

Introduction and Keynote Speech: Healthcare and Secularism Part 1

Video available: <https://youtu.be/d3gdGpcsNJc>

0:00:03.690,0:00:09.420

(SE) Okay. Good morning, everybody.
Welcome to
today's event, in which we'll be

0:00:09.420,0:00:14.549

exploring some of the issues around the
intersection of religion and healthcare.

0:00:14.549,0:00:18.270

My name is Stephen Evans. I'm the chief
executive of the National Secular

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Society. For those of you that aren't
familiar with our work, we're a nonprofit

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campaigning organization, purely focused
on a separation, achieving a separation,

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between religion and the state. We
work for a secular state, in which

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everyone's rights are equally respected, and
their freedoms are properly balanced to

0:00:37.800,0:00:41.640

ensure that no one is either advantaged
or disadvantaged on account of their

0:00:41.640,0:00:47.010

beliefs; a society where the right to
religious freedom is always balanced

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against the right to be free from other
people's religion, and not to have other

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people's religion imposed upon you.
It's clear that religion can have

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profound consequences on other people's
health and well-being. One only has to think

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back to the tragic death in 2012 of the
woman in an Irish hospital who suffered

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complications during pregnancy, was
denied an abortion under Irish law that

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could have actually saved her life. She
was told by hospital staff that this is

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a Catholic country.
Well, Ireland is, perhaps, less of a

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Catholic country as a result of what
happened there. Reform to Ireland's

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abortion law is well underway,
and, hopefully, we will see the back of

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blasphemy as well following in yesterday's
referendum. But today I think we'll be

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looking at a whole host of other ways in
which religion can impede on to the

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lives and freedoms of others, how it can impact on people's lives, their health,

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their well-being and even their death. All pretty happy stuff, I appreciate, for

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this time on a Saturday morning. But if the tea and coffee

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hasn't sufficiently stimulated you, I know that our speakers today absolutely

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will. We've got some real leaders in their field with you today and I know

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that you're gonna enjoy hearing from them. Look if you support the work we do

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at the National Secular Society, we are a membership organization, all the work we

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do, all the campaigning, the lobbying, the advocacy work, the case work that we do

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and, indeed, events like today, are only made possible through the contributions

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of our members and supporters. I know that plenty of you have made a

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donation as well, when buying your tickets today, on top of the ticket price.

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I do thank you for that, but if you're not a member, please do consider joining

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us. You can do that online or by speaking to any of our staff here today. So, that's

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all for me for now. I do hope you enjoy today. Now I'm going to hand you over

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to the chair of our Secular Medical Forum, your host for today, and our

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keynote speaker, Dr. Antony Lempert. Thank you.
(AL) Thanks, Stephen. Good morning. and

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welcome to what is the world's first Healthcare and Secularism Conference.

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Thank you for coming. Soon I'll have the pleasure of introducing, what I hope

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you'll agree, is our fantastic lineup of speakers from a broad range of disciplines and backgrounds.

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Please make sure your mobile phones are switched off on silent mode.

0:03:26.860,0:03:31.319
Recently, I was asked how this conference might differ from one on

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health care and religion. The answer lies in the lens. For any individual,

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religious belief may be positive, negative or neutral for their health.

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A secular lens focuses the mind on those areas of health care, potentially

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destabilized or compromised by religious belief, and by some practices. So to start

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with today, what does health care mean? what might we

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hold in mind throughout the day?
Health: being free from illness or injury, both

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physical and mental.
Care: looking after, giving

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consideration to doing things right, to avoid damage or injury. There's

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another ingredient, without which we may keep people alive but their health and

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their care will necessarily suffer.
Kindness: to be kind to patients we must

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also be kind to each other, and to ourselves. I ask you to bear

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that in mind, please, as you engage with our speakers today, who've been good enough

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to join us. In the health care setting, kindness means more than going the extra

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mile or doing what we think is right, it means empowering informed patients to

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make the treatment choices that they think are right for them. Kindness gets

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to the heart of secularism, because the secular society gives everyone a fair

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crack of the whip, and gives no one more or less favorable treatment, just because

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of their personal beliefs. Yet our society is by no means alone in

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providing many examples of people being given more favorable treatment, precisely

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because of their affiliation to religious community. Thought for the Day,

0:05:20.830,0:05:26.570
26 reserved seats for bishops in the Lords, the legal requirement for daily

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prayer in our community schools, and paid NHS employment, contingent on belief,

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hospital chaplains. People excluded from and exposed to these privileges often

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asks why they're being discriminated against. Are believers intrinsically more

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worthy? Are their views more valuable? And, by setting the backdrop for our society,

0:05:51.020,0:05:55.580
these privileges skew the landscape, and undermine the principle of fair play,

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supposedly in British virtue. This has wider consequences, including on health

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care, that may not always be immediately apparent.

