

Stem Cell Delusions

The government juggernaut rolls on

Review by **Peter Saunders**
CMF General Secretary

In order for a belief to be considered delusional, argued the psychiatrist and philosopher Karl Jaspers, it must be held with absolute conviction and not be changed by compelling counterargument to the contrary. The determination with which the British government has pursued embryonic stem cell research, despite its failure to deliver new therapies, fulfils this definition.

CMF has long opposed embryonic stem cell research as *unethical* on the basis that, by destroying human blastocysts in order to extract stem cells, it uses embryonic humans as a means to an end. But the evidence is growing that embryonic stem cell research is also *unnecessary*, as ethical alternatives to embryonic stem cells yield more treatments each month.¹

The government, on the basis of the (long outdated) 1999 Donaldson Report, has consistently argued that embryonic stem cells were more versatile than adult or umbilical cord blood stem cells and could potentially be used therefore to treat a greater range of diseases. In order to overcome the problems with immune rejection of donor cells, it further recommended that embryonic stem cells be harvested from embryos produced by cell nuclear replacement ('therapeutic

cloning'), the same technique used to produce Dolly the Sheep. The patient's own somatic cell nuclei were to be placed into enucleated eggs.

The main problem with this technique was the low success rate (it took 277 attempts to produce Dolly). Difficulties in obtaining the large number of eggs and the highly publicised risks to donors of ovarian hyperstimulation syndrome (OHSS) have now led to a change in strategy; the use of animal-human hybrids produced by the same cloning technique.

The Human Fertilisation and Embryology Bill, currently before Parliament, seeks to legalise this practice, although in a flagrant abuse of the democratic process, the HFEA recently granted two licences for producing animal human hybrids even before the bill had passed.² Ironically, on the very day the House of Lords was debating the issue, researchers in both Japan (Yamanaka) and the United States (Thomson) announced that, by inserting four genes, they had successfully reprogrammed human skin cells into cells with all the properties of human embryonic cells,³ leading Dolly's creator Ian Wilmut publicly to say he was abandoning cloning technology.⁴

To date, not a single embryonic stem cell line has been produced from cloned human embryos, whilst there are over 70 diseases that are currently being treated successfully using adult or umbilical cord blood stem cells.⁵ David Burrowes MP, in introducing a recent bill to improve the harvesting and use of cord blood stem cells has further highlighted the fact that the government has its eggs in the wrong basket.⁶

As the truth continues to emerge, there will no doubt be many suffering from degenerative diseases who will be asking why they have not been told the truth and why the government, backed by self-interested biotechnology companies, continues, against the evidence, to drive down a scientific blind alley.

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Open all hours?

The BMA clash with the government over plans for extended open hours

Review by **Rachael Pickering**
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The New Year kicked off with an announcement of yet another NHS shake-up. In a speech pegged around the forthcoming 60th anniversary of the NHS, Gordon Brown revealed that the nation's rarely-seen-in-the-NHS, *healthy* citizens are to be encouraged to see the doctor anyway, in order to prevent them turning into sick, expensive patients.¹ The Prime Minister committed the NHS to a screening programme to rival the private sector: 'the health service has really got to change...from being the curative service...to being also a preventative service'. And it's going to be less www.nhs.uk and more www.my-nhs.uk: 'So you get to see the doctor you want at the time you want and the hospital you want'.²

The Prime Minister also hinted that he

would make getting to see the doctor a whole lot easier. And sure enough, following up on Labour's pre-election-that-never-was promise,³ a plan to get GPs to work evenings and Saturdays for no extra pay was unveiled in early February. The BMA declared it a lose-lose situation for GPs – accept Plan A or have Plan B (an even worse financial deal) imposed on you – but Health Secretary Alan Johnson went over their heads and appealed direct to every GP partner in the land.⁴

How then should we assess this situation? We could look at things financially. This proposal could make a huge dent in many CMF members' wallets. Should that matter though? After all, Christians are not meant to be motivated by money.⁵ On the other hand, a 'worker deserves his wages'⁶ and accepting what is actually a back door pay cut will make giving cheer-

fully to the Lord somewhat harder!⁷

The deeper approach is to ask why the government feels the need to drive through these screening and opening hours measures. Gordon Brown's speech provides our answer: he is doing all this to 'meet the rising expectations of the British people'. *Consumerism* – the desire to 'have it perfect' with a perfect service and perfect health – is the driving force behind this and all other recent NHS initiatives.

