

Revised *Personal beliefs and medical practice* guidance draft for consultation

Summary

This guidance sets out how medical professionals can provide good safe patient care in a way that's consistent with their personal beliefs and values. It recognises that patients' beliefs and values can influence their priorities and decision making when it comes to their treatment and care – and provides guidance for the professionals we regulate on how to approach this.

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1. *Good medical practice* sets out the principles, values, and standards of care and professional behaviour expected of all medical professionals registered with us. The standards of good practice apply to doctors, physician associates and anaesthesia associates (collectively referred to as medical professionals and whom we address directly as 'you' throughout the guidance). As with all our professional standards, this guidance applies to all our registrants to the extent it is relevant to the individual's practice. *Personal beliefs and medical practice* builds on *Good medical practice* to provide more detail on our expectations of medical professionals in this area.

2. The professional standards describe good practice, and not every departure from them will be considered serious. You must use your professional judgement to apply the standards to your day-to-day practice. If you do this, act in good faith and in the interests of patients, you will be able to explain and justify your decisions and actions. We say more about professional judgement, and how the professional standards relate to our fitness to practise processes, appraisal and revalidation, at the beginning of *Good medical practice*.

Personal beliefs and values in medical practice

3. We recognise that personal beliefs (including political, religious, philosophical, and moral beliefs) and cultural practices can be central to the lives of many medical professionals and patients. Medical professionals have personal values that can inform their day-to-day practice. And patients' beliefs and values can influence their priorities and inform their decision making when it comes to their treatment and care.
4. The right to hold a belief is protected in law, but expressing and acting on beliefs can be restricted where this is justified.
 - The Equality Act 2010 and equality legislation in Northern Ireland (which is set out in various Acts, Orders and Regulations) prohibit direct and indirect discrimination or harassment of individuals and/or groups because of a protected characteristic.
 - Some treatments and procedures that may relate to personal beliefs or cultural practices are prohibited by law.
5. The law does not require medical professionals to provide treatments or procedures that they have assessed as not being clinically appropriate for the patient and not serving their needs.
6. There is some legislation that specifically entitles medical professionals to exercise a conscientious objection to providing certain treatments or procedures (see paragraph 18).
7. The legal annex provides further information on relevant legislation. If you are uncertain about how any legislation applies to you and your practice, you should speak to your medical defence organisation or seek legal advice.
8. Where patients are under 18, this guidance should be read alongside [0–18 years](#) and [Protecting children and young people](#).
9. The same principles of behaviour apply regardless of the setting or method of communication. For example, face to face, telephone, and online interactions. You must also follow our guidance on [Using social media as a medical professional](#).

Your personal beliefs as a medical professional

10. Medical professionals may practise in line with their beliefs and values, provided they:

- follow the law and our guidance on professional standards, which set out the standards of care and professional behaviour expected of all medical professionals registered with us
- make sure this does not act as a barrier to patients accessing appropriate care
- don't treat patients unfairly or cause them distress.

11. You may be required to fulfil contractual requirements that could limit your freedom to work in line with your beliefs. This may include conscientious objections, working patterns, as well as organisational policies on dress codes. These are matters between medical professionals and their employing or contracting bodies.

12. You should be open with employers, partners or colleagues about your beliefs where these may affect your practice. You should explore with your employer how you can practise in line with your beliefs while maintaining a good standard of care and reducing any impact on colleagues in your team. See paragraphs 18–26 for more information on conscientious objections.

13. You have the right to work and train in an environment which is fair, free from discrimination, and where you're respected and valued as an individual.

14. You must help to create a workplace culture that is respectful, fair, supportive, and compassionate. As part of this, you should not:

- impose your views, beliefs or values on others
- treat your colleagues poorly based on any assumptions you have about their beliefs or because you disagree with their views or beliefs.

15. If you witness the behaviours described in paragraph 14, you should act, taking account of the specific circumstances (see [paragraph 58 of Good medical practice](#) for examples of actions that could be taken).

16. If you have a formal leadership or management role and you witness – or are made aware of – any of the behaviours described in paragraph 14, you must act (see [paragraph 59 of Good medical practice](#)). You must also follow our more detailed guidance on [Leadership and management](#).

Talking to patients about your beliefs as a medical professional

17. During a consultation, you should keep the discussion relevant to the patient's care and treatment. See paragraphs 18–26 for more information on discussing conscientious objections. If a patient asks you about your personal beliefs, you must be careful not to breach the professional boundary that exists between you. See [paragraphs 3 and 4 in](#)

[Maintaining personal and professional boundaries](#) for more information. You must not impose your beliefs and values on patients, or cause distress by the inappropriate or insensitive expression of them (see [paragraph 87 in Good medical practice](#)).

