

BMJ SEXUAL & REPRODUCTIVE HEALTH

Revised trainee guidelines permit full spectrum of 'conscientious objection'

But clinicians must put patients' sexual/reproductive health needs first whatever their beliefs

Trainee doctors and nurses can opt out of providing certain aspects of sexual and reproductive healthcare, but only if they can ensure that patients' needs are still being met, whatever their own personal beliefs, say new guidelines on 'conscientious objection' from the Faculty of Sexual and Reproductive Healthcare (FSRH).

Explaining the thinking behind the updated guidance in an editorial in *BMJ Sexual & Reproductive Health*, formerly the *Journal of Family Planning and Reproductive Health Care*, Jane Hatfield, FSRH chief executive, and Dr Asha Kasliwal, FSRH President, say they welcome a broad range of views among their membership.

Patients and healthcare professionals can only benefit from environments in which practitioners are open about their beliefs, they add.

Those clinicians who don't feel they can provide abortion or contraceptive services because of their personal beliefs would not be barred from membership of the Faculty, they emphasise.

But they have to be prepared to ensure that the needs of their patients come first as these are paramount, say the authors.

"The heart of the new guideline is that we welcome members with a range of views," they write. "And we will award the relevant Faculty qualifications to those who fulfil all the training requirements and are willing to show that they will put patient care first, regardless of personal beliefs."

The first set of guidance for trainees, produced in 1999, recognised the legal right of healthcare professionals in the UK to opt out of abortion care.

When the guidance was updated in 2014 to include nurses, who by then had become eligible for Faculty membership, the chief executive of the Christian Medical Fellowship challenged it.

He accused the FSRH of discriminating against Christian doctors, because the guidance stated that healthcare professionals must be able to provide all forms of contraception in order to be awarded the Faculty's diploma. His stance was backed by certain people in the US and by some UK MPs.

The FSRH felt its position was "entirely reasonable," but the challenge gave it "pause for thought," say Hatfield and Kasliwal.

Discussions with the membership brought to light a spectrum of views, from overt conscientious objection to abortion care or fitting intrauterine devices as emergency contraception, through to a belief in 'conscientious commitment' to responding fully to a woman's needs, regardless of personal beliefs, and a recognition that beliefs can change over a clinician's lifetime.

"Finally we arrived at the key principle that a patient should never be put at any disadvantage as a result of the views of any healthcare professional they see," write the authors.

The 2017 guidance therefore states that any clinician wishing to opt out of care because of personal beliefs would have to agree to reveal these to their service or employer, so that alternative arrangements could be made for patients, and that those arrangements should in no way imply a value judgement about those patients.