What then should we do? We should pray for a lasting solution for the NHS. Pray for the healing of our nation from the sickness of consumerism.⁸

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Abortion

Misinformation in high places

Review by **Peter Saunders**
CMF General Secretary

The Human Fertilisation and Embryology Bill, currently before Parliament, does not specifically deal with abortion but does nonetheless open up the whole of the Abortion Act 1967 for amendment. This is because its predecessor, the 1990 HFE Act, lowered the upper limit for so-called 'social abortion' from 28 to 24 weeks and raised the limit on disability from 28 weeks to birth.

Since 1967 there have been almost 7 million abortions, now 200,000 a year, with one in four pregnancies ending in abortion. Despite this there is a concerted move amongst pro-choice activists, abortion providers, some MPs, and institutions like the RCOG and BMA further to liberalise the law.¹ To support this agenda there has been misinformation in very high places.

The House of Commons Science and Technology Committee, chaired by Liberal Democrat MP Phil Willis, reported on 31 October 2007 after an enquiry into scientific developments relating to the Abortion Act. It recommended no lowering of the 24 week upper limit for 'social abortion', scrapping the need for two doctors' signatures, nurses doing abortions, and medical abortions in GP

surgeries with completion at home. The committee report is important because it has since been accepted by the government and is already being used to inform Peers and MPs debating amendments to the 1967 Act.

However, serious questions have been asked about vested interests, transparency and competence. The pro-choice composition of the committee had been very clear from the beginning and although the written evidence received was relatively evenly balanced, 13 of the 18 witnesses chosen to give oral evidence were coming from a pro-liberalisation perspective.

A minority report issued by MPs and committee members Nadine Dorries and Bob Spink claimed that the committee selected evidence and experts on key issues such as neonatal survival, foetal pain and the relationship between abortion and preterm birth, mental health problems and breast cancer to support a pro-choice agenda. It later emerged in media reports that the committee's report was largely rewritten by Liberal Democrat MP Evan Harris. Harris, who is Secretary to the All Party Prochoice and Sexual Health Group of MPs and whose partner works for the BPAS, one of the

country's largest abortion providers, allegedly put down 126 amendments to the Chairman's first draft, some running to more than a page.² He has campaigned vigorously for more liberal abortion laws for many years, and has also used his position on the BMA Ethics Committee to influence that organisation's policy on abortion. Harris later set out to discredit in the national press witnesses, including some CMF members, whose evidence he didn't like.³

We would recommend that MPs make an effort to read Dorries and Spinks' minority report and make some attempt to review the reams of written and oral evidence received by the committee that have been sidelined and ignored. All the evidence submitted to the committee, including the final committee report, the minority report and relevant press coverage, is accessible via the CMF website.⁴

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Opt-out or opt-in?

Organ donation policy

Review by **Andrew Fergusson**
CMF Head of Communications

In 2007 about a thousand people died in the UK while on the organ transplant list or having recently been removed from it because they were too ill. It is claimed that a system of 'presumed consent' – where unless you have specifically opted out it will be presumed you are thereby opting in – would have made many more organs available and would have saved lives.¹ An anonymous account by an NHS doctor of her husband's untimely death² can only add to the pressure to do something about the gap, but is opting out the right way to go?

In a 2007 CMF submission³ to a House of Lords Select Committee we expressed strong support for the principle of organ transplantation and saw no major ethical problems *per se*. Regarding opt-out we noted that CMF had not yet been able to hold a full debate, were aware that British Medical Association policy was to support an opting-out principle, and were aware of statistics

in several EU countries reporting increased retrieval rates after introducing opt-out policies.

However, we placed much emphasis on the theological basis for our support for donation – namely that of altruistic free gift in a context of fully informed consent. A national opting-out policy would mean that at death the body effectively became the property of the state, and for many Christians this would conflict with the respect owed in biblical and church tradition to the dead body. We had commented extensively on this in a 2002 submission to the Department of Health.⁴ Pragmatically, there remains much concern in the UK about the retention of tissue and organs following the Alder Hey scandal, and this may have motivated Parliament when in 2004 it rejected opt-out.

We recognise though the low rates of organ transplantation in the UK. We understand why an opting-out system seems

attractive and if the UK is to continue opposing it, we must all do more to increase rates of donation. The Christian church should teach and support the principles of organ donation and transplantation. To the extent that Christian teaching influences public choices we hope this would increase donation rates, though people dislike planning for death because they do not like intimations of mortality. Some celebrities have lent their support to blood donation and bone marrow donation. Prominent Christian figures should join such role models in encouraging organ donation.

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