

# Religion vs Medical Science

Patient care is being increasingly compromised by health care workers with conscientious objections to a wide range of medical activities. These include family planning, prevention of infection and medical education. Some practitioners have made moral judgments as to which types of patients they will or will not treat.

In addition, research into new areas of medical advance - like stem cells - are being held back by religious objections dominating an area of public debate that ought to be more concerned with scientific evidence.

Abortion has long been a battleground between medicine and religion. Doctors offering abortions have even been murdered by religious extremists. But now the debate over the right to die with dignity is on the agenda, and once again, the religious want to force their views onto secular society.

## Secular Charter

### The creation of a just and equitable secular society in Britain

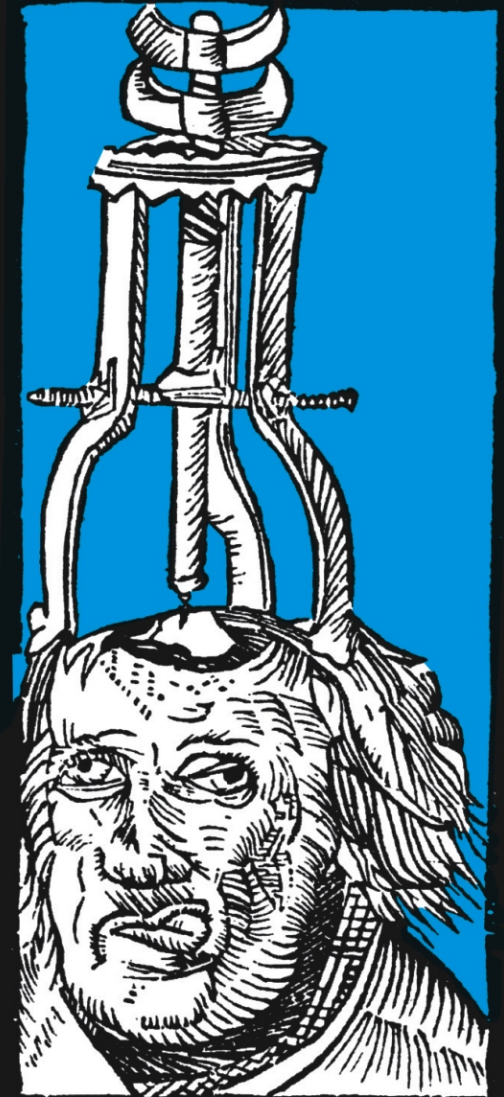
The National Secular Society seeks a society in which religion and the State are distinctly separated, and where human rights always take precedence over religious demands. We would like to see the following ten objectives incorporated into a written, secular constitution:

- There should be no established state religion.
- The state should not fund religious activities.
- The state should not fund religious proselytising in any form and the provision of all services using public money should be religiously neutral.
- The state should not prescribe, proscribe, or amend religious doctrine.
- The state should not interfere in religious hierarchies, nor interfere in issues strictly related to membership.
- No action by the state should have the primary effect of engaging in religious practice.
- No state action should have the primary effect of restricting religious practice.
- The state should not express any religious beliefs, or in any publication, speech, or other implement of state power such as currency, sworn testimony, oath of fealty to the state, or endorsements of national pride. The state should not imply any derivation of authority from any religious authority, nor should it express temporal supremacy in relation to religious belief or practice.
- Political leaders should not express religious preferences in the course of their duties.
- No religion or denomination should have the power to prescribe, proscribe, or amend civil or common law.

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# Untangling Religion From Science & Medicine



# Untangling Religion From **Science & Medicine**

Medical issues must be resolved through evidence-based research: science, not superstition and religious taboos. Yet there is considerable interference in the determination of public health policy from religious groups.

If the most strident religious voices were successful, public health would suffer. Their views would affect all areas, including prevention, treatment and cure.

Many religious groups, particularly the Catholic Church (see separate leaflet), oppose the use of condoms both for contraception and for protection from sexually transmitted diseases, including HIV/AIDS. When coupled with a moralistic view of sex education, it is a recipe for disaster. Pushing a judgmental "abstinence" approach as a viable alternative to known, effective contraceptive measures just doesn't work, especially when coupled with the withholding of sexual health information. Since instilling effective sexual health practices relies on education, it is a double worry to secularists that religious influence on education policy is so strong and that many religious groups oppose meaningful sex education in our schools, particularly outside the context of "traditional heterosexual marriage".