Conscientious objection

18. Medical professionals practising in the UK are legally entitled to exercise a conscientious objection to (and so refrain from participating in) termination of pregnancy and in vitro fertilisation. See paragraph 6 and the legal annex.
19. You can also exercise a conscientious objection in other circumstances, as long as this does not unlawfully discriminate against or result in the harassment of individual patients or groups of patients. Conscientious objections are specific to the treatment or procedure. This means you must not allow your personal views or beliefs to affect your relationship with the patient, or the treatment you provide or arrange. You must not refuse or delay treatment because you believe that a patient's actions or choices contributed to their condition (see [paragraph 19 in Good Medical Practice](#)). If you are unsure whether, in the circumstances, you are legally entitled to conscientiously object, you should speak to your medical defence organisation or seek legal advice.
20. There can be circumstances where your employer may require you to carry out a procedure or provide a form of treatment if doing so is part of your contractual obligations and you are not able to rely on a legal right to conscientiously object. You should be open with potential employers before you accept a job if you know part of the role could involve something that you conscientiously object to. See paragraphs 4 and 11.
21. If, having taken account of your legal, ethical and contractual obligations, you wish to exercise a conscientious objection, you must prioritise patient safety. You must make sure the way you manage this doesn't act as a barrier to a patient accessing appropriate care that meets their needs. As part of this:
 - You must take steps to make patients who may consult with you aware of your objection in advance. You can do this by making sure that any printed material or online information that you provide about your practice explains if there are any services you will not normally provide because of a conscientious objection.
 - You must tell the patient during the consultation if you don't provide a particular treatment or procedure that might be clinically appropriate for them, being careful not to cause distress. You should be prepared to explain this is due to a conscientious objection you have. You may wish to mention the reason for your objection, but you must do this sensitively and take care not to imply any judgement of the patient. Whatever your personal beliefs about the procedure in question are, you must be respectful of the patient's dignity and views.
 - You must make sure that the patient has enough information to arrange to see another medical professional who does not have the same objection as you so they can discuss all the options available to them. If a patient is likely to have difficulty accessing appropriate treatment elsewhere, you must make sure that arrangements are made for another suitably qualified colleague to advise, treat or refer the patient. You must bear

in mind the patient's vulnerability and act promptly to make sure they are not denied appropriate treatment or services. If the patient has a disability, you should make reasonable adjustments* to your practice to allow them to receive care to meet their needs, in line with requirements under the Equality Act 2010. See [paragraph 65 of Good medical practice](#) for more information on continuity of care.

22. You must not obstruct patients from accessing services or leave them with nowhere to turn.
23. You must consider the availability of alternative care providers for the patient. If no reasonable alternative is available, you must discuss all options with the patient and provide treatment, whatever your personal beliefs – unless you are able to rely on a legal right to conscientiously object. If you are unsure whether, in the circumstances, you are legally entitled to conscientiously object, you should speak to your medical defence organisation or seek legal advice.
24. In emergencies, you must not refuse to provide treatment necessary to save the life of, or prevent serious deterioration in the health of, a person because the treatment conflicts with your personal beliefs.
25. You will not necessarily need to end a consultation with your patient because you have an objection to a treatment or procedure that may be appropriate for them. Patients have a right to objective information about their condition and the options open to them. If you feel (or the patient feels) that your conscientious objection stops you from making an objective assessment, you should suggest again that the patient seeks advice and treatment elsewhere.
26. If you have a conscientious objection to not providing life-prolonging treatment, see [paragraphs 79](#) and [127](#) of our more detailed guidance [Treatment and care towards the end of life: good practice in decision making](#).

Talking to patients about their beliefs

27. In assessing a patient's condition(s), symptoms and taking a history, you must take account of
 - relevant psychological, spiritual, social, economic, and cultural factors
 - the patient's views, needs, and values.

So that you have the information necessary to support them, to understand their options, and to decide what treatment or referral may be best for them as an individual (see [Good medical practice paragraphs 7a–7b](#) and [34](#) and [Decision making and consent paragraphs 16–20](#)).

