

# A Case for a Conscience Clause

## FOR NHS WAR PLANNING

Planning for the medical effects of nuclear war become compulsory as a result of the 1967 amendment of the 1948 Civil Defence Act. Responsibility falls directly upon local authorities but medical advice and cooperation are required in the local adaptation of guidance issued by the government.

Doctors and patients are compelled to act with perfect knowledge and may perish or profit by the consequences. The two have devised different ways of coping with responsibility and uncertainty.

The nation elects a parliament in which the majority presides and the minority is heard. Expert advice informs the wishes of the common people and is duly translated into legislation via Acts of Parliament.

The same ethical principles which govern a doctor's responsibility to a patient in the clinical setting extend to doctors operating in a management setting. The doctor has a responsibility to be satisfied that legitimate consent has been obtained and that a procedure advocated stands a good chance of being useful and a remote chance of being harmful.

Outside the clinical setting, criteria for legitimate consent shift from the individual to the population concerned. If the democratic process is adequate the doctor should include all the ingredients required, expert consideration of the facts, informed public debate, and nationally, a parliamentary decision reflecting the will of the majority. Few doctors are likely to disagree with a popular and well considered decision.

A moral code, more fundamental than the rule of law, gives doctors who disagree with a policy the right to refuse to implement it and to suffer the consequences.

The foremost example of the interface between democratic will and professional integrity may be seen in the 1967 Abortion Act. The pros and cons of therapeutic abortion were debated exhaustively. In the twelve months preceding the act more than 100 articles and letters appeared in the Times newspaper alone. Representatives of the common people divided on non-partisan grounds for a private members bill.

Doctors with opposing moral convictions were allowed a conscience clause in recognition of their personal difficulties with which empathy was easy.

### Conscience and nuclear war

SIR,—The annual representative meeting this year rejected a motion on civil defence planning which asked that doctors should be allowed to refuse on grounds of conscience to take part. Under the revised civil defence regulations agreed by parliament last November all authorities and persons concerned are required to participate in planning and related exercises ordered by the appropriate minister. The regulations cover civil disasters and hostile attack (unspecified). It is hard to imagine any doctor having a conscientious objection to planning for civil disasters or for hostile attacks of the kind experienced during the second world war. The issue of conscience arises in relation to planning for defence against a nuclear attack because of the implication that nuclear weapons are accepted as usable instruments of war and that civil defence against their effects is worthwhile and could be effective.

The conscience clause is a mechanism which permits the will of the majority to proceed without placing undue sanction on the minority who object. If the democratic process has been followed, the number of doctors in opposition will be small, derangement of policy may be circumvented with a little ingenuity and all parties may be agreeably satisfied.

The strength and breadth of support for therapeutic abortion has ensured progress and a form of provision which previously did not exist and seems likely to grow more rational with time.

The results of the arrangement are not entirely satisfactory with wide regional variation in the number of abortions performed. It seems improbable that limited coercion and compulsion could have done more to further the will of the majority.

In sharp contrast to the abortion issue, very little debate concerning the merits of planning for the effects of nuclear war has taken place. Questioning which was relevant to the termination of foetal life has greater relevance to a measure which may influence the termination of all life on earth.

Weapons and their display may symbolically placate the insecurities of nations. Tangible civilian preparation for war may aggravate the same insecurities and possibly destabilise a delicate balance between nations. Surely it would be appropriate to openly consider whether planning for the effects of nuclear war in the present cold war climate is good or bad for us, whether the policy is socially divisive or cohesive and whether the proposals have any physical utility in practice.

No discussion of the pros and cons of planning for the effects of nuclear war has raged through television, radio, or the press nor through religious bodies throughout the country. Rather the public has received inadequate information and a dampening of awareness of the implications of present policy in relation to civil defence. A debate which would tax the wisest has been smothered by a veil of secrecy which we allow to pervert democracy through mis-appropriation of power to the needs of war rather than people. Consideration of the merits of the government bill by the elected representatives of the people was confused with partisan loyalty.

Since successive governments have approved the basing of more and more NATO nuclear weapons in Britain and the equipping of British forces with these weapons it must be concluded that nuclear weapons are considered to be usable—even if the hope is that they will not be needed. Yet many persons, doctors among them, regard acceptance of nuclear weapons as morally wrong. As regards the effectiveness of civil defence against nuclear weapon attacks the BMA membership has expressed its scepticism by approving last year's report on *The Medical Effects of Nuclear War* and urging wider publicity for it. We do not yet know what will be the assumptions underlying the NATO exercise Lionheart due to take place in September nor those on which are based the revision of circular HDC(77)1 due to appear shortly. Should the planning include provision for nuclear attack, however, we are aware that the designated participants are likely to include some who do not only have

Under these circumstances the provision of a conscience clause poses the only serious threat of which it is capable. A policy which does not command the legitimate support of the majority of the people and is considered by expert opinion as useless may expect to meet with the opposition of a majority rather than a minority of doctors engaged in its implementation. Perversion of full enactment of bad policy by the operation of a conscience clause may recommend the universal provision of conscience clauses at the interface between the state and the medical profession.

The alternative to a conscience clause is the selection of a minority of compliant doctors and/or extreme coercion of non-compliant doctors (including threats to employment), in order to implement dubious and secret policy. No one should lightly disregard the possible connotations of such an alternative.

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We welcome your views  
on this issue.

Members are encouraged  
to write in support of  
this issue to give a  
better balance of  
published views; such  
support should include  
a criticism of new civil  
defence plans, with a  
mention of 'nuclear  
winter'.

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a moral objection to nuclear weapons but also consider any feasible civil defence measures to be little better than a sham. There is surely a good case for exempting such concerned doctors without loss of status from participating in making plans in which they do not believe.

The ARM rightly recognised the harm which the arms race is doing both to developed and developing countries. We realise that it refused to request any blanket exemption of doctors from civil defence planning on grounds of conscience and that no absolute distinction can be drawn between planning for nuclear attack and other lesser disasters (including explosion at a nuclear power station). Nevertheless, there could be circumstances in which a conscience clause would be sensible and just, and we hope that in discussion with the Home Office the officers of the BMA will give consideration to this.

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