

Conscientious Objection

Classification:	Guideline		
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Authors Division:	Women and Children's		
Departments/Group this Document applies to:	Maternity, Theatres and Gynaecology		
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Guideline to be followed by (target staff): Maternity Staff			
To be read in conjunction with the following documents: None			
Are there any eCARE implications? No			
CQC Fundamental standards: Regulation 9 – person centered care Regulation 10 – dignity and respect Regulation 11 – Need for consent Regulation 12 – Safe care and treatment Regulation 15 – Premises and equipment Regulation 17 – Good governance Regulation 18 – Staffing			

Disclaimer

Since every patient's history is different, and even the most exhaustive sources of information cannot cover every possible eventuality, you should be aware that all information is provided in this document on the basis that the healthcare professionals responsible for patient care will retain full and sole responsibility for decisions relating to patient care; the document is intended to supplement, not substitute for, the expertise and judgment of physicians, pharmacists or other healthcare professionals and should not be taken as an indication of suitability of a particular treatment for a particular individual.

The ultimate responsibility for the use of the guideline, dosage of drugs and correct following of instructions as well as the interpretation of the published material **lies solely with you** as the medical practitioner.

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Guideline Statement

This Guideline aims to signpost nursing, maternity and obstetric staff to the latest advice from the Nursing and Midwifery Council (NMC), General Medical Council (GMC), Royal College of Nursing (RCN), Royal College of Obstetricians & Gynaecologists (RCOG), Faculty of Sexual & Reproductive Healthcare (FSRH) and British Medical Association (BMA) in relation to conscientious objection.

Executive Summary

- Updated NMC and GMC guidance around conscientious objection for doctors, nurses and midwives
- Process and procedures to be adhered to by staff
- Roles and responsibilities of staff and employer

1.0 Roles and Responsibilities:

1.1 All staff

All staff have responsibility for ensuring they are aware of the right to conscientiously object to care for a patient and for deciding whether or not to accept employment in an area that carries out treatment or procedures they may object to.

1.2 Midwives, Nurses and Nursing associates

Paragraph 4.4 of the NMC Code (2015) states that nurses, midwives and nursing associates who have a conscientious objection must tell colleagues, their manager and the person receiving care that they have a conscientious objection to a particular procedure. They must arrange for a suitably qualified colleague to take over responsibility for that person's care. Please see [The Code \(nmc.org.uk\)](https://www.nmc.org.uk)

The 2019 RCN guidance similarly advises that conscientious objection is "limited to the termination procedure only and not to care provided before and/or after the procedure is carried out" – see [Conscientious objection | Womens Health | Royal College of Nursing \(rcn.org.uk\)](https://www.rcn.org.uk)

The RCM (2016) have issued a position statement, stating "The rights of midwives or maternity support workers to hold a position of conscientious objection, as described in the 1967 abortion act, should be recognised but should only apply to direct involvement in the procedure of terminating pregnancy" – See [abortion-statement.pdf \(rcm.org.uk\)](https://www.rcm.org.uk)

1.3 Doctors

Guidance from medical professional bodies on the issue of conscientious objection surrounding abortion indicates that the conscientious objection clause in the Abortion Act 1967 only applies to the termination procedure itself, not to caring for patients before or after a termination, or involvement in administration around terminations

The RCOG have issued guidance and FAQs for medical trainees on this issue – see section 3.3 https://www.rcog.org.uk/media/nwcjrf0o/abortion-guideline_web_1.pdf

[3.3 Professionals' rights: conscientious objection to abortion](#)

Line Managers

Have responsibility for ensuring that once notified of an intention to conscientiously object to provide care, that an appropriate alternative member of staff is found to provide that care.

Clinical Director and Head of Midwifery

Have responsibility to ensure the review of any maternity, theatres and Gynaecology service provision that staff may conscientiously object to work within.

2.0 Implementation and dissemination of document

This Guideline is available on the Intranet and has followed the Guideline review process prior to publication

3.0 Processes and procedures

3.1 Process

All staff are required to provide emergency care in all circumstances. Refusal to acknowledge professional responsibility and duty of care is in breach of their codes of practice and ethics (NMC, 2018, Section 15; GMC, 2019, Section 13).

