

Responding on behalf of an organisation

Please tell us your:

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Please choose the option below which best describes your organisation:

- Organisation representing patients or the public
- Organisations representing pharmacy professionals or the pharmacy sector
- Independent pharmacy (1-5 pharmacies)
- Multiple pharmacy (6 or more pharmacies)
- NHS organisation or group
- Research, education or training organisation
- Other (please specify): ☐

Please provide a brief description of what your organisation does and what your organisation's interest is in this particular consultation:

The Catholic Union of Great Britain (formed in 1871) is a lay organisation which seeks to uphold a Catholic Christian standpoint in the public sphere through educational activities, representations to Parliament, Government and regulatory bodies and the media.

The Catholic Union's interest in this consultation is based on the need to preserve and uphold the practical effectiveness and proper scope of freedom of conscience in relation to the pharmaceutical profession. This is an aspect of our vision of a tolerant and pluralistic society which promotes the common good.

There is a Catholic tradition of involvement in "person-centred" health care going back over many centuries.

Standards

Standard 1 says that:

Pharmacy professionals must provide person-centred care

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. There are a number of ways to meet this standard, and below are examples of the attitudes and behaviours expected.

It is proposed that the wording of the examples under Standard 1, regarding religion, personal values and beliefs, will say:

People receive safe and effective care when pharmacy professionals:

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

1. Do you agree with the proposed changes?

Yes
x No

1a. Please explain your reasons for this.

The right to freedom of thought, conscience and religion is enshrined in English law under the Human Rights Act 1998, incorporating Article 9 of the European Convention on Human Rights (ECHR). In addition to being a legal right, it is also an obvious and crucial principle of a tolerant and diverse society which demonstrates a healthy pluralism in matters of conscience and belief.

Freedom of thought, conscience and religion are not limited to the private sphere or to matters of worship and teaching but extend also to practice and observance including the right to become a member of a recognised profession and to carry on that profession without undue restriction. Freedom to manifest one's religion or belief can be limited for certain legitimate purposes but only in so far as is "necessary in a democratic society" (under Article 9(2) of the ECHR) and this is a stringent test requiring cogent and compelling reasons. In particular, there must be no practical option available other than the one which limits these freedoms.

It is a good for society as a whole and for the pharmaceutical profession in particular if the profession is able to draw its members from all the talent available in our society with its diverse beliefs and opinions. The proposed changes threaten to severely limit these freedoms and the consultation document does not provide any sufficient justification drawn from practical experience or statistics to show why the existing standard or some more modest amendment of it (consistent with freedom of conscience) would not suffice as a reasonable balance of the interests concerned.

Guidance

The revised guidance provides further information on the behaviours expected of pharmacy professionals in applying the standards.

2. Does the revised guidance adequately reflect the broad range of situations that pharmacy professionals may find themselves in?

Yes
x No

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

The guidance does not reflect the right balance between the legitimate needs of patients and the legitimate freedoms of professional pharmacists. The title of the consultation itself on "religion, personal values and beliefs" fails to mention the key concept (and legal right) of conscience and the importance and legitimacy of rights of conscientious objection such as those contained in the Abortion Act 1967 and the Human Fertilisation and Embryology Act 1990. Instead of referring positively to this important right, the guidance rather gives the impression that freedom of conscience is an inconvenience or an obstacle to individuals practising their profession.

An alternative approach that the guidance could take instead would be to make positive reference to freedom of conscience and to the desirability of employers finding a "reasonable accommodation" for the religious or other beliefs of their pharmacist employees. There is room in such a framework for the legitimate needs of patients to be balanced against the diverse but defensible ethical or religious beliefs of pharmacists.

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

Yes
 No

5. Will the impact be:

Mostly positive
 Partly positive
 Positive and negative
 Partly negative
 Mostly negative

5a. Please explain and give examples

The proposed standards and guidance are likely to be received with dismay by a significant number of pharmacy professionals and not just by those with strong values and beliefs.

The standards and guidance tip the balance towards a coercive approach towards pharmacists which is not demonstrably necessary to achieve a

legitimate aim of patients obtaining a service which they need and which is genuinely in the interests of their health.

If pharmacy professionals are to be drawn from all sectors of our diverse society, it is important that the General Pharmaceutical Council as a regulatory body expresses a positive attitude to those wishing to enter the profession and who have ethical or religious beliefs that would prevent them supplying a service which would conflict with those beliefs. This positive attitude becomes all the more important as the range of pharmacy services expands to abortifacient drugs and possibly in the future to drugs which will facilitate suicide.

It is not always a comfortable option for a professional to express their reservations about acting in a way which conflicts with their conscience. For example, doctors and nurses who object to participating in abortions may fear that their careers will be damaged even though they have a statutory right to conscientious objection in the Abortion Act 1967. See for example the findings of the All Party Parliamentary Pro-Life Group in their "Report into Freedom of Conscience in Abortion Provision" (July 2016) at www.conscienceinquiry.uk.

The GPhC should therefore consider offering positive support for professionals who are facing a difficult situation rather than implying that their beliefs are an obstacle to them remaining in the profession.

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

Yes
 No

7. Will the impact be:

Mostly positive
 Partly positive
 Positive and negative
 Partly negative
 Mostly negative

7a. Please explain and give examples.

There is a real risk that the proposed change will directly lead to a lessening of respect for an individual pharmacist's freedom of conscience and undermine a culture of respect for diversity and inclusiveness. In this way, the proposed change goes against other trends in our society and instead helps

to create an illiberal atmosphere which may encourage discrimination against individuals based on their religion or belief.

It would be a far better framework if employers were encouraged to provide a "reasonable accommodation" for employees with particular ethical or religious beliefs. It would not impose an absolute or unreasonable requirement on employers but it would be a framework where both employer and employee are encouraged to look positively at accommodating an individual's beliefs within their employment on a reasonable basis.

The concept of "reasonable accommodation" is already part of our law in relation to disability under the Equality Act 2010 and is also applied by employers as a matter of good practice e.g. a Muslim employee not being required to handle alcohol in a supermarket.

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

Yes
 No

9. Will the impact be:

Mostly positive
 Partly positive
 Positive and negative
 Partly negative
 Mostly negative

9a. Please explain and give examples.

It is in the interests of users of pharmacy services to be served by a professional who exercises their judgement objectively and does not defer unconditionally to the stated subjective request of the patient.

It would not be in the interests of pharmacy users if the pharmacy profession became one where persons of strong ethical or religious beliefs were unwelcome. This would not assist vulnerable people whose health interests might need special protection. This concern would be all the greater if assisted suicide becomes lawful and there is not a sufficiently robust framework in place to require pharmacists to exercise their professional judgement in accordance with their consciences.

10. Do you have any other comments?

The proposed standard and guidance do acknowledge that there is a balance to be struck but they do not get that balance right because they give insufficient weight to the fundamental human right of freedom of thought, conscience and religion and to the way in which that right and principle should be respected including through the concept of "reasonable accommodation".

There will be a political or ideological view of some in society the right of conscientious objection is undesirable. Some may even consider the exercise of such rights with dismay and unsympathetically.

Nevertheless, a political or ideological preference to downgrade such a right is not enough. In order to be lawful, it must be shown that the proposed new standard and guidance is the only proportionate option and that the secondary importance shown to freedom of conscience and religion in the new guidance is strictly necessary in the interests of users of pharmacy services.

In the view of the Catholic Union, the consultation document does not show that the GPhC has made out that case, and we respectfully urge the Council to rebalance its proposals.