself.

This means that a certain amount of balancing is required between respecting the dignity and well-being of both the pharmacist and the patient.

However, the SCHB recognises that pharmacists may not be working in teams, unless in a big unit, which may compromise care, so they may need to set up some kind of a system of mutual cover.

Guidance

The revised guidance gives more information about the behaviours expected of pharmacy professionals in applying the standards.

Question 2: Does the revised guidance adequately cover the broad range of situations that pharmacy professionals may find themselves in?

SCHB Response: No

¹ Article 18 of the UN **Universal Declaration of Human Rights** also indicates that: “*Everyone has the right to freedom of thought, conscience and religion*”.

Question 3: Is there anything else, not covered in the guidance, that you would find useful? Please give details.

SCHB Response: Provision for this mutual arrangement should not be incumbent on the pharmacist who has a conscientious objection to a service.

To take an extreme example: If the state decides that in some circumstances ending the life of the elderly is not against the law, then provision of a mobile dispensing unit for that purpose, for instance, should not be made by those who object to it on the basis of conscience.

Impact

The General Pharmaceutical Council recognises that a person's religion, personal values and beliefs are likely to affect his or her behaviours, attitudes and decisions. It wants to know how the proposed changes to the example under standard 1 and its revised guidance may affect students, pre-registration trainees, pharmacy professionals, employers, and people using pharmacy services.

Question 4: Will our proposed approach to the standards and guidance have an impact on pharmacy professionals?

SCHB Response: Yes

Question 5: Will that impact be:

SCHB Response: Mostly negative

Question 5a: Please explain and give examples.

SCHB Response: This proposal, if implemented, would mean that pharmacists are expected on one hand to exercise professional judgment but on the other to go against their own deeply held beliefs. This proposal makes two radical changes to the current guidelines. It effectively seeks to remove the right to conscientious objection from the pharmacist. It further seeks to remove the right of the pharmacist to refer a patient to another professional (which is arguably also a breach of the legal right to the pharmacist as it currently stands as it can be argued that referral is morally the same as providing the service) and instead seeks to force the pharmacist to provide the service sought, even if the pharmacist considers that the service sought is morally wrong and against their deeply held religion or beliefs.

The proposal converts pharmacists into automatons for the state with no say in their own actions. Persons have a responsibility for the decisions they make and the actions they take. They should not, without thought, take part in what they believe to be harmful actions. Their autonomy in this sense should be respected.

To force any person to go against their conscience and deeply held views would result in a lot of distress and suffering for this person.

Taking an example: So far, there is no evidence of the success of the provision of hormones for gender re-assignment. This is as yet a large human experiment, which may be considered unethical by many. It is understandable that some pharmacists may not wish to be involved in something they believe is possibly very harmful to recipients.

Question 6: Will our proposed approach to the standards and guidance have an impact on employers?

SCHB Response: Yes

Question 7: Will that impact be:

SCHB Response: Mostly negative

Question 7a: Please explain and give examples.

SCHB Response: Employers may be given a reason to discriminate based on deeply held views and therefore limit diversity and employability of pharmacists with different views to their own. The SCHB believes that it is important to be part of a pluralistic and tolerant society. Diversity cannot mean compulsion or uniformity!

Question 8: Will our proposed approach to the standards and guidance have an impact on people using pharmacy services?

SCHB Response: Yes

Question 9: Will that impact be:

SCHB Response: Mostly negative

Question 9a: Please explain and give examples.

SCHB Response: The diversity of any one profession will be similar to the diversity of the society from which it is part. Therefore the SCHB would expect that if that same diversity is preserved rather than suppressed, society will be served for the better.

Question 10: Do you have any other comments?

SCHB Response: The right of conscientious objection should be protected and is an essential part of a civilised society and democracy. It should be the decision of an applicant to a certain post, whether he or she feels they can fulfil all aspects of the job description and whether he or she can work as part of a team with diverse views.

The SCHB notes that most of those who responded to the consultation survey of the General Pharmaceutical Council were of the view that 'pharmacy professionals should not be able to refuse services based on their religion personal values or beliefs, as it would contradict the principle of patient centred care'. The SCHB respectfully suggests that the right to freedom of thought religion or belief is protected by international law. Further, the concept of 'patient centred care' is a recent construct of the General Pharmaceutical Council and is not a legally enforceable principle whereas the right to freedom of thought conscience and belief is.

Further, freedom of religion is a protected characteristic enshrined on domestic law in terms of the Equalities Act and just because the majority of consultees responded in a certain way does not make the proposal right or legally enforceable.

The SCHB respectfully suggest that if this proposal is implemented, rather than the pharmacist imposing their beliefs (which the SCHB does for the avoidance of doubt not accept is happening under the current system), that the contrary is true: the pharmacist will be forced to provide the service sought irrespective of their deeply held beliefs.