



**Medical Council of New Zealand**

# Beliefs and medical practice

## Introduction

1. Beliefs and values, and cultural and religious practices are central to the lives of doctors and patients. All doctors have personal beliefs that affect their day-to-day practice. Some doctors' personal beliefs may give rise to concerns about carrying out or recommending particular procedures for patients. Patients' personal beliefs may be fundamental to their sense of well-being and could help them to cope with pain or other negative aspects of illness or treatment. Personal beliefs may also lead patients to ask for procedures that others may not feel are in their best clinical interests, or to refuse treatment.
2. This statement explores the ways the Council expects doctors to approach some of the issues arising from their personal beliefs and those of their patients. It attempts to balance doctors' and patients' rights – including the right to freedom of thought, conscience and religion, and the entitlement to care and treatment to meet clinical needs – and advises doctors on what to do when those rights conflict.
3. While the Council does not impose unnecessary restrictions on doctors, we expect doctors to be prepared to set aside their own beliefs where this is necessary in order to provide care in line with the principles outlined in *Good medical practice*.

## Doctors' personal beliefs and patient care

4. Your first duty as a doctor is to make the care of the presenting patient your first concern, whatever their medical need. Patients are entitled to expect that you will offer them good quality care based on your clinical knowledge and in accordance with this statement.
5. Investigations or treatment should be provided on the basis of the assessment you and the patient make of his or her needs and priorities, and on your clinical judgement about the likely effectiveness of the treatment options.<sup>1</sup>
6. You must not allow any personal views that you hold about patients to prejudice your assessment of their clinical needs, negatively affect your relationship with them or delay or restrict their access to care. This includes where you believe that the patient's actions have contributed to their condition as well as your views about their age, culture, disability, ethnic or national origin, gender, lifestyle, marital or parental status, race, religion or beliefs, sex, sexual orientation, or social or economic status.

<sup>1</sup> *Good medical practice*, clause 21

7. You should not normally discuss your personal beliefs with patients. You must not impose your beliefs on patients, or cause distress by the inappropriate or insensitive expression of religious, political or other beliefs or views. Equally, you must not put pressure on patients to discuss or justify their beliefs (or the absence of them). Recognise when your actions might not be acceptable or might be offensive to patients<sup>2</sup>.
8. However, you must advise patients - both in person and in printed materials such as practice leaflets - about any treatments or procedures that you choose not to provide or arrange because of your personal beliefs, but which are not otherwise prohibited.
9. Challenge colleagues if their behaviour does not comply with this guidance.

*Ensure patients receive all the information they want or need*

10. Give patients all information they want or need to know about:
  - Their condition and its likely progression.
  - Treatment options, including expected risks, side effects, costs and benefits<sup>3</sup>.
11. You must not withhold information about the existence of a procedure or treatment because carrying it out or giving advice about it conflicts with your personal beliefs.
12. If you have an ethical concern about providing a service that is not prohibited by law or a statutory code of practice, you should be aware of who else in the area can provide this service. You should advise patients who request this service of the options available to access the service.
13. In such cases you must tell patients of their right to see another doctor with whom they can discuss their situation and must 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 already have, and what information they may need.

*Making a referral*

14. 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 his or her care. You must not obstruct patients from accessing services or leave them with nowhere to turn. Ensure that your staff understand and comply with this guidance.
15. Work with colleagues in ways that best serve the presenting patients' interests<sup>4</sup>.
16. If you refer the patient, ensure that the practitioner you refer to has appropriate training, expertise and experience and is able to provide the services requested with appropriate care and skill in accordance with this guide.

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<sup>2</sup> *Statement on cultural competence*, clause 15c

<sup>3</sup> *Good medical practice*, clause 13. For more information, refer to the Council's statement on *Information and consent*.

<sup>4</sup> *Good medical practice*, foreword.

17. Whatever your personal beliefs may be about the treatment or procedure in question, you must be respectful of the patient's dignity and views.
18. Take steps to ensure the patient's privacy is respected and protected.
19. The local funding agency should ensure that all the costs to the patient of travelling outside the area for services are met when there is no other practitioner in the area who can provide that service. Advise the patient about how to access that funding.
20. If your role involves arranging treatment or carrying out procedures that conflict with your personal beliefs, you should explain your objection to your employer or contracting body. You should explore constructively with them how to resolve the difficulty without compromising patient care, and without placing an unreasonable burden on colleagues<sup>5</sup>.

#### *Advance directives*

21. Always respect a patient's wishes expressed in an advance directive, unless the patient is being treated under specific legislation such as the Mental Health (Compulsory Assessment and Treatment) Amendment Act 1992. Advance directives have legal standing under the Code of Health and Disability Services Consumers' Rights. If you hold a moral objection, you should transfer responsibility for the patient to another doctor<sup>6</sup>.

