

Intolerant Secularisation – an Introduction

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Why was I so keen that our Special Interest Group should debate this topic? The significance has got little to do with what you or I, as individuals, believe. It has everything to do with free speech, with freedom of the individual to follow his or her own conscience. Many have considered that these fundamental rights are threatened by intolerant secularisation. The original establisher of free speech in America was not William Penn or Thomas Jefferson but King Charles II in his charter for Providence Plantation of 1663, which states: (we) *'doe hereby publish, graunt, ordeyne and declare, that our royal will and pleasure is that noe person in the said colonye at any tyme and hereafter shall bee any wyse molested, punished, disquieted or called into question for any differences in matters of religion that doe not actually disturb the civill peace'*.ⁱ

With increasing frequency this basic freedom has been denied to people with religious beliefs in this country by public bodies and other organisations in the last few – perhaps 4 or 5 – years. In health care, as in other areas of society, employees with belief have been 'punished, disquieted and called into question'; a few of these occasions have been made public. The premise 'that the expression of religious and spiritual values and beliefs has no place in the delivery of health care' is the exact antithesis of the stated aims and objectives of the Spirituality and Psychiatry Special Interest Group (SPSIG). While we will not subscribe to the religious views expressed in each individual case of 'molestation', we do maintain that a person should be able to hold religious and spiritual beliefs and to express these publicly and at work within reasonable restraints. There is, incidentally, well documented evidence that religious belief and practice is beneficial in all areas of physical and mental health.

For this reason, intolerant secularisation is a matter upon which it would be appropriate for the SPSIG to comment, especially when it affects the delivery of health care and health professionals. You may consider it appropriate for your Executive to prepare a statement, after today's meeting, to present to the College asking for its support. This could be influential in addressing a serious, and possibly increasing, abuse.

Does intolerant secularisation exist and happen? Is it a problem and growing? Does it affect health authorities and organisations? Does it run counter to the ideals of this Special Interest Group? Are we prepared to do anything about it and if so, what?

Having set out my stall and asked these questions, I will now act as your chairman. Later during the day you will hear Andrea Williams opposing the case for intolerant secularisation, Rob Poole advocating an entirely secular society and health care delivery and Easha Tareen making the case for minority religions. Before this, we are particularly fortunate that Lord Carey, former Archbishop of Canterbury, wanted to come to this meeting and was happy to address us.

ⁱ Schama S (2008) *The American Future*, page 158, London: Vintage Books.