28. It may be appropriate to ask a patient about their personal beliefs when finding out what matters to them. You must not put pressure on a patient to discuss or justify their beliefs, or

* This is a requirement of the Equality Act 2010. 'Reasonable adjustments' does not only mean changes to the physical environment. It can include, for example, being flexible about appointment time or length, and making arrangements for those with communication difficulties, such as impaired hearing. For more information, see the [Equality and Human Rights Commission](#) website.

the absence of them. You should avoid making assumptions about how patients' personal beliefs relate to their care based on generalisations about people who share their belief. You must be careful that your words and actions do not imply judgement of the patient or their beliefs and values.

29. If the patient is a child or young person, you should involve the patient in a way appropriate to their age and maturity (see paragraphs 47–53 as well as [paragraphs 14–29 of 0–18 years](#)).
30. If the patient is an adult who lacks capacity, you should refer to [paragraphs 87–93 of *Decision making and consent*](#) for more information on assessing overall benefit and resolving disagreements.
31. If a patient asks about your personal beliefs, you should follow the guidance in paragraph 17.

Providing care in line with patients' beliefs

32. Patients' personal beliefs can shape their priorities and may influence their concerns, preferences, and expectations about their treatment and care. All of which will affect their decision making. As a result, they may:
 - wish to explore potential adjustments to accommodate their beliefs
 - refuse treatments that you judge to serve their needs
 - ask for treatments or procedures for mainly religious, cultural, or social reasons.
33. A situation could arise where a patient expresses a view, or makes a request based on their beliefs, that is abusive or discriminatory in nature towards you. You have the right to work and train in an environment which is fair and free from discrimination. Your organisation will have policies on what measures should be taken in response to abusive and unacceptable behaviour.

[Placeholder for in-text visual of the [Racism in the workplace](#) ethical hub page]

Navigating adjustments or refusals of treatment

34. When discussing treatment options with a patient, you should consider what would be most consistent with, or meet the requirements of, their personal beliefs and values – and offer this, where possible. You should discuss benefits and harms of available treatment, including the option to decline treatment. You should accommodate a patient's wishes if they would like anyone else to be involved in discussions and/or help them make decisions (see [paragraph 27 of *Decision making and consent*](#)).
35. If a patient decides to refuse an investigation or treatment due to their personal beliefs or values, you must respect the decision made by a patient with capacity – even if you do not agree with it. You may advise the patient of your clinical opinion, but you must not put pressure on them to accept your advice.
36. In an emergency you should follow the guidance at [paragraphs 62–64 in *Decision making and consent*](#).

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37. If you're concerned a patient can't make a decision freely, you should follow the guidance at [paragraphs 69–75 in *Decision making and consent*](#).
 38. If you have a conscientious objection – for example, to not providing life-prolonging treatment – you should follow the guidance on conscientious objection at paragraphs 18–26 and [paragraphs 79](#) and [127](#) of our more detailed guidance [Treatment and care towards the end of life: good practice in decision making](#).
 39. If the patient is a child or young person, you should read paragraphs 34–38 alongside paragraphs 47–53.

Requests for care for mainly religious, cultural, or social reasons

40. Sometimes patients may ask for care, treatment, or procedures that are not primarily for medical reasons and are instead related to religious beliefs, cultural practices, and/or social factors. In these circumstances, you should follow the more detailed guidance on [Decision making and consent](#) and:
 - explore the reasons for their request, their understanding of what it would involve, and their expectations about the likely outcome (see [Decision making and consent paragraphs 27](#) and [49](#))
 - take into account cultural, religious, or other beliefs and values that are significant to the patient and assess whether providing the treatment or care could serve the patient's needs (see [Decision making and consent paragraph 49](#))
 - discuss benefits and harms (see [Decision making and consent paragraphs 21–26](#)).
41. You may provide care, treatment, or procedures that patients request for mainly religious, cultural, or social reasons where:
 - you assess this as serving the patient's needs
 - you have appropriate consent – if you're concerned a patient can't make a decision freely, see [paragraphs 69-75 in Decision making and consent](#) guidance
 - you have the knowledge, skills, and experience to do so safely
 - it is within the law. If a patient requests a procedure or treatment that's against the law, you must explain this to them and follow any safeguarding procedures that are relevant. See the legal annex for more information and [Raising and acting on concerns about patient safety](#) and [Protecting children and young people](#) for more guidance.
42. If relevant to your area of practice, you must follow the more detailed guidance on [Cosmetic interventions](#).
43. If you don't believe that the care, treatment, or procedure serve the needs of the patient, you must explain this to them. You must record the discussion in their medical record. You are not obliged to provide the requested care in such cases.
44. If you agree to perform any procedure for religious, cultural, or social reasons, you must meet

the same standards of practice required for performing therapeutic procedures including:

- making sure the patient understands what will be involved
- having the necessary skills and experience to perform the procedure and using appropriate measures, including anaesthesia, to minimise pain and discomfort both during and after the procedure
- keeping your knowledge and skills up to date
- making sure conditions are hygienic
- providing appropriate aftercare.

