

# GMC review of *Good Medical Practice*

# Consultation response on behalf of the Nuffield Council on Bioethics

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1. The Nuffield Council on Bioethics is a leading independent policy and research centre, and the UK’s foremost bioethics body. We identify, analyse, and advise on ethical issues in biological science and health so that decisions in these areas benefit people and society. For over thirty years we have tackled some of the most complex and controversial bioethical issues facing society.
2. Our response addresses selected questions that draw on our knowledge and expertise in bioethics, and particularly on the work the Council has carried out in relation to previous inquiries, especially *Children and clinical research* (2015), *Research in global health emergencies* (2020), in its various responses to the COVID-19 pandemic, and in the preparation of recent briefing notes on *Artificial intelligence in healthcare and research* and *The role of technology in mental healthcare*. These publications are available on the Council’s website, via [www.nuffieldbioethics.org](http://www.nuffieldbioethics.org/)

# Q.7 Comments on reinstatement of introductory paragraphs

1. The introductory paragraphs generally offer a helpful statement of the key principles. However, the relationship between the numbered paragraphs and their sub-paragraphs (a, b, c etc.) is not clear; for example, do the latter generally elaborate the general principle or propose actions that are expected to secure the general principle expressed in the numbered paragraphs?

# Q.8 How far do you agree that the updated guidance sets the right expectations around discrimination, fairness, and inclusion?

1. We strongly agree.

# Q.9 The amended duties are clear.

1. We agree.

# Q.11 Comments on theme one: tackling discrimination and promoting fairness and inclusion

1. We welcome these proposed changes to Good Medical Practice, which aim to tackle inequalities and discrimination in healthcare.
2. Our work on the ethics of [responding to the COVID-19 pandemic](https://www.nuffieldbioethics.org/publications/ten-questions-on-the-next-phase-of-the-uks-covid-19-response) highlights the importance of reducing longstanding inequalities in healthcare. The COVID-19 pandemic has not affected all group of patients equally and has exposed pre-existing inequalities in healthcare. Age, the presence of pre-existing health conditions, geographical location, gender, and ethnicity have all been found to correlate with differences in patient outcomes. In our policy briefing, we suggest that questions around unequal impact of COVID-19 should be part of a wider discussion around what actions should be taken towards addressing those inequalities in the long term. Medical professionals' behaviour might, for example, act as a potential barrier to patients accessing treatment. As such, ensuring that medical professionals consider how their attitudes, bias and personal beliefs might contribute to health inequalities is an important step towards long term change.
3. We welcome, in particular, the inclusion of economic factors in the list of considerations to be taken into account by health professionals when assessing patients. Our work on the [ethics of using technology in mental healthcare](https://www.nuffieldbioethics.org/publications/technology-in-mental-healthcare) highlights the need to tackle socio-economic determinants of ill health in order to reduce health inequalities. A number of groups experience inequalities in access to mental health services, including people with ethnic minority backgrounds, homeless people, older adults, refugees and those living in poverty. In our bioethics briefing note, we explain how mental wellbeing depends on a number of intertwined factors, including social connectedness, housing, employment, and education. Ensuring that socio-economic factors are considered by mental health professionals when assessing patients would be important to improve the quality of support that is provided to different patient groups.

# Q.18 How far do you agree or disagree that GMP should include duties on using technology and AI?

1. We strongly agree.

# Comments on technology and AI

1. We would welcome the introduction of new guidance on technology and artificial intelligence (AI) in the updated version of the *Good Medical Practice*.
2. Our response to this question is draws on our bioethics briefing note, [*Artificial Intelligence (AI) in healthcare and research*](https://www.nuffieldbioethics.org/publications/ai-in-healthcare-and-research), our recently published bioethics briefing note [*The role of technology in mental healthcare*](https://www.nuffieldbioethics.org/publications/technology-in-mental-healthcare), a [series of engagement activities with experts by experience conducted in partnership with Rethink Mental Illness](https://www.nuffieldbioethics.org/assets/pdfs/Rethink-Report.pdf), and a [roundtable meeting](https://www.nuffieldbioethics.org/assets/images/2022-07-13-Nuffield-Council-on-Bioethics-roundtable-meeting-on-technology-and-mental-healthcare-Evidence-summary.pdf) to discuss ethical considerations in digital access to mental health support in relation to the Department for Health and Social Care's 10-year Mental Health and Wellbeing Plan.
3. The interest in, and demand for, healthcare support technologies has grown in recent years, partly due to the increased exposure of the population to remote healthcare technology during the COVID-19 pandemic.[[1]](#footnote-2) The use of AI and digital technologies in clinical practice is likely to become more widespread in the future. As such, it is important to consider the ways in which the use of AI and digital technologies might affect and be incorporated into clinical practice.
4. Emerging health technologies, such as smartphone apps, chatbots, AI and predictive analytics, have the potential to increase access to care, reduce waiting times, and enable flexible support. They could also have a role to play in improving the effectiveness of some interventions, for example by enabling faster and more precise decision-making. At the same time, the integration of AI and digital technologies into clinical practice raises a number of ethical concerns that medical professionals should consider when advising on or prescribing these forms of intervention and support. These include health inequalities, effectiveness and safety, patient choice, and autonomy and consent. We expand on each of these areas below.

