

Child Tax Credit & Universal Credit – the two-child limit policy

House of Lords, Oral Question
Monday 26th March

About the BMA

The BMA is a professional association and trade union representing and negotiating on behalf of all doctors and medical students in the UK. It is a leading voice advocating for outstanding health care and a healthy population. It is an association providing members with excellent individual services and support throughout their lives

BMA policy:

- We view the restriction of benefits to families with more than two children as an attack on low income families and children;
- We regard the ‘rape clause’ as a shameful process, which would force people to relive a terrible ordeal in order to be eligible to be paid child support;
- The role that doctors are expected to play in the implementation of this policy presents them with both ethical and professional challenges. As such, many doctors may choose not to participate in this process and we would fully support them in that decision.

Background: Child Tax Credit and Universal Credit – the two-child limit policy

As of April 2017, the Government implemented a cap on child tax credit and universal credit. It is now only possible to receive this child support from the state for a person’s first two children.

This policy has certain exemptions, one of which is that the credits will be paid to an individual for their third, or later, child if they can demonstrate that their child was conceived as a consequence of rape or coercion – this has been commonly referred to as the ‘rape clause’.

The policy change includes doctors on the list of third-party professionals who can be asked to verify that their patient is eligible to seek benefits for a third, or subsequent, child. To do this they are asked to confirm that the woman’s circumstances are consistent with her having been sexually assaulted, or that the child was conceived during an abusive relationship.

BMA position

Impact on the doctor-patient relationship

The BMA has previously requested that the Government reviews this policy, in particular the role that doctors have been asked to carry out in this process.

We believe asking a doctor to verify that a woman is eligible to receive child tax credits in cases of coercion or rape presents our members with unreasonable ethical and professional conflicts. It is entirely inappropriate to put doctors in the position of compelling their patients to relive what will have been a terrible ordeal, in order to prove that those patients can be paid child support. Such



a requirement could threaten the mental wellbeing of patients, be against patients' interests, and threaten the doctor-patient relationship.

Furthermore, it is very difficult to see how doctors would be able to provide this evidence, particularly in cases where they have no prior information about such abuse. Although the accompanying guidance states that there is no need for doctors to seek further evidence to verify the claim, the relevant regulations state that "*evidence which demonstrates*" that the claimant's circumstances are consistent with the terms of the claim is required from the approved third party – the doctor.

In addition, it is important to note that doctors are required by the GMC (General Medical Council) to ensure that any documents they write or sign are not false or misleading, and "*must take reasonable steps to check the information is correct*". Any attempt to do this, with regard to this new policy, could impact negatively on the doctor-patient relationship.

Doctors in Northern Ireland are also under a statutory duty to disclose certain criminal offences under Section 5 of the Criminal Law Act (NI) 1967. This is unique to Northern Ireland and places a legal duty on doctors (third parties) to report to the police information they may have about a relevant offence having been committed. A policy that puts doctors in this position – whereby they would have to report their patient, who is seeking their help as a result of this policy, to the police – will undoubtedly affect the trust between doctor and patient.

The BMA opposes the new cap on child support in principle. Furthermore, we believe it is inappropriate to involve doctors in the implementation of this policy as it presents them with both ethical and professional challenges, and is likely to be harmful to patients' mental health and wellbeing.

Impact on the well-being of children

We are also concerned about the impact that this policy may have on individual children who have been conceived in these circumstances. The HMRC form requires claimants to name the child who has been conceived as a result of non-consensual conception. This could result in the child finding out that they were conceived as a result of rape, at some later stage, in an unexpected and unplanned way, without the support they are likely to need.

For these reasons, we believe many doctors will choose not to participate in this process; a decision which the BMA would fully support.

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