



UK Medical Freedom  
ALLIANCE

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**Open Letter to:**

Mrs Louise Johnston, Managing Partner  
Unity Health Head Office  
Kimberlow Hill Surgery  
Kimberlow Rise  
York  
YO10 5LA

05 February 2024

Dear Mrs Johnson

We have been contacted recently by a concerned parent, regarding a communication (attached) that Unity Health sent for the attention of their 10-year-old child. This letter informed the child that as he/she is now approaching their 11<sup>th</sup> birthday, the practice needs to ensure that contact details (presumably the phone number and/or email address) on their medical record are the child's own.

Your letter stated that if the child wished to update the contact details from their parent's details to their own, they should email or call the practice or come into the surgery.

In addition, the letter states that in order for the child to keep their parents' contact details on their record they would need to fill in a third-party consent form to grant his/her parent(s) access to their medical record.

We have a number of serious safeguarding concerns about this letter:

1. It is completely inappropriate and unacceptable for adults to contact other people's children in this way, especially at the age of 10 years old, to involve them in adult processes and decisions in a completely age-inappropriate way. To suggest a 10–11-year-old child shares their personal contact details, or travels (alone?) to the practice to fill in forms that they are unlikely to fully comprehend, is surely a safeguarding issue.
2. It is unethical to attempt to bypass and potentially exclude parents from their child's health decisions and to seek to deal directly with such a young child. At the age of 10–11 years, no child should be subjected to direct approaches from a GP practice regarding their medical care. The lack of scrutiny and secrecy of these sort of communications would be a red flag in all other interactions between a child and unrelated adult in society and is by its nature coercive due to the extreme imbalance of power and knowledge.
3. All parents expect to be fully involved in their child's medical choices and most children under 16 simply do not have the skills and knowledge to make complex medical decisions unsupported and advised by their parents and are vulnerable to coercion and manipulation.



4. We are extremely concerned that your mechanism for a child to consent to parental involvement is 'opt in' rather than 'opt out'. It is highly likely that most children will fail to action this, and parents may find themselves unable to access important medical information relating to their child when it is most needed e.g. if the child is acutely unwell or vulnerable.
5. We are concerned that the most vulnerable children, such as those with chronic illness, mental health problems, learning difficulties or from dysfunctional backgrounds, will fail to access necessary care if parental oversight is removed. And that the burden of responsibility of receiving health communications from health authorities will cause unnecessary stress and could trigger anxiety in any child.
6. In case you are in any doubt, 'Gillick Competency' was never intended to remove parental involvement for the under-16s and the judgment in Gillick is clear that it applies only in exceptional cases. Deciding competence must be decision-specific, child-specific, made with the specific factual context in mind and based on the available evidence, and can only be determined by a medical practitioner who knows the child, who must ensure and document that the child has enough intelligence, competence and understanding to fully appreciate what is involved in their treatment. The judgement *Gillick v West Norfolk and Wisbech Area Health Authority [1985] UKHL 7* states:

*"No reasonable person could read it as meaning that the doctor's discretion could ordinarily override parental right. Illustrations are given in the text of exceptional cases in which the doctor may take the "most unusual" course of not consulting the parent. Only in exceptional cases does the guidance contemplate him exercising his clinical judgment without the parent's knowledge and consent." (per Lord Scarman at paragraph 181)*

7. Full parental involvement is the norm for the vast majority of consultations involving children and young people and should remain so. We remind you of your duty in law and professional codes of practice to uphold fundamental principles of medical ethics such as informed consent. Most children under 16 are unable to properly give informed consent to any medical intervention or treatment, requiring help, wisdom and support from their parents as they come to medical decisions together, so approaching children direct is unethical.

Please consider and respond to the points we have raised. We urge you to immediately scrap this potentially unlawful policy and refrain from any more sending letters directly to under-16s. We also request that you alert parents whose children have already been targeted in this way, to ensure that they remain their child's advocate and the sole point of contact between their child and your medical services.

Yours sincerely

Dr Elizabeth Evans – CEO, UK Medical Freedom Alliance [www.ukmedfreedom.org](http://www.ukmedfreedom.org)

Dr Sarah Myhill – Director of Ethics, UK Medical Freedom Alliance

Dr Jon Rogers – Director, UK Medical Freedom Alliance