45. If anyone else is present during the procedure – for example, a religious adviser, you should record this in the patient’s medical record.

46. If the patient is a child or young person, you should read paragraphs 40–45 alongside paragraphs 18–26.

Care where the patient is a child or young person

47. If the patient is a child or young person, you should read the following section alongside the rest of the guidance.

48. You should assess the child or young person’s best interests and involve them in their care a way that’s appropriate for their age and maturity. This includes obtaining their consent for any care being provided if they have the maturity and understanding to give it. For guidance on assessing best interests, communicating with children and young people, and capacity to consent, see [0–18 years paragraphs 12–29](#).

49. Where care is being provided for mainly religious, cultural, or social reasons, you should also get consent from all those with parental responsibility. Similarly, all those with parental responsibility should be involved in decisions about refusing treatment which is essential to preserve life or prevent serious deterioration in health. See [0–18 years paragraphs 22–29, 34–35](#), and [Appendix 2: Parents and parental responsibility](#).

50. You should record who has provided consent and been involved in discussions in the patient’s medical record.

51. If you cannot get consent for a procedure that is being provided for mainly religious, cultural, or social reasons – for example, because those with parental responsibility cannot agree and disputes cannot be resolved informally – you should:

- inform those with parental responsibility for the child or young person that you cannot provide the service unless you have authorisation from the court
- advise those with parental responsibility for the child or young person to seek legal advice on applying to the court.

52. If the patient and all those with parental responsibility refuse treatment on the grounds of their personal beliefs, you must discuss their concerns. If following a discussion of all the options, you cannot reach an agreement, and treatment is essential to preserve life or prevent serious deterioration in health, you should seek advice on approaching the court. See

[0–18 years paragraphs 30–31](#) for more information on children and young people refusing treatment.

53. Sometimes there may be a disagreement about providing treatment for a patient who is a child or young person, either between those with parental responsibility or with the healthcare team. In these circumstances, you can provide treatment that is immediately necessary to save life or prevent deterioration in health in an emergency without consent or, in exceptional circumstances, against the wishes of a person with parental responsibility. You should follow the guidance on treatment in emergencies at [paragraphs 62–64 in Decision making and consent](#).

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Annex – Extracts from *Good Medical Practice*

6. You must provide a good standard of practice and care. If you assess, diagnose, or treat patients, you must work in partnership with them to assess their needs and priorities. The investigation or treatment you propose, provide or arrange must be based on this assessment, and on your clinical judgement about the likely effectiveness of the treatment options.

7. In providing clinical care you must:

- a. adequately assess a patient's condition(s), taking account of their history, including
 - i. symptoms
 - ii. relevant psychological, spiritual, social, economic, and cultural factors
 - iii. the patient's views, needs, and values
- b. carry out a physical examination where necessary
- c. promptly provide (or arrange) suitable advice, investigation or treatment where necessary
- d. propose, provide or prescribe drugs or treatment (including repeat prescriptions) only when you have adequate knowledge of the patient's health and are satisfied that the drugs or treatment will meet their needs
- e. propose, provide or prescribe effective treatment based on the best available evidence
- f. follow our more detailed guidance on professional standards, Good practice in proposing, prescribing, providing and managing medicines and devices, if you prescribe
- g. consult colleagues or seek advice from your supervising clinician, where appropriate
- h. refer a patient to another suitably qualified practitioner when this serves their needs.

18. You must recognise a patient's right to choose whether to accept your advice, and respect their right to seek a second opinion.

19. You must treat patients fairly. You must not discriminate against them or allow your personal views to affect your relationship with them, or the treatment you provide or arrange. You must not refuse or delay treatment because you believe that a patient's actions or choices contributed to their condition.

21. If you have a conscientious objection to a particular procedure, you must make sure that the way you manage this doesn't act as a barrier to a patient's access to appropriate care to meet their needs. You must follow the guidance in paragraph 87 and our more detailed guidance on [Personal beliefs and medical practice](#).