If staff are asked to care for a patient to which they conscientiously object, then they must make the shift lead aware at the earliest opportunity so that other arrangements can be made to provide care for that patient.

Midwives should discuss their objections with their professional midwifery advocate (PMA) who can support them if they feel their right to conscientiously object is not being upheld.

In the event that care is significantly delayed due to conscientious objection, please complete a RADAR.

4.0 Statement of evidence/references

Statement of evidence:

References:

The Nursing and Midwifery council (NMC (2023)) *Conscientious Objection by Nurses and Midwives*. Available from: <https://www.nmc.org.uk/standards/code/conscientious-objection-by-nurses-and-midwives/> [accessed on 13th September 2023]

The General Medical Council (GMC (2019)) *Conscientious Objection*. Available from: http://www.gmc-uk.org/guidance/ethical_guidance/21177.asp [last accessed 13.09.2023]]

The Royal college of Midwives (RCM (2016)) Position statement Abortion [abortion-statement.pdf \(rcm.org.uk\)](http://www.rcm.org.uk/abortion-statement.pdf) [last accessed 13th September 2023]

The Royal college of Nursing (RCN (2013)) Termination of pregnancy: Conscientious objection [Conscientious objection | Womens Health | Royal College of Nursing \(rcn.org.uk\)](http://www.rcn.org.uk/Conscientious-objection-Womens-Health-Royal-College-of-Nursing) [last accessed Sept

External weblink references:

Please note that although Milton Keynes University Hospital NHS Foundation Trust may include links to external websites, the Trust is not responsible for the accuracy or content therein.

Abortion Act 1967 (c.87). [Online]. Available from: <http://www.legislation.gov.uk/ukpga/1967/87> [Accessed 13 February 2020]

British Medical Association (2018) Expression of doctors' beliefs. *British Medical Association* [Online]. <https://www.bma.org.uk/advice/employment/ethics/expressions-of-doctors-beliefs> [Accessed 13 February 2020]

Faculty of Sexual & Reproductive Healthcare (2017) *Guidance for those undertaking or recertifying FSRH qualifications whose personal beliefs conflict with the provision of abortion or any method of contraception*. [Online]. Available from: <https://www.fsrh.org/documents/guidance-for-those-undertaking-or-recertifying-fsrh/> [Accessed 13 February 2020]

General Medical Council (2019) *Ethical guidance for doctors: personal beliefs and medical practice*. [Online]. Available from: <https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/personal-beliefs-and-medical-practice> [Accessed 13 February 2020]

Human Fertilisation and Embryology Act 1990 (c.37). [Online]. Available from: <http://www.legislation.gov.uk/ukpga/1990/37> [Accessed 13 February 2020]

Human Fertilisation & Embryology Authority (2019) *Code of Practice*. 9th ed. [Online]. Available from: <https://portal.hfea.gov.uk/media/1527/2019-12-16-code-of-practice-9th-edition-december-2019.pdf> [Accessed 13 February 2020]

National Institute for Health and Care Excellence (2019) *Abortion care*. NICE guideline [NG140]. [Online]. Available from: <https://www.nice.org.uk/guidance/NG140> [Accessed 13 February 2020]

Nursing and Midwifery Council (2019) Conscientious objection by nurses, midwives and nursing associates. *Nursing and Midwifery Council* [Online].

<https://www.nmc.org.uk/standards/code/conscientious-objection-by-nurses-and-midwives/>

[Accessed 13 February 2020]

Nursing and Midwifery Council (2018) *The Code: professional standards of practice and behaviour for nurses, midwives and nursing associates*. [Online]. Available from:

<https://www.nmc.org.uk/standards/code/> [Accessed 13 February 2020]

Royal College of Midwives (2016) *Position statement: abortion*. [Online]. Available from:

<https://www.rcm.org.uk/media/2296/abortion-statement.pdf> [Accessed 13 February 2020]

Royal College of Nursing (2019) *RCN guidance conscientious objection (termination of pregnancy) (2019) position statement*. [Online]. Available from: <https://www.rcn.org.uk/professional-development/publications/pub-007690>

[Accessed 13 February 2020]

Royal College of Nursing (2017) *Termination of pregnancy: an RCN nursing framework*. [Online].

