

## Resolutions – 2019 Annual Representative Meeting

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British Medical Association

Tuesday 25 June 2019



<b>ARM agenda No.</b>	<b>Resolutions</b>
	<b>MEDICAL ACADEMIC STAFF</b>
53	That this meeting notes with concern the decrease in academic doctor numbers and asks for any workforce strategy to consider the positive contribution of academic medicine to the UK.
	<b>MEDICAL ETHICS</b>
57	That this meeting notes the recent decision by the Royal College of Physicians to adopt a neutral position on assisted dying after surveying the views of its members, and: - i) supports patient autonomy and good quality end of life care for all patients; ii) recognises that not all patient suffering can be alleviated; iii) calls on the BMA to carry out a poll of its members to ascertain their views on whether the BMA should adopt a neutral position with respect to a change in the law on assisted dying.
58	That this meeting condemns the fact that women in Northern Ireland are currently being discriminated against in their inability to access safe and legal abortions in Northern Ireland. This meeting: - i) notes with alarm that in 2016/2017 only 13 abortions were performed in Northern Irish hospitals compared to 861 abortions for Northern Irish women and girls in hospitals on mainland UK in 2017; ii) calls on the UK government to repeal sections 58 and 59 of the 1861 Offences Against the Person Act; iii) calls for the repeal of section 25 of the Criminal Justice Act (Northern Ireland) 1945.
	<b>FORENSIC AND SECURE ENVIRONMENTS</b>
62	That this meeting believed the vast majority of post mortems (PMs) are performed in England and Wales under the jurisdiction of Her Majesty's Coroner. The Coroner PM examination and the storage of tissue removed during PM examination do not require consent from the family of the deceased. However once the coroners authority has ended, consent is required from the deceased's relatives to retain the slides and tissue. In practice this results in most histology slides and paraffin blocks of tissue taken at Coroners' PMs are disposed of and are lost for teaching, educational and audit purposes. This meeting: - i) believes this a loss to medical education and maintaining good medical practice; ii) asks the BMA to discuss with the Royal Colleges, Coroners' Society and other stakeholders the need to change the rules; iii) asks the BMA to lobby for a change in the Human Tissue Act and Coroner Rules in England and Wales to facilitate retention of the histology slides and paraffin blocks taken at Coroner's autopsy for teaching, education and audit without the need of deceased relatives' consent.

63	That this meeting believes that painful control & restraint methods should be outlawed for use in secure children's homes.
<b>INTERNATIONAL</b>	
65	That this meeting fully endorses the BMA's continued membership of the World Medical Association for the opportunity it provides to support and influence the development of global health policy.
<b>WALES</b>	
68	That this meeting notes with dismay that Welsh Government has stated that it supports GPs on the one hand but demonstrates contempt for them on the other in announcing that GP indemnity is to be funded from the GMS contract, and calls upon the BMA to: - i) campaign for provision and funding of indemnity in line with that provided in secondary care; <b>AS A REFERENCE</b> ii) campaign for formal health economic assessment of the costs of health board managed practices and the value of GP Partnerships.
<b>NORTHERN IRELAND</b>	
71	That this meeting warns that attaching criminal sanctions to the professional duty of candour for individual doctors in Northern Ireland is out of step with patient safety developments elsewhere in the UK and Ireland and calls on the department of health in Northern Ireland to: - i) create the conditions for openness and transparency by providing protections for doctors, such as the Open Disclosure provisions in the Republic of Ireland to enable doctors to raise concerns and protect patients; ii) acknowledge best practice in patient safety and raising concerns from other health jurisdictions and urgently adopt these in Northern Ireland; iii) commit to the development of a culture where learning not blaming is a priority, lessons are learnt and disseminated across the healthcare system.
72	That this meeting is dismayed at the ongoing lack of a functioning devolved government in Northern Ireland and is concerned that this is having a negative impact on the delivery of health and social care. We call on politicians to urgently re-form the devolved Northern Ireland Executive and to take the key decisions that are needed to protect the health and social care needs of the population in Northern Ireland.
73	That this meeting recognises the unacceptably high suicide rate in Northern Ireland, with more people having died by suicide since the Good Friday Agreement 1998 than the total number of lives lost due to the Troubles and calls on the government to fund mental health services and other stakeholders adequately, at least to the level of that in the rest of the UK, in order to address this.