#### **Patients' personal beliefs**

22. Trust and good communication are essential components of the doctor-patient relationship. You must respect patients' rights to hold religious or other beliefs and should take those beliefs into account where they may be relevant to treatment options. However, if patients do not wish to discuss their personal beliefs with you, you must respect those wishes.
23. Demonstrate the ability to work with the patient's cultural beliefs, values and practices in developing a relevant management plan<sup>7</sup>. Work in partnership with patients by:
  - Listening to them and responding to their concerns and preferences.
  - Respecting their right to reach decisions with you about their treatment and care<sup>8</sup>.
  - Making sure the patient agrees before you provide treatment or investigate their condition.
24. Respect the patient's right to decline treatment<sup>9</sup>.
25. Occasionally, when people are unable to comment or refuse to consent to treatment, a legal opinion should be sought whether to seek authority from the High Court. Such cases may include:

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<sup>5</sup> Refer to the Council's statement on *A doctor's duty to help in an emergency* for guidance on what your responsibilities are when urgent care is required.

<sup>6</sup> *Good medical practice*, clause 24

<sup>7</sup> *Statement on cultural competence*, clause 15d

<sup>8</sup> *Good medical practice*, foreword

<sup>9</sup> *Good medical practice*, clause 15

- (a) a blood transfusion or caesarean section to save life; or
- (b) termination of treatment to allow the patient to die peacefully, for example patients in permanent vegetative states; or
- (c) sterilisation of a patient who is unable to consent but for whom the family and other carers, supported by medical opinion, request the operation to enhance the quality of life of the patient and prevent deterioration in his or her physical or mental health<sup>10</sup>; or
- (d) a dispute between parents about the treatment to be provided to a child.

### **Specific requirements relating to contraception and abortion**

26. The Contraception, Sterilisation and Abortion Act 1977 sets out the procedures and requirements for an abortion as well as the responsibilities of medical practitioners. If you work in a field where you are likely to encounter patients requesting an abortion, you should make yourself familiar with this Act.
27. While the Council recognises that you are entitled to hold your own beliefs, it remains your responsibility to ensure that a pregnant woman who comes to you for medical care and expresses doubt about continuing with the pregnancy is provided with or is offered access to objective information or assistance to enable her to make informed decisions on all available options for her pregnancy including termination.
28. If you object on the grounds of conscience to providing advice or other services with respect to contraception, sterilisation, abortion or other reproductive health matters you are required, under section 174 of the Health Practitioners Competence Assurance Act 2003, to inform the person requesting the service that he or she may obtain that service from another health practitioner or a family planning clinic. In doing so, you must ensure that the referral is timely and complies with the guidance outlined in paragraphs 14-20 of this document.
29. If a funder or employer decides to fund an abortion or contraception service, do not allow your personal beliefs to interfere in the implementation of that service.
30. You have no legal or ethical right to refuse to provide medical care to a patient who is awaiting or has undergone a termination of pregnancy, on grounds of a conscientious objection to the procedure. The same principle applies to the care of patients before or following any other procedure from which you have withdrawn because of your beliefs.
31. Access to abortion is not restricted on grounds of age<sup>11</sup>. The consent of a parent or guardian is not required in order for a child or young person to access abortion information or services. However, that young person must receive the same counselling and approval by a certifying consultant as any other woman seeking an abortion.

<sup>10</sup> Council's statement on *Information and consent*, clause 18

<sup>11</sup> The Care of Children Act 2004.

32. There is no restriction on a doctor giving contraceptive advice, or prescribing contraception to people under the age of 16, without consent from their parents. Minors have the same right to privacy as any other person.

### **Male infant and pre-pubescent circumcision**

33. You should use your professional judgement when a request is made for routine infant and pre-pubescent male circumcision. While the preference of the parents and their cultural and religious beliefs are important, factors like the best available evidence regarding potential benefits and complications, alternatives to this intervention and the child's best interest should be discussed with the parents.

### **Female circumcision**

34. Female genital mutilation - sometimes referred to as female circumcision - is a serious crime and also a child protection issue, whether undertaken in the New Zealand or abroad. You must decline to perform these procedures and must refuse to refer the patient to any other person or the purpose of having these procedures performed. If you learn that such a procedure has been performed or is being contemplated you must notify appropriate child protection or law enforcement agencies. If you treat a patient who has undergone these procedures, treat them with sensitivity and compassion.

### **Other relevant Council resources**

- *Good medical practice*
- *Statement on cultural competence*
- *Information and consent*
- *Cole's Medical practice in New Zealand*

*The Medical Council of New Zealand also acknowledges the work done by the General Medical Council in this area, particularly its resource booklet "Personal beliefs and medical practice".*

**March 2009**

*This statement is scheduled for review by March 2014. Legislative changes may make this statement obsolete before this review date.*