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Earlier this month, I heard on the radio, an NHS chaplain speaking. When she spoke of

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how she was available for everyone, even those who initially rejected her, she

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said eventually called "Oy! You!" and they'd have a

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great conversation. She could multitask as well, and say prayers for those extra

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lucky patients, who happen to share the beliefs of her appointing faith

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community. Her story made me wonder whether she'd ever considered that, when

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the job of a GP or an MP was largely or solely restricted to men, when those men

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spoke along similarly self-congratulatory lines, blissfully or

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willfully ignorant of the many other people who might have done the job just

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as well, perhaps better, had they only been allowed the opportunity to apply

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for it. Maybe, some of the patients in their

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hospital beds, a captive audience if you will, would have spoken to anyone,

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dog collar or not, privileged with access to wards outside visiting hours. And just

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maybe, she didn't say, some patients spoke to ask her why limited NHS resources

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were being used to employ pastoral care workers chosen by faith and belief

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communities. In other words why the NHS does not have a policy of equality for

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employment and equality for service provision. We don't have to agree with

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patients views. We do, as healthcare provider professionals, have a

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responsibility to facilitate patients access to the treatment options that are

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right for them, the principle of autonomy, the right to decide for oneself what

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happens to one's own body, widely regarded as the most important medical ethic .

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The other main ones being beneficence, doing what's best for the patient,

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non-maleficence, not causing unnecessary harm,

and justice. For without autonomy

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people have things done to them,
or withheld from them, without their

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understanding, without their consent, and
sometimes against their will. And this is

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not conducive to good health. For we're
all patients at one time or another,

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seeking help when we need it, not on a
whim, which makes us particularly

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vulnerable when we do need help.

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Facilitating autonomy may present a
challenge to our own values. Healthcare

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professionals are trained to help people,
and it may be very tempting

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to give a treatment to a patient, that we
would want, were we in their shoes.

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Our role, though, is to provide
professional expertise, separate from our

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personal opinions and prejudices, so
patients can choose from the available

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options. For example, a blood transfusion
for someone, who suffered major trauma,

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may be life-saving. If the patients are
Jehovah's Witness, and we're sure that

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they've made it explicitly clear, either
now or in the past, perhaps through an

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advance decision, that they wouldn't
want this treatment, even to the point of

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death. Then it is more than disrespectful,
an assault, to provide that treatment for

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them, however well-meaning our intentions.
And whether you believe in hell or not,

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the road to somewhere very dark is paved
with unmodulated and unreconstructed

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good intentions. Another fairly regular
example has been that of a pharmacist,

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handing back the prescription for
emergency contraception to the patient,

0:09:30.470,0:09:34.620

advising her to go elsewhere for her
treatment because this conflicts with

0:09:34.620,0:09:40.710

the pharmacist's own conscientious views.
Until recently such pharmacists were

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supported by their regulatory body.
No longer. Last year, the General

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Pharmaceutical Council responded to some
of our consultation responses, and led

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the way, amongst UK medical regulatory
bodies, in recognizing the balance in

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these interactions must be shifted in favor of patients, who are seeking

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professional help. They recognize that the right of a health care professional

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to express their own views at work, which is a limit, where this risks compromising

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patient care.

There is no equivalence between the

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patients and a healthcare professional. The cards are heavily stacked against

0:10:18.060,0:10:22.170

the patient, who may not be aware of their rights or the various treatment

0:10:22.170,0:10:28.320

options. So we do now approximate to a secular health care system in some of

0:10:28.320,0:10:34.490

these areas, but we're not there yet. Many people still experience significant harm,

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directly or indirectly, due to the impact of other people's beliefs. Usually this

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happens when the health care professional

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has a different belief to the patient. It may also happen when people, within

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certain communities, are led to follow an intervention, despite medical evidence

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for its futility or harm. Children in some religious communities may be given

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no option but the religious option, even when this conflicts with the treatment

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the children outside these communities would be offered, and even when it

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conflicts with child safeguarding standards. In some cases the courts have

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intervened, ruling that children cannot be denied life-saving treatments, such as

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blood transfusions, on the basis of their parents' beliefs. It's not a parent's

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right to express their own autonomy through their child's body. In practice

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patient autonomy is sometimes limited by factors outside health care as well, such

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as religious privilege. With suicide, itself decriminalized in 1961, most

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people in the UK, religious or not, would like the law to change further, to allow

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the possibility of their being helped to die legally, when they feel that their

0:11:49.760,0:11:54.020

life is unbearable, with no reasonable prospect of improvement, and when they're

0:11:54.020,0:12:00.160
desperate enough to ask, sometimes beg,
for help, to end their suffering humanely.

