



Dr John O'Brien – Speech at ICGP Extraordinary General Meeting

December 2019

Good afternoon colleagues and friends.

This is not the address I had intended giving you but I want to speak to you not as president of college but as a very ordinary GP practicing ordinary medicine and care with ordinary people for near on 40 years. I am not an expert and all I am sure of is the certainty of uncertainty. Personally, I know I could not and would not carry out an abortion but equally I hold that love honesty and humility are the cornerstones of general practice and I would not seek to impose my ethical position on another person. I am in the fortunate position to be the father of 5 children and of never having faced the dilemma of a crisis pregnancy.

The abortion referendum has passed and those doctors who wish to carry out terminations in their practices will be permitted to do so and the state will support that. So, this meeting which will discuss the suitability of such practice will do so in the knowledge that it will happen. The impact of such provision on the wider community of general practitioners has been a cause of great concern to many members and this is an important part of the rationale for this meeting.

In a consultation between doctor and patient there is a power differential and this is so even when we go to great lengths to mitigate it. For those colleagues with a conscientious objection to TOP the procedure corresponds to the taking of life and it is this they so vehemently oppose. Clearly, they have an unimpeachable right not to provide such termination. For other colleagues and this includes a very large segment of the wider population the antecedent rights of the woman take precedence over the right to life of the fetus and so, in the event of a crisis pregnancy, termination is permissible.

What has happened with the repeal of the eighth is that abortions which were hitherto carried out in another jurisdiction will now be carried out in Ireland. The crisis pregnancies which have presented in general practice up to this will continue to do so and whether this will change what has been done up to now will also form part of today's discussion. A particular concern of those with a conscientious objection is that in addition to not having to carry out an abortion that they also not be obliged to facilitate or make arrangements for the woman in this regard. I have already alluded to the power differential between the doctor and patient above and whether this means the doctors ethical position is being imposed on the woman in such an eventuality is also for discussion today.

Conscientious objection is a valid professional stance which the ICGP will defend insofar as it is permitted for it to do so and repudiates intemperate notions which suggest it be seen as poor practice. It recognises that the conscientious objector GP or other non provider is not by that fact declaring a lack of compassion for the woman in a crisis. The mechanics of how such refusal is handled is in dispute and may well be adjudicated on by the medical council rather than this meeting

Neither I nor the board nor indeed anyone in this room has the monopoly on what is right and in the face of the great diversity of opinion all that can be hoped for is a compromise. Whether such compromise can be reached however is never certain but I hope it can. Negotiating the great diversity of opinion has been very challenging. The actions of college have been guided by a number of objectives.

That the service being designed by the DOH would safely meet the needs of women.

That doctors, both providers and non-providers, would be able to practice safely taking into account the capacity of their practices to deliver service, their ethical stance and the requirements of the medical council and the law.

That the reputation of the college and even more importantly that of the wider family of general practice would be upheld

The guidelines are nearly complete and whilst the design of the service is not a task for college, it has felt compelled to act to avoid a design unfit for purpose, the consequence of which would inevitably fall back on general practice. The college has identified the critical elements of a functional service to include a 24 hr helpline clinically staffed to provide medical advice non directive counselling and to direct patients to service, properly resourced and effective clinical care pathways and finally an opt in mechanism for any GP involvement.

The college has been contacting and canvassing member's views right from the start but it has been a very emotive and divisive issue. Despite individual communications, an online canvassing of opinions and regional meetings there remains very considerable anger directed towards the ICGP. In particular, I think it is fair to say, those with a conscientious objection believe that the actions of college are unfairly weighted against them. Regardless of whether this is a true representation of what has happened, and I believe it is not, these views will be heard. These matters were discussed at some length at our regional meetings and will be addressed again today.

It is worth recalling what general practice was like in Ireland before college came into existence: it was an educational wasteland, a very difficult environment in which to deliver quality care and a divisive and isolating place in which to work. The ICGP has been the agent of a relentless incremental improvement in the quality of general practice and the means of developing a group identity around which GPs can gather and have some pride in. Many members have no awareness of this and how diminished they would be without college. Members are also angry at a wide variety of other problems with finance, capacity and workload being chief amongst them. Extraordinary cutbacks and inflated demands, have

resulted in a simmering rage which is conflated into this issue. These are very precarious times and I am calling on you and indeed on all members who think college is worth something to defend it vigorously against those who would undermine it.

I have heard people making pejorative remarks about those with whom they do not agree, impugn their motives and question their honesty and integrity. These are divisive thoughts deeds and attitudes and it is worth bearing in mind that collegiality and keeping a unified profession starts within yourself. To open your heart and to hold the other in respect and relationship, to seek to see the world through their eyes and to repeatedly offer the hand of friendship is probably the only way to bridge differences that are deep and passionate. As practicing GPs, you all know this and it is the basis for the relationship based medicine you practice: why should it be any different in your dealings with colleagues. Holding onto hurt and insult is often what people do to their own detriment and that of relationship but this is no time for self-indulgence and the act of generosity of forgiveness and openness is all you have to hold the centre as a collegiate. I urge you all not to bridle at the meanness of others but rather to parse your own thought and language for the same.

This meeting will take place and whatever the outcome of its deliberations, that will be what it is. There will inevitably be people who will disagree passionately with the outcome but I would urge members to remember that termination of pregnancy while an important issue relates only to a very small part of the work of general practice. A profession turned in upon itself and divided cannot be anything but a disaster for ourselves and for the interests of the patients we look after. There is so little support for the effort of general practice, there is so much under provision of services for patients, there so much under capacity and so little governmental understanding of critical necessity for a strong and vibrant general practice that a general practice divided and at war with itself would be nothing short of a disaster. Now is the time to stand together and hold our differences in a tolerance and respect for each other's position.