## Health inequalities

1. In leveraging the power of digital technology, it is important to make sure that steps are taken in order not to exacerbate existing inequalities in healthcare. An increased reliance on technology for health support could lead to the exclusion of a number of population groups, such as those who cannot afford technology or find it difficult to use it, and those who do not have access to private or safe space, such as rough sleepers and victims of domestic violence. This could compound the impact on those already experiencing disadvantage and lead to a deterioration in their health. This finding emerged clearly from our engagement sessions involving people with lived experience of mental health conditions, where carers and those attending peer-support groups reported a deterioration in mental health during the COVID-19 pandemic, as people struggled to access online support.
2. Although AI applications have the potential to reduce human bias and error, they can also reflect and reinforce biases in the data used to train them. AI might work less well where data are scarce, thereby affecting those groups who are underrepresented in clinical trials and research data, such as people with ethnic minority backgrounds. Moreover, biases can be also embedded in the algorithms themselves and reflect the prejudices and beliefs of developers.
3. In order to ensure that patients are treated fairly and with respect, it is important that medical professionals are alert to the risks of exacerbating biases and inequalities of access to healthcare, and ensure that they give careful consideration to these risks as part of the clinical decision-making process.

## Effectiveness and safety

1. Clinical effectiveness and safety are key issues when technology is used to make decisions in healthcare. For example, concerns have been raised about the lack of evidence supporting the use of some digital technologies for mental health support. Despite having millions of users, many commercially developed apps have not undergone rigorous scientific testing. When they have, they are often not accompanied by any follow-up studies to help determine their effects over time, with implications for effectiveness and safety. The regulatory landscape for these technologies has been called ‘[fragmented and not fully developed’](https://futurecarecapital.org.uk/research/mental-health-tech-landscape-review/). Many of these technologies are not CE marked, either because developers are not aware that their product would be considered a medical device, or because there is a culture of not adopting these marks in the sector. As a result, it is often unclear to service users whether an app is effective or not, whether it can deliver high-quality care and, importantly, whether it can cause harm. Users receive recommendations for health technology from a variety of sources, including medical professionals. Where these are self-prescribed they should be taken into account in a way analogous to over the counter medications referred to in paragraph 37(f), and any advice to patients should be based on reliable evidence.
2. As AIs can make errors and, if an error is difficult to detect or has a knock-on effect, this could have serious implications for the safety of patients. Medical professionals should consider this when taking account of outputs from AI systems in the context of clinical care.

## Choice

1. The importance to consider patients' views, exploring what matters to them, and ensuring that they are involved in decisions about their care emerge throughout the consultation revised draft of *Good Medical Practice*. In this context, it is important to consider that technology does not always represent a good or a better solution for everybody and that many people are not comfortable in accessing digital forms of support. For some patients, for example, digital support may exacerbate feelings of loneliness, social isolation or, in the case of monitoring technology, mental distress and anxiety. Other service users find it very difficult to build a relationship of trust with health professionals without face-to-face contact. We found that patients are concerned that technological forms of support, such as digital mental health therapy, might be imposed on them in the future. The findings of our engagement sessions (mentioned above), suggest that it is important to ensure that patients have options about different forms of care and that they feel confident in being able to refuse technological support.

## Autonomy and consent

1. Novel technologies may be unfamiliar to many. In the case of mental health technologies, for example, knowledge and understanding of AI and digital health products varies widely among medical professionals. If AI and digital technology are to become more widely used in healthcare settings, it will be important to ensure that professionals know and understand digital health products. This is a key factor in making sure that patients are sufficiently informed to make decisions about the different options available to them.
2. With AI, in some cases, it can be extremely difficult or even impossible to determinate the underlying process that generates outputs. As such, if AI systems are used to support clinical advice and medical professionals are unable to explain the reasons for that advice, this could be seen as restricting patients’ ability to make free and informed decisions about their healthcare.

# Q.20 Questions on 'other changes'

1. We welcome the introduction of paragraph 39, which encourages medical professionals to inform patients of opportunities for them to participate in appropriate research. Our report on the [ethics of involving children in clinical research](https://www.nuffieldbioethics.org/publications/children-and-clinical-research) emphasises the importance considering clinical research as an 'everyday' part of health service provision. Providing opportunities to participate in research for potential participants would be an important step to achieve this and promote solidarity. This is equally important for patient groups who are often considered to be in positions of vulnerability, such as children and young people, older adults, and pregnant women, who should be offered appropriate opportunities to participate in research. Without well-conducted research, there is a risk that those groups will be harmed by procedures and medicines that are ill-adapted for their group or that lack an adequate evidence base. This raises questions of fair access to novel interventions: both for those affected at the time and for equivalent groups in the future. As part of our inquiry into [research in global health emergencies](https://www.nuffieldbioethics.org/publications/research-in-global-health-emergencies), for example, we recommend that any exclusion criteria from research studies should be clearly justified to avoid the automatic exclusion of those assumed to comprise 'vulnerable groups.'
2. It is also important to encourage recognition of the value of research among medical professionals. For example, in our report on the involvement of children in clinical research, we recommended that professional bodies concerned with young people's health should reinforce the professional responsibilities of their members to contribute to the ethical review of research over their professional lifetimes, and involvement in research ethics committees could be encouraged as part of continuing professional development schemes.

1. See, for example, the Department for Health and Social Care's new [digital health and care plan](https://www.gov.uk/government/publications/a-plan-for-digital-health-and-social-care/a-plan-for-digital-health-and-social-care), which sets out the intention to expand access to digital forms of mental health support and data-driven technology (with a focus on cancer, mental health and maternal care). [↑](#footnote-ref-2)