Many women report that emergency contraception (like the "morning after" pill) is sometimes difficult to obtain. Some pharmacists refuse to sell it or even to dispense a prescription given to a woman after a consultation with her own doctor. In rural communities which are traditionally more religious, this is a common experience.

As "living wills" become more popular - giving people the ability to set out how they would like to be treated should they become incapacitated - they have met religious opposition. Catholic bishops called the "do not resuscitate" clause a "suicidally motivated refusal of medical treatment". No one is forcing devout Catholics to sign up to this, but what right do they have to try to prevent others from having their wishes carried out?

Currently the related debate over assisted suicide is skewed by an over-representation of religious groups and this imposes a disproportionate level of influence. If there is a public policy argument against it, it should not be a religious one for the simple reason that not everyone shares the same religious views and - of course - not everyone is religious.

Ironically, many religious groups promote unnecessary surgeries like circumcision or disgraceful female genital mutilation.

Lately, religious lobbyists have decided to oppose stem cell research for reasons unrelated to medicine or science. The Catholic Church has even threatened to excommunicate or penalise the scientists and politicians seeking to develop this very important work.

**This undermines the very purpose of all medical research. By its very nature, it is aimed at increasing our knowledge, realising that there is always much more to be discovered, so that better treatments and care can be provided.**

## *Preaching to the sick!*

The total annual cost of chaplaincy services to the NHS in Great Britain is over £40million, but the vast majority of hospital chaplains represent the various denominations of the Christian church.

Each full-time hospital chaplain removed from a Trust budget would finance at least two nurses! With recent scandals in the press focussing attention on serious deficiencies in patient care, it makes no sense for NHS finances to be squandered on providing the religious services that faith groups could be providing themselves. Health service money must be spent on health professionals - doctors and nurses, not priests.

Religious patients can be visited by a vicar, rabbi, imam or spiritual advisor from their faith community.

## *Conscientious objections compromise patient care*

Most people when asked to think of an example of a medical decision made with religious 'conscientious' issues taking priority might think of a Jehovah's Witness refusing a blood transfusion. The reasonable person might conclude that this is a personal choice and should be respected, unless of course the decision is being made for a child incapable of making an informed decision of their own. However, it might come as a profound shock to discover that more and more health professionals offering services to the public are insisting on bringing their own religious consciences into the National Health Service.

It is not unreasonable to expect that people with strong objections to offering normal medical care and activities should responsibly choose to work in a speciality which does not bring their personal views into conflict with patient care. But this is not always the case.

Increasingly, people visiting a GP or other health care professional are discovering that the advice they're offered - or even their needs as a patient - take a back-seat to the health service provider's own concerns.

The following are some of the problems currently experienced by patients:

- ⊙ Women attending their GP for consideration of termination of pregnancy may have their treatment delayed or even refused.
- ⊙ Women are disadvantaged by some pharmacists refusing to sell/dispense emergency contraception. Unfortunately, the Royal Pharmaceutical Society appears to endorse this behaviour if grounds for refusal are religious or moral beliefs.
- ⊙ Some medical students consider infection-control guidance to go 'bare below the elbow' immoral, rather than good practice.
- ⊙ Some doctors have refused to treat patients they regard as immoral. Such patients might include sex workers or those whose need for care may have resulted from the use of alcohol.
- ⊙ Some practitioners and teachers refuse to talk about condom use. By adopting this position, they are exposing vulnerable people to the risks of unwanted pregnancy or sexually transmitted infections such as HIV/AIDS.



SECULAR  
MEDICAL  
FORUM

The SMF was established following informal discussions at the National Secular Society AGM in November 2006. It is open to all health-care professionals and students. The objective of the SMF is to present a secular opinion on present-day medical and health care practices throughout the UK. They are naturally not opposed to practitioners holding religious views - which may inspire them. But the SMF believe that these personal opinions must not influence how they care for their patients or make policy decisions.  
<http://www.secularmedicalforum.org.uk>