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Questions have been asked as to whether
this is a secular concern at all, because

0:12:05.000,0:12:09.290
there are both non-religious arguments
and non-religious people on both sides

0:12:09.290,0:12:15.260
of this debate. While setting aside
people's individual views, the major

0:12:15.260,0:12:20.870
concerted opposition has come from
organized religion. The 2006 Lord's

0:12:20.870,0:12:25.520
debate on the subject was notable for
the intemperate contributions of the

0:12:25.520,0:12:30.920
bishops on the reserved benches. Since
then, recognizing that an argument based

0:12:30.920,0:12:36.470
on the sanctity of life, falls on increasingly
unreceptive ears, many of the same

0:12:36.470,0:12:41.150
opponents have modified their script,
expressing concern for vulnerability, for

0:12:41.150,0:12:46.880
example, a concern that signally fails to
address existing vulnerabilities in the

0:12:46.880,0:12:52.730
current system. And what about conversion
therapy?
Attempts to change one sexual

0:12:52.730,0:13:00.480
orientation, invariably just in the one direction,
Is this a secular concern?

0:13:00.480,0:13:04.580
Well, it is a personal choice as to whether one
is comfortable with one's sexual

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orientation. Meaningful choice relies on
information and education. Some of the

0:13:11.160,0:13:16.170
mainly young people, accessing or being
directed to conversion therapy, will have

0:13:16.170,0:13:20.399
been actively shielded by their
community from exposure to the wider

0:13:20.399,0:13:26.670
spectrum of normal sexuality.
Organized religion has led the line in
promoting

0:13:26.670,0:13:32.759
heterosexuality and marriage. It's
almost exclusively people coming from

0:13:32.760,0:13:39.260
faith communities, who seek this
ineffective cure for a non-existent illness.

0:13:39.260,0:13:43.319
For those raised in a secular
environment it can be easy to be

0:13:43.319,0:13:48.389
complacent, to underestimate just how
difficult it is for children and adults,

0:13:48.389,0:13:52.350
brought up in a tight religious
community, to challenge or escape the

0:13:52.350,0:13:56.129
demands of that community, when their
parents, their friends, their relatives,

0:13:56.129,0:14:02.240
are so heavily invested in the faith

community and its pervading ideology.

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And what about aggressive protesting outside abortion centers?

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Harassment or free speech?

Secular concern or not? Well, agree or disagree

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with abortion or exclusion zones, it's again almost exclusively religious

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so-called pro lifers, who attempt to interfere with other people's choices

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about their own bodies, and to disrupt abortion services. Abortion services,

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remember, which we have on mainland Britain after decades of misery and

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death from backstreet abortions, in which many people in many countries, still tied

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to religious dogma, still don't have. This is why these ARE secular issues.

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The opposite of secularism is sectarianism, creating divisive, religiously polarized

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societies. In Northern Ireland, for example, deeply divided along sectarian

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lines, whilst unified by a common Christian thread, women's sexual health rights and

0:15:02.009,0:15:06.270

the rights the LGBTQI community, lag way behind those of mainland Britain.

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In Northern Ireland, less than 20 women last year were allowed an abortion, under

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a combination of 19th and mid 20th century legislation, although there have

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been some positive moves afoot this week. There is a striking anomaly in the

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interpretation of these laws. The 1861 Offences Against the Person Act is still

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used to prosecute women in England and Wales, as well as Northern Ireland, for

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non authorized abortions, and it was previously used to prosecute consenting

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sex between adults of the same gender. It's not used to protect some children

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from Grievous Bodily Harm. Born into a Jewish or Muslim community, the law that

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should safeguard a child from having a healthy, sensitive, erogenous, functional

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part of his body removed whilst too young to consent, dissent or resist, is

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simply not used if he is male. The hoops that must be jumped through to justify

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this anomaly, are laid bare in the 2013 guidance of the UK doctors regulatory

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body, the GMC, on procedures provided for mainly religious or cultural reasons.

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Which cuts to the quick, if you will, by focusing, as an example, almost entirely

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on ritual male circumcision. Ordinarily doctors must use our skills to treat

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illness, not normality, and when doing so we should use the least invasive, most

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effective, treatment for a particular ailment. Ordinarily doctors risk our registration

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if we don't act on concerns that a vulnerable child or adult is at risk of serious harm.