23 You must treat patients with kindness, courtesy and respect. This doesn't mean agreeing to every request (see paragraph 7d) or withholding relevant information that may be upsetting or unwelcome (see paragraph 28). It means:

- a. communicating sensitively and considerately, particularly when you're sharing potentially distressing issues about the patient's prognosis and care

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- b. listening to patients, recognising their knowledge and experience of their health, and acknowledging their concerns
 - c. trying not to make assumptions about what a patient will consider significant or the importance they will attach to different outcomes
 - d. being willing to explain your reasons for the options you offer (and the options you don't) and any recommendations you make
 - e. recognising that patients may be vulnerable, even if they don't seem it
 - f. being alert to signs of pain or distress, and taking steps to alleviate pain and distress whether or not a cure may be possible

34. You must treat each patient as an individual. You must not rely on assumptions about the treatment options or outcomes a patient will prefer, or the factors they will consider significant.

48. You must treat colleagues* with kindness, courtesy and respect.

52. You must help to create a culture that is respectful, fair, supportive, and compassionate by role modelling behaviours consistent with these values.

53. You should be aware of how your behaviour may influence others within and outside the team.

54. You should be aware of the risk of bias, and consider how your own life experience, culture and beliefs influence your interactions with others, and may impact on your decisions and actions.

55. You must show respect for, and sensitivity towards, others' life experience, cultures and beliefs.

56. You must not abuse, discriminate against, bully, or harass anyone based on their personal characteristics, or for any other reason. By 'personal characteristics' we mean someone's appearance, lifestyle, culture, their social or economic status, or any of the characteristics protected by legislation – age, disability, gender reassignment, race, marriage and civil partnership, pregnancy and maternity, religion or belief, sex and sexual orientation.

58. If you witness any of the behaviours described in paragraphs 56 or 57 you should act, taking account of the specific circumstances. For example, you could:

- a. check in and offer support to anyone targeted or affected by the behaviour, and/or let them know that you feel that the behaviour you witnessed is unacceptable
- b. challenge the behaviour by speaking to the person responsible – either at the time, if safe to do so, or at an appropriate time and place

* 'Colleagues' includes anyone you work with, whether or not they are a medical professional.

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- c. speak to a colleague and/or consider reporting the behaviour in line with your workplace policy and our more detailed guidance on Raising and acting on concerns about patient safety. Before you report the behaviour you witnessed, try and make sure that the person who was targeted is aware of, and supports, your intention to report it.

We recognise some people may find it harder than others to speak up* but everyone has a responsibility – to themselves and their colleagues – to do something to prevent these behaviours continuing and contributing to a negative, unsafe environment

59. If you have a formal leadership or management role and you witness – or are made aware of – any of the behaviours described in paragraphs 56 or 57, you must act. You must:

- a. make sure such behaviours are adequately addressed
- b. make sure people are supported where necessary, and
- c. make sure concerns are dealt with promptly, being escalated where necessary.

65. Continuity of care is important for all patients, but especially those who may struggle to navigate their healthcare journey or advocate for themselves. Continuity is particularly important when care is shared between teams, between different members of the same team, or when patients are transferred between care providers.

a. You must promptly share all relevant information about patients (including any reasonable adjustments and communication support preferences) with others involved in their care, within and across teams, as required.

b. You must share information with patients[†] about:

- i. the progress of their care
- ii. who is responsible for which aspect of their care
- iii. the name of the lead clinician or team with overall responsibility for their care.

c. You must be confident that information necessary for ongoing care has been shared:

- i. before you go off duty
- ii. before you delegate care, or
- iii. before you refer the patient to another health or social care provider.

d. You must check, where practical, that a named clinician or team has taken over responsibility when your role in a patient's care has ended.

87. You must not express your personal beliefs (including political, religious and moral beliefs) to patients in ways that exploit their vulnerability or could reasonably cause them distress. You

* See our ethical hub advice on [Speaking up](#).

† If a patient lacks capacity, information should be shared with those with legal authority to make decisions on a patient's behalf.

must follow our more detailed guidance on [Personal beliefs and medical practice](#).

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Legal Annex

This annex is for reference only. It is not intended to be a comprehensive statement of the law or list of relevant legislation and case law, nor is it a substitute for up-to-date legal advice.

Abortion Act 1967

In England, Wales and Scotland the right to refuse to participate in terminations of pregnancy (other than where the termination is necessary to save the life of, or prevent grave permanent injury to, the pregnant woman), is protected by law under section 4(1) of the Act.