Available from: <https://www.rcn.org.uk/professional-development/publications/pub-005957>

[Accessed 13 February 2020]

Royal College of Obstetricians & Gynaecologists (2020) Advice for trainees on termination of pregnancy. *Royal College of Obstetricians & Gynaecologists* [Online].

<https://www.rcog.org.uk/en/careers-training/resources--support-for-trainees/advice-and-support-for-trainees/advice-for-trainees-on-termination-of-pregnancy/>

[Accessed 13 February 2020]

Royal College of Obstetricians & Gynaecologists (2011) *The care of women requesting induced abortion. Evidence-based Clinical Guideline No. 7*. [Online]. Available from:

<https://www.rcog.org.uk/en/guidelines-research-services/guidelines/the-care-of-women-requesting-induced-abortion/> [Accessed 13 February 2020]

Suggested references:

Greater Glasgow Health Board (Appellant) v Doogan and another (Respondents) (Scotland) [2014]

UKSC 68. [Online]. Available from: <https://www.supremecourt.uk/cases/uksc-2013-0124.html>

[Accessed 13 February 2020]

This case concerned the scope of the definition of participation in treatment under Section 4 of the Abortion Act 1967.

The following article discusses the case:

Fleming, V., et al. (2019) Tensions Between Ethics and the Law: Examination of a Legal Case by Two Midwives Invoking a Conscientious Objection to Abortion in Scotland. *HEC Forum*. Published online 4 July 2019. Available from: <https://link.springer.com/article/10.1007%2Fs10730-019-09378-4>

[Accessed 13 February 2020]

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5.0 Governance

5.1 Document review history

Version number	Review date	Reviewed by	Changes made
6.0	04/2020	Rebecca Daniels	Reviewed and updated
7.0	01/2024	Swati Velankar Alex Fry	Reviewed and updated

5.2 Consultation History

Stakeholders Name/Board	Area of Expertise	Date Sent	Date Received	Comments	Endorsed Yes/No
Consultant obstetricians	Maternity	08/2023	08/2023	Question if this document is necessary given comprehensive guidance from RCOG/GMC	No
Katie Selby Maternity and Gynaecology Clinical Governance and Quality Lead	Maternity	08/2023	08/2023	Guidance for Midwives comes from RCM, NMC and RCN, therefore it is felt the guideline is required to bring in all of the recommendations to central point. To continue with review and update process	Yes
Maternity staff	Maternity	07/12/2023	20/12/2023	separate out responsibility according to role. Consider the on-call consultant to identify when the next consultant without conscientious objection is on the Rota in order to plan care. Replace gendered pronouns with they /them.	Yes
Maternity Guideline Review Group	Maternity	03/01/2024	-	Version 7.0 approved	Yes

5.3 Audit and monitoring

Audit/Monitoring Criteria	Tool	Audit Lead	Frequency of Audit	Responsible Committee/Board
Cases where care has been significantly delayed due to conscientious objection will be monitored	Radar	Governance Team	Per incidence	

5.4 Equality Impact Assessment

As part of its development, this Guideline and its impact on equality has been reviewed. The purpose of the assessment is to minimise and if possible remove any disproportionate impact on the grounds of race, gender, disability, age, sexual orientation, religion or belief, pregnancy and maternity, gender reassignment or marriage and civil partnership. No detriment was identified. Equality Impact assessments will show any future actions required to overcome any identified barriers or discriminatory practice.

Equality Impact Assessment			
Division	Women's Health	Department	Maternity
Person completing the EqIA	Alex Fry	Contact No.	Alexandria.fry@mkuh.nhs.uk
Others involved:		Date of assessment:	07/12/2023
Existing policy/service	Yes	New policy/service	No
Will patients, carers, the public or staff be affected by the policy/service?		Staff	
If staff, how many/which groups will be effected?		Midwves, Obstetricians	
Protected characteristic	Any impact?	Comments	
Age	NO	Positive impact as the policy aims to recognise diversity, promote inclusion and fair treatment for patients and staff	
Disability	NO		
Gender reassignment	NO		
Marriage and civil partnership	NO		
Pregnancy and maternity	NO		
Race	NO		
Religion or belief	Yes		
Sex	NO		
Sexual orientation	NO		
What consultation method(s) have you carried out?			
How are the changes/amendments to the policies/services communicated?			
Review date of EqIA			