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Yet, in this one context, the GMC ducks and weaves through labyrinthine guidance,

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to a position that I summarize as follows: Should a child's parents believe it to be

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in his best interest for their male child's genitals

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to be surgically assigned to their own belief system or culture, then other

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considerations can be set aside. In this way, children from some communities are

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actively discriminated against, their usual right to child safeguarding

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into an open future waved aside. In a secular society, it is only religions'

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special privileges that are removed from public life, not religion.

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In other words, equality before the law, equal rights to express one's beliefs, to

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accompany equal responsibilities not to hurt other people by doing so. It's hard

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to ignore the similarities with the civil rights movement, the struggle to be

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treated equally regardless of color, gender, sexuality, and, beyond that, the

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right to free expression for all. Considering the slow progress to these

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equalities, it's worth looking back at some of the obstacles that were faced

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along the way, to their recognition in principle, as we know, we've a way to go

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in practice. We medics are used to delving into dark corners with special

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instruments. There is one such instrument for which no medical training is

0:18:19.600,0:18:25.570
required: the retrospectoscope allows
us to look back into the murky

0:18:25.570,0:18:30.510
depths of the past. It turns out we see
the same obstacles, time and time again.

0:18:30.510,0:18:35.769
Apparently camouflaged at the time, these
roadblocks to civil rights become

0:18:35.769,0:18:41.409
uniquely visible with the retrospectoscope,
the subjugation of women,

0:18:41.409,0:18:46.659
the keeping of slaves, racial segregation,
the prosecution of same-sex love, the total

0:18:46.659,0:18:51.610
criminalization of sexual health
information and contraception. All of

0:18:51.610,0:18:59.020
these nauseating, dangerous practices,
faced staunch, organized, institutional
opposition

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on the road to change, after which some
people claimed false credit for their belated
revelation.

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So why is change so slow?
Why is it apparently so easy to back into the
past

0:19:11.380,0:19:14.400
and mouth the words
"it must never happen again" whilst

0:19:14.409,0:19:19.480
failing to see what's under our very noses.
I gained an insight into the

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answer to this question in 2010.
The head of ethics at the GMC

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kindly granted me a meeting to discuss
ritual genital cutting.

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She acknowledged my concerns, which were
based largely on the GMC's own guidance
elsewhere,

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but she asked me to understand
just how deeply offended the Chief Rabbi

0:19:40.800,0:19:46.200
would be with the GMC, even to imply
criticism of the sacred religious

0:19:46.200,0:19:52.060
practice of the ritual forced cutting of
a healthy child's normal penis.

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Her best guess, she told me, was 60 years for
change
to happen. In retrospect, change can seem
obvious.

0:20:00.060,0:20:06.480
At the time, necessary change is often
thwarted,
fear of criticism, misplaced loyalties,

0:20:06.480,0:20:13.240
skewed priorities, status quo bias, the vested
interests of the privileged, and inertia.

0:20:13.240,0:20:18.460
It must never happen again.
Make the care of your patient your first
concern.

0:20:18.460,0:20:23.780
We must not lose sight of the child.
Are all meaningless platitudes

0:20:23.780,0:20:27.220

if excuses are found not to put them into action.

0:21:24.100,0:21:28.940

and then honouring their wishes.
Thank you.

0:20:27.220,0:20:31.980

For, without action, we go backwards, not forwards. The Conscientious

0:21:28.940,0:21:36.000

[Applause]

0:20:31.980,0:20:36.270

Objections Medical Activities Bill is going through Parliament now. If enacted

0:20:36.270,0:20:41.070

it would allow health care professionals to extend their conscientious objection

0:20:41.070,0:20:45.500

beyond the reasonable legislation we currently have, on abortion for example.

0:20:45.500,0:20:52.110

The bill risks seriously obstructing some patient's treatment. So it's

0:20:52.110,0:20:56.540

easy to parrot "Never again. Never again" about historic injustices, more

0:20:56.550,0:21:00.600

challenging to recognize what's happening now, where far too many people

0:21:00.600,0:21:07.220

are suffering today, from the harmful imposition on them of other people's beliefs.

0:21:07.220,0:21:11.560

Those people could be any one of us, struggling to be heard and listened to,

0:21:11.560,0:21:19.260

above the clamor of other people's beliefs. True kindness in health care can be as simple

0:21:19.260,0:21:24.100

as sitting down with a patient , and listening to hear what's important to them,