

DOCTORS AND THE GILLICK CASE

A General Practitioner's Response

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As the author of the editorial in the Christian Medical Fellowship Journal to which Mr Johnston refers, it is perhaps not surprising that I am very substantially in agreement with the points that he makes, although we have never communicated personally about this matter. I will seek nevertheless to amplify some of them slightly from a medical view-point.

Doctors and Contraceptives

Considering firstly the issue of doctors supplying contraceptives, it is, I think, a reasonable extension of the traditional role of the family doctor that he should provide those forms of contraception that require medical supervision to married couples on his list. Certainly this is a regular and important part of my own work. The problems arise when, by edict of the DHSS, the general public are encouraged to regard G.P.'s as the purveyors of pills to any young lady who happens to want them. Should he fail to come up with the goods, the government has provided 'family planning clinics' where other doctors *will* freely provide them.

The medical profession, some of whom like to be seen as trend-setters in what Mr Johnston calls the 'secularist liberal establishment', has allowed itself to be manipulated by that establishment into becoming the servant of our permissive society. Doctors are thus expected to provide unlimited contraceptives, abortions and treatment for sexually transmitted diseases, without comment on the pagan values that underlie this current epidemic of immorality and consequent ill-health. The Christian G.P. who stands against this may be given a difficult time by some of his patients and colleagues.

Confidentiality

With regard to the question of keeping confidences with a girl under 16, Mr Johnston is, of course, perfectly right to say that this would be collusion with a child's deception of her parents. In many respects I find this the most worrying aspect of this issue, as, for the first time in official statements, we have the state actually encouraging caring professionals to interfere with a vitally important family relationship, for the sake of allowing a person regarded in law as a minor incapable of taking full responsibility for herself, to get her own way irrespective of the potentially very damaging consequences to her, and in her family. It is encouraging to see the support Mrs Gillick has enlisted from many thousands of responsible parents in this country who are quite rightly horrified at this possibility.

Confidentiality may be a 'red herring' so far as morality is concerned, but it is at the heart of the case for the conscientious family doctor. If Mrs Gillick's appeal fails, the possibility of his having to face professional disciplinary proceedings for attempting to protect 14 and 15 year-olds from the consequences of their own irresponsibility are greatly

heightened.

As far as treatment of minors is concerned, no sane family doctor would give an injection to, or perform a minor operation upon a child under 16 without the explicit consent of her parents, despite common law and the BMA handbook of ethics. Still less, surely, should any doctor give her a potentially dangerous mixture of hormones that require a degree of maturity and understanding for proper use (in my experience beyond that of some 16 and 17 year-olds) without the explicit *request* of her parents, and even in that circumstance he would have good clinical grounds for refusing.

The Effect of DHSS 'Guidelines'

Mr Johnston's comments about the effect of departmental guidelines are supported and significant. It is statements of this kind that have led to any girl over 16 being entitled to contraceptives within the NHS, the consequences of which are so painfully evident in our sex-orientated society. Statements of this kind *do* shape public opinion and professional conduct, and have done so very successfully over the last two decades. I have had mothers bring their 16 year old daughters to my surgery saying 'we think it's time she was on the pill'.

Additional Arguments for Rescinding the Regulation

Mr Johnston's comments are again on target here. It is now clearly established that early age of first sexual intercourse and multiplicity of sexual partners (both of which will be encouraged by giving 14 and 15 year-olds contraceptives) are associated with an increased risk of carcinoma of the cervix, a still fatal disease that kills many women every year. In young adolescent girls, the pill may interfere with normal growth and developments as well as exposing her to the risk of various thromboses. The additional risk of sexually transmitted diseases (of which we are currently experiencing an unprecedented epidemic) is also of great relevance when considering giving a young teenage girl contraceptives. All these factors constitute good clinical grounds for *not* giving contraceptives to girls under 16. The DHSS view must thus be seen to have little in the way of clinical grounds for support. Its view is really the result of pressure from the permissive society lobbyists, who try to frighten everyone into submission with cries of: 'but we can't let them get pregnant'.

The General Medical Council's Position

Turning finally to the amended clause in the GMC's booklet 'Fitness to Practice', issued in 1983 just before the Gillick case hit the headlines, the implication of this was that a doctor could be in breach of professional etiquette for breaking confidentiality with an under-16 year-old girl over the matter of 'contraceptive advice'. He could thus find himself subject to disciplinary proceedings, and although it is really not likely that this would mean being 'struck off', it would be a traumatic experience and a slur on his future professional career. The alarming thing about this statement is that for the first time the GMC is stipulating a code of behaviour which:

- 1) Allows no freedom of conscience for doctors who consider the issuing of contraceptives to minors without parental consent to be wrong.
- 2) Condone the doctors becoming *effectively* an accessory to a criminal

act.

For the BMA and DHSS to deny the latter point is simply double-think. It remains illegal for a man to have sexual intercourse with a girl whom he knows to be under 16. For a doctor to give a girl contraceptives for that explicit purpose, is, logically, colluding with a criminal activity.

It is inevitable that as our society becomes more pagan and hedonistic, Christian doctors are going to have to draw a line at which they will stop bowing to the demands of that society, even if this should provoke the wrath of the GMC. We cannot give medical support to behaviour that so blatantly transgresses the law of God. We need the prayers and encouragement of the wider Christian community to act appropriately in this area, which now threatens the integrity of family life in our nation.

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