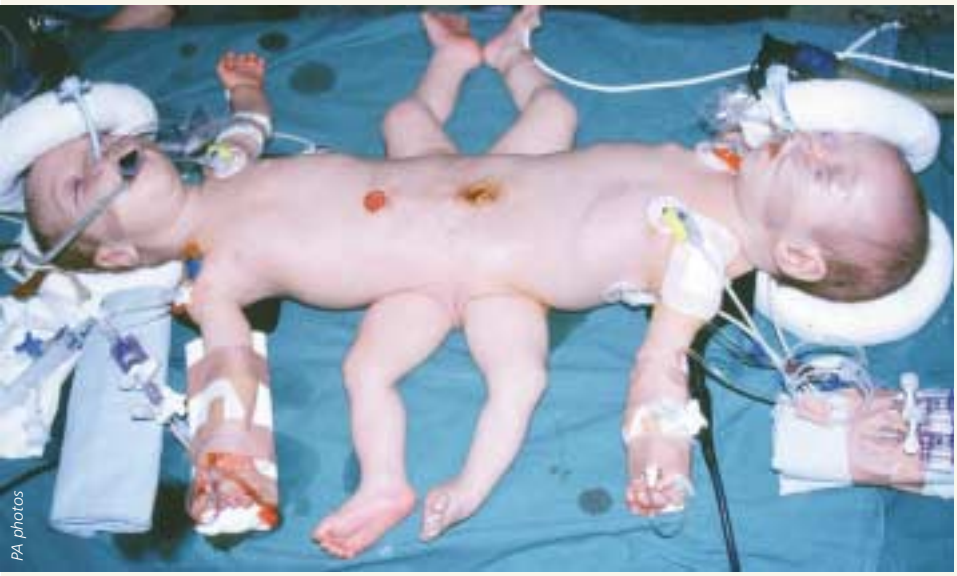
EDITORIALS



PA photos

Jodie and Mary

The birth of Siamese twins has always been a topic of popular fascination. In a previous age such births were usually interpreted as a supernatural event. They were variously seen as signs of blessing or warning, a portent for the future, or a judgment of past wrongs. In our enlightened times, the human interest is seen in the headline news, the feature articles, and in the unusual sight of Appeal Court judges agonising in public. The media coverage illustrates a strange combination of fascination, revulsion and sympathy for the family trapped in this extraordinary drama.

So, does biblical Christianity have anything distinctive to say about this case? Firstly, a Christian response must emphasise the human tragedy of the twins and their parents. These are not freak show exhibits, nor are they merely the raw materials, for complex, legal, philosophical and theological disputes. No, they are human beings, made out of the same flesh and blood as the rest of us, beings to whom we owe a duty of love, respect and protection, flawed masterpieces whose flaws are simply more dramatic than usual. Above all they are tragic lives – destined, almost inevitably, to die within weeks or months. So as Christians we must firstly be concerned to protect the dignity, privacy and grief of the family.

Secondly, the Christian perspective encompasses a strange ambiguity towards medical technology. On the one hand we embrace and celebrate the life-sustaining potential that complex reconstructive surgery can offer. At the same time we recognise that this kind of surgery can be harmful and even abhorrent in its destructive capacity. In Christianity death is not the ultimate tragedy. To decapitate and dismember a living child in the name of medicine may be a worse outcome than ensuring that both children have appropriate palliative and symptomatic care. For the Appeal Court to force this surgical disaster on the twins against their parents' wishes seems unconscionable. In Christian thought death, although always a tragedy, may in certain circumstances be a severe mercy and even a strange kind of healing. Paradoxically, it is our very respect for human life which may lead us to say no to the possibility of technology medicine.

John Wyatt
Professor of Neonatal Paediatrics at University College and Chairman CMF Medical Study Group

Therapeutic Cloning

This autumn the British Government is expected to become the first in the world to endorse therapeutic cloning. MPs and peers will vote on extending the 1990 Human Fertilisation and Embryology Act to adopt the proposals of the Donaldson Committee report; allowing scientists to clone stem cells from human embryos.

The technique potentially could lead to the generation of tissue for burns victims, transplant patients and those suffering from degenerative diseases such as Parkinson's and Alzheimer's. Public reaction has been predictably enthusiastic, but how should we be responding as Christians?

Ethical scientific research is part of good stewardship; but the end does not justify the means. Therapeutic cloning involves the production of human embryos purely as sources of cells for the benefit of other human beings -and it is likely, given the difficulties so far encountered in cloning research, that many more embryos will be sacrificed in the refining of techniques. It is therefore ironical that the government is moving to embrace therapeutic cloning at a time when research into other far more ethical sources of tissue (such as adult stem cells) is continuing apace and showing great promise.

Sadly, the prospect of revolutionary new treatments will undoubtedly entice investors to move funds away from other less glamorous, but potentially more promising avenues of research. Furthermore, once therapeutic cloning is allowed, all that will be required for the cloning of whole human beings is a progression of small steps. The technology will be impossible to police.

An uninformed public wooed by prophecies of miracles cures, and unaware of details of techniques, likely success rates, costs involved and alternatives available will understandably vote that the perceived benefits to research outweigh any ethical considerations. But the warm welcome given to the recommendations of the Donaldson report at the height of the summer 'silly season' (when spin doctors are often most active) seems to have been based more on political expediency than wise reflection.

