

# EDITORIALS

## GMC Guidance

### *A big improvement on the first draft*

The General Medical Council finally published its guidance on withdrawing treatment in August 2002 after a consultation period of over a year. The final version of *Withholding and Withdrawing Life-prolonging Treatments: Good practice in Decision-making* is a far more balanced document than the original draft, and a considerable improvement on the BMA's own guidance published in June 1999. The BMA guidance condoned the withdrawal of artificial nutrition or hydration from patients who have suffered a 'serious stroke or have severe dementia', with the agreement of a 'senior clinician'. Many felt this gave doctors a licence to starve or dehydrate seriously brain-damaged (though not terminally ill) patients to death; and the Scottish Deputy Minister for Community Care, Iain Gray, had accordingly warned that 'To withdraw hydration and nutrition from a non-PVS patient with the purpose of hastening death would leave a medical practitioner open to criminal prosecution.' (*Triple Helix* 2000; Summer:3)

The GMC guidance, by contrast makes it clear that when death is not imminent, artificial nutrition or hydration can only be withdrawn in circumstances where 'the patient's condition is so severe, and the prognosis so poor that providing artificial nutrition or hydration may cause suffering, or be too burdensome in relation to the possible benefits.' (Para 81)

This should provide a safeguard against the slippery slope that could follow if doctors start to treat thirst and hunger (or the confusion caused by them) with sedation rather than food and fluids.

We were also pleased to see provision for juniors conscientiously to object to being executives for non-treatment decisions that they believe are unethical or morally wrong (Para 29) without being forced to participate by personally delegating the task to others.

The fact that the guidance has substantially changed for the better is a further encouragement to ensure that we continue to participate at all possible levels in such discussions. The CMF submission to the consultation is still available on our website at [www.cmf.org.uk/ethics/subs/withdraw.htm](http://www.cmf.org.uk/ethics/subs/withdraw.htm).

## Peter Saunders

*Managing Editor of Triple Helix*

## Pray for Rowan Williams

Church affairs are generally outside the scope of *Triple Helix*, but the choice of Rowan Williams as 104th Archbishop of Canterbury warrants an exception to the rule. We urge CMF members and the wider readership of *Triple Helix* to uphold Dr Williams fervently in their prayers, especially over the next few months as he begins a period of spiritual preparation before formally taking over as Archbishop.

Those who rely solely on media accounts of Dr Williams' views are likely to think him at best as somewhat enigmatic. As we have reported in this journal (*Triple Helix* 2002; Spring:4), Dr Williams lines up firmly with members of the pro-life constituency on issues such as abortion and therapeutic cloning. On the other hand much attention has centred on his views on human sexuality, not least the question of homosexuality. This has caused disquiet, especially within the evangelical constituency, for example prompting the Church of England Evangelical Council to seek an early meeting with Dr Williams to clarify the situation.

It is important that evangelicals do not simply write off Rowan Williams on the basis of media accounts of his thought and beliefs. Professor Allister McGrath, Principal of Wycliffe Hall Oxford and one of the most influential evangelical 'heavyweights', has made a thorough study of Dr Williams' writings. McGrath's verdict is that here is a Christian leader who is crystal-clear in his commitment to the authority of the Scriptures and on key issues such as the resurrection of Jesus. McGrath discerns the possibility that Dr Williams' utterances on sexuality, which took place primarily in teaching or classroom contexts, may turn out to be of a somewhat different order when in the future he speaks as a principal custodian of the faith as handed down through all the ages (*Church of England Newspaper* 2002:9, 8 August). What is certain is that Dr Williams is someone who understands evangelicals and takes them seriously. He could be an important ally.

Rowan Williams takes on a job that is frankly impossible. He is, however, someone with immense gifts. His leadership will be crucial, not least in whether or not the Church can reverse the trend of decline that has blighted its witness in this generation. Pray for him.

## John Martin

*Associate Editor, Triple Helix*

## Fertility furore

### *Reaping the whirlwind*

Black twins to white parents? Custody disputes over frozen embryos? An embryo superstore? This summer season's fertility fiascos have further highlighted the fact that the end of providing infertile couples with babies, does not justify unethical means (Romans 3:8).

Whilst welcoming ethical technologies to help infertile couples my own sympathies in responding to many of today's infertility dilemmas lie with the Irishman who when asked for directions said 'I wouldn't start from here'. In making provision for egg donation and embryo freezing, disposal and experimentation the 1991 Human Fertilisation and Embryology Act opened a Pandora's box of ludicrous scenarios. We are still living with the consequences.

I continue to have severe misgivings about any infertility techniques that involve creating 'spare' human embryos for freezing, research or disposal. In God's economy, the strong make sacrifices for the weak, not vice versa! (Philippians 2:5-8) And to my mind enabling unmarried (or homosexual) couples to conceive, or using donated eggs (or sperm) threatens the 'lifelong', 'heterosexual', 'monogamy' and 'nurture' aspects of the marriage bond that God has ordained (Genesis 2:24, Matthew 19:4-6).

Rather than opening the floodgates to allow what we are now seeing, we would have done far better to reduce the appalling tide of 180,000 abortions a year in England and Wales (thereby encouraging adoption) and to seek treatments (and preventions) for infertility which respect both the humanity of the human embryo and the integrity of marriage.

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