The right is limited to refusal to participate in the procedure(s) or treatment itself and not the ancillary, administrative and / or managerial tasks that might be associated with it, see: *Janaway v Salford Area Health Authority* [1989] 1 AC 537 and *Greater Glasgow Health Board v Doogan* [2014] UKSC 68.

Northern Ireland

The *Abortion Act 1967* does not apply in Northern Ireland. Sections 58-59 of the *Offences Against the Person Act 1861* were repealed on 22 October 2019 in Northern Ireland.

The relevant legislation in Northern Ireland is:

- Abortion (Northern Ireland) (No.2) Regulations 2020
- The Criminal Justice Act (Northern Ireland) 1945 (as amended by the Abortion (Northern Ireland) (No. 2) Regulations 2020)

Human Fertilisation and Embryology Act 1990

Section 38 of the Act prevents any duty being placed on an individual who has a conscientious objection to participate in any activity governed by the Act.

Female Genital Mutilation Act 2003

This Act prohibits a range of procedures on female genitalia, except where they are necessary for health reasons or to assist in the birth of a child. Female genital mutilation raises child protection issues.

This Act was amended by the *Serious Crime Act 2015*, which introduced a duty on doctors in England and Wales to report known cases of FGM in girls and young women aged under 18 to the police. This duty came into force in October 2015.

Scotland

The *Female Genital Mutilation Act 2003* does not apply in Scotland. The relevant legislation in Scotland is the *Prohibition of Female Genital Mutilation (Scotland) Act 2005*, which prohibits a range of procedures on female genitalia and includes an offence of aiding and abetting. The 2005 Act does not place a legal duty on doctors in Scotland to report known cases of FGM.

For further information, see our guidance [Protecting children and young people](#).

Equality Act 2010 (and equality legislation in Northern Ireland)

The *Equality Act* and equality legislation in Northern Ireland (which is set out in various Acts, Orders and Regulations) prohibit direct and indirect discrimination or harassment of individuals and / or groups because of a protected characteristic. For the purposes of the *Equality Act*, the protected characteristics are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

Direct discrimination occurs where a person treats another person less favourably than they treat, or would treat, others because of a protected characteristic.

Indirect discrimination occurs when a person (A) applies a provision, criterion or practice to another person (B) that appears neutral on its face, but which disadvantages B and other people with whom B shares a protected characteristic, and which cannot be shown to be justified.

Harassment occurs where a person's conduct has the purpose or effect of violating another person's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for that person (section 26). For further detail on the application of protected characteristics and discrimination in providing health services, check the *Equality Act* or seek legal advice.

For more details on the equality legislation in Northern Ireland, see the information provided by [the Equality Commission for Northern Ireland on legislation](#).

Gender Recognition Act 2004

The *Gender Recognition Act 2004* imposes certain responsibilities to maintain confidentiality. Section 22 of the Act states it is an offence for any individual who has obtained relevant information in an official capacity to disclose that a person has applied for a gender recognition certificate (GRC) or, where a GRC has been granted, to disclose anything concerning the person's previous gender identity. Section 22 provides a number of exceptions and *The Gender Recognition (Exceptions to Offence of Disclosure) Order 2005* permits disclosures by healthcare professionals where:

- the disclosure is made to a healthcare professional
- the disclosure is made for medical purposes, and

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- the person making the disclosure reasonably believes that the subject has given consent to the disclosure or cannot give such consent.

Human Rights Act 1998

The *Human Rights Act* incorporates the *European Convention on Human Rights* into UK law. Article 9 of the Convention concerns the right to freedom of thought, conscience and religion. It provides an absolute right as far as holding a belief is concerned, but the right to act on beliefs is subject to limitations as prescribed by law and necessary in a democratic society to protect the rights of others. Article 9 rights can impose some positive obligations on the state but do not compel others to act in accordance with an individual's belief.

Health and Care Act 2022

The Act has made it illegal to carry out, offer or aid and abet virginity testing or hymenoplasty in any part of the UK. It is also illegal for UK nationals and residents to do these things outside the UK. These offences carry extra territorial jurisdiction and carry a maximum sentence of 5 years imprisonment and/or an unlimited fine.

For the purposes of the *Health and Care Act 2022*, virginity testing means the examination of female genitalia, with or without consent, for the purpose (or purported purpose) of determining virginity. Hymenoplasty is the reconstruction of the hymen, with or without consent.

Virginity testing and hymenoplasty raise child protection issues. For further information, see our guidance [Protecting children and young people](#)