

Medical Council Review of “ A Guide To Ethical Conduct And Behaviour”

-Submission From The Irish Family Planning Association

Background

The IFPA is a national voluntary organisation and registered charity which was founded in 1969. The primary aim of the founding members was to alter the environment in Ireland so that information and services, regarding all methods of family planning, were accessible to everyone. This founding aim is now part of a broader policy to protect and promote individual basic human rights in reproductive and sexual health, relationships and sexuality.

Services available from the IFPA include: family planning; emergency contraception; pregnancy testing; non-directive pregnancy counselling; chlamydia testing; information on sexually transmitted infections (STIs); vasectomy; menopause and smear testing.

From its combined services, the IFPA has 250,000 registered clients on its books.

Through the provision and development of its services and political activity over the past 33 years, the IFPA is acutely aware of the myriad of difficulties that can affect individuals in their reproductive health.

In this submission, the IFPA proposes amendments and additions to the Medical Council’s Guide to Ethical Conduct and Behaviour which, we believe, will assist greatly with the provision of medical and associated services to women in particular.

Guide to the Submission

Part 1 of this submission deals with amendments to the Medical Council’s existing Guide to Ethical Conduct and Behaviour.

For the purpose of section A, items presented in **bold** represent new texts which the IFPA proposes as amendments to existing texts in the Medical Council’s Guide to Ethical

Behaviour and Conduct. Items presented in *italic* represent where the IFPA has deleted existing texts in the Medical Council's Guide to Ethical Conduct and Behaviour.

Part 2 of this submission deals with completely new issues which are not currently dealt with by the existing Medical Council's Guide to Ethical Conduct and Behaviour.

Part 1

Section B

Doctors and Patients

2. Responsibility to patients

- 2.1.1. Doctors must do their best to preserve life and promote health. Once they undertake the care of patients they should ordinarily provide continuity of care for the duration of the illness **or condition with which the patient has presented.**

If they wish to withdraw their services, they must inform the patient and allow sufficient time for alternative medical care to be sought, during which time clinical continuity must be maintained. They should also provide medical information to another member of the medical profession when requested.

2.6 Referral for inaccessible or unavailable services.

If a patient requests a referral for any specific investigation, management or treatment for an illness or condition for which the doctor is unable to provide service, or in circumstances where the service does not exist in the State and for which the doctor has no conscientious objection, normal referral procedures must apply. In such circumstances doctors must either initiate or facilitate a request for this and provide the information necessary for a satisfactory referral.

3. Behaviour Towards Patients

13.2 Referral

A consultant should not normally accept a patient without referral from a general practitioner even if he/she has seen that patient in the past. **Referring doctors should supply appropriate information for the consultation.**

- 13 3(a) **When referring a patient to another doctor, a doctor must provide the information necessary for a satisfactory consultation.**

Section F
Reproductive Medicine

- 26.1 *In this rapidly evolving and complicated area the Council reminds doctors of their obligation to preserve life and promote health. The creation of new forms of life for experimental purposes is professional misconduct.*
- 26.5 *The Council recognises that termination of pregnancy can occur when there is a **real and substantial** risk to the life or health of the mother.*
- 26.6 **Women undergoing termination of pregnancy:**
The Council recognises the responsibility of doctors to provide both before and after care for women who undergo termination of pregnancy, whatever the circumstances.

Part 2

Female circumcision

Given the increase of new ethnic minority communities now living in Ireland, it is essential that the Medical Council's Guide to Ethical Conduct and Behaviour is up-dated to prohibit certain practices that may be seen to be culturally acceptable in the country of origin of some ethnic communities, but are damaging to health and sometimes fatal.

In particular, the practice of Female Genital Mutilation (female circumcision) needs to be prohibited in the Medical Council's Guide to Ethical Conduct and Behaviour.

The IFPA proposes that the Guide to Ethical Conduct and Behaviour be amended to the effect **that no doctor should advise or assist a woman or girl in obtaining female circumcision and no doctor should perform female circumcision. Where a girl or women presents herself following female circumcision, doctors must provide the required medical care or make a satisfactory referral.**

ENDS.

11TH October 2002