

LETTERS

GMC'S 2013 GUIDANCE TO DOCTORS

New GMC guidance takes a major, ethically flawed, backward step

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Doctors and patients have good reason not to be enamoured with new General Medical Council (GMC) guidance.¹ Whereas the 2006 edition of *Good Medical Practice* stated that doctors “must work with colleagues and patients . . . to help resolve uncertainties about the effects of treatments” (para 14f),² this principle and the relevant paragraph have been jettisoned from the recently published 2013 edition. This is all the more perverse because the statement has often been referred to approvingly in articles, presentations, and books written for the public, and readers of the GMC’s guidance on research are referred to it. This major, ethically flawed, backward step ignores the fact that patients have suffered and died unnecessarily because doctors failed to confront uncertainties about the effects of treatments and to support the research needed to reduce these.³⁻⁵

According to the GMC, good doctors must provide clinical care only when they are satisfied that the drugs or treatments offered are likely to serve patients’ needs and are based on the best available evidence (paras 16a, b). We challenge the moral basis of the GMC’s injunction to use research evidence without an accompanying injunction to contribute to its production. Without a responsibility to contribute to the production of new knowledge this obligation implies a parasitic dependence on the work of unspecified others. In thankful contrast, the NHS

makes clear its commitment to research and has made innovation and research a priority.⁶

The new edition of the GMC’s principal guidance to doctors is a threat to the best interests of patients. It should be withdrawn and reissued after appropriate amendment.

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Full response at: www.bmj.com/content/346/bmj.f2626/rr/649454.

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