Peter Saunders
CMF General Secretary and Managing Editor of Triple Helix

The NHS plan

It is probably true that a nation gets the healthcare it deserves, but does Britain deserve new Labour's NHS plan? 'A plan for investment, a plan for reform' is the subtitle for the proposals that are envisaged to restore the NHS to the healthcare system the world most envies. The plan contains many targets, particularly for responding to patients' demands, and is backed by monetary investment that aims to compensate for the years of lower expenditure in the UK compared with other countries. Details of the how and when of achieving these targets is sparse and some sections of the medical profession have reacted strongly against a few of the proposals.

So what is the biblical model for healthcare? This sounds a bit like the question the lawyer put to Jesus (Parable of the Good Samaritan - Luke 10: 25-37). Healthcare should involve identifying the needs of the patient and then ensuring the healthcarer provides for those needs by becoming the patient's servant, expending professional skill, time and effort to heal the sick and comfort those he cannot heal.

As Christians we can support the founding principles of the NHS and much of this plan is based upon them, but the plan also endorses some things that we must resist in order to prevent further damage to our healthcare system. One example is the private finance initiative introduced in 1992 for hospital building projects. This is now the main way of financing hospital building but was discredited as bad stewardship of taxpayer's money by a well researched series of *BMJ* articles published before the NHS plan was devised. A new King's Fund report criticises the Department of Health for sanctioning £1.4 billion of investment in private finance initiative schemes without any strategic view for the future roles of the hospitals and before the national bed inquiry had reported.

Despite the plan's shortcomings there is still much to support and CMF members must continue to strive to serve our patients with compassion and not financial considerations as our motivation.

Anthony Bell
CMF Treasurer and Professor of Neurosurgery, Atkinson Morley

No information is unaffected by bias

The Family Planning Association has issued a new six-page booklet, *Abortion - just so you know*, that aims to help readers understand more about abortion. But does it? The text is clear enough. It is sometimes entertaining, supported by semi-humorous sketches. It gives statistical information, like the number of terminations in the UK (180,000 pa). It tells how to diagnose and confirm a pregnancy, explains the options for contraception, and describes the various methods of termination. Feelings after abortion are discussed; it even says that the best way to avoid pregnancy is not to have sex.

It does many things well but there are limitations. First, readers might assume from this booklet that their GPs will not be helpful. How useful is that? Then, the cartoon presentations of people who disagree with abortion (pages 2 and 3) are unpleasant. Why was it necessary to lampoon those with whom the publishers disagree? Parents are presented being upset at the news and this is the normal teenager's expectation. In reality, however, they often respond more positively.

More seriously the booklet makes only passing mention of alternatives such as continuing with the pregnancy. Women's views on abortion can change when they become pregnant (page 6). It should also be pointed out that those who have strong views against abortion and then have one may well have difficulties coming to terms with it later on. The booklet is weak on the question of where to seek advice after abortion. Some sources of help are listed but these are heavily biased towards the provision of abortion.

The FPA wants doctors to declare their hand (p16) which is fair enough (and many practice brochures do) but it only implicitly states its own bias by its membership of 'Voice for Choice'. The FPA surely owes it to readers to explain this clearly. Better still would be an honest admission that no source of information is unaffected by bias. Both pro-choice and pro-life orientated sources of help should be listed with a clear indication of the camp in which they belong.

Everyone has a view to impose on the poor pregnant girl. Who's on her side?

Paul Vincent
GP and trainer Co. Durham

Revalidation for Missionary Doctors

Mission doctors do not need to fear revalidation and may find the process helps them in applying for or maintaining registration in their host country. Dr Andrew Fergusson (previous CMF General Secretary) and I recently had the opportunity to discuss the consultation document about revalidation *Ensuring standards, securing the future* at the General Medical Council. We were informally reassured: 'It is essential that revalidation does not obstruct vital work by UK - registered doctors in mission and volunteer situations.'

The GMC hopes that 'a large proportion of doctors working overseas will be able to participate in revalidation if they so wish.' Some may face a period of supervised work or even some form of objective assessment. Some UK-based doctors working overseas may choose to go on the non-revalidating list, their qualifications nevertheless remaining valid. The GMC will clarify with national medical councils 'whether they would foresee difficulties with certificates of good standing that relate to doctors on the non-revalidating list or part of the Register'.

Meanwhile we are encouraging overseas doctors to start keeping folders that record what they do. Hospital annual reports, research evidence, visits by doctors from home, and refresher courses 'offer potential for the collection and frequent and regular review of information about doctors' fitness to practice'.

Assessment is planned on a five-year cycle. 'Revalidation groups based in the UK would be able to consider doctors' folders. These groups would need to be able to demonstrate understanding of the circumstances facing doctors working overseas for voluntary or missionary organisations.'

Non-revalidating doctors will be able to re-enter the list in the same way as those who have taken career breaks. The consultation document says 'many doctors should be encouraged to return to practice safely after a career break'. Another doctor in their host country should carry out an annual appraisal. One not on the UK Register (eg. visitor from USA) might be the appropriate person.

Guidelines will need to be produced, but those who begin to keep folders now may benefit and may even influence how the system develops. The folders will also provide them with an opportunity to give feedback on their work.

David Clegg
CMF Overseas Support Secretary and General Secretary of MMA Healthserve