EDITORIALS

Government consultations
It is our duty to be involved


Photo: PA

Hilary Benn

One of CMF's aims is 'to promote Christian values, especially in bioethics and healthcare…' and to this end we issue press releases and contribute to government consultations.[1,2] We are currently awaiting the Government's response to three consultations, all of which closed over the summer.

The Department of Health's *Choosing Health?* consultation covered a range of public health issues, including diet, exercise and alcohol consumption as well as more general questions about the balance between the state and individual responsibility, and how changes could be implemented. The Government plans to publish a White Paper later in the year, which will shape future policy and legislation.

The consultation comes at a time of increasing national concern about 'the obesity epidemic', addressed in this issue of *Triple Helix*.[3] In contrast to the developing world, Western society's main health problems are those of abundance rather than poverty. Perhaps our search for solace in food, alcohol, sex, drugs or material things is a symptom of a greater spiritual problem.

The new Department of Health proposals, *Excluding Overseas Visitors from Eligibility to Free NHS Primary Medical Services*, appear to be an over-zealous response to public fears over 'health tourists' draining NHS resources. But whilst there are undoubtedly some wealthy visitors receiving free treatment at our expense, the main group of people to be affected will be failed asylum seekers. We have argued in our submission that this is both unjust and foolish: it is not in the interests of individuals, the general public or primary health professionals to create a marginalised semi-illegal group of people with no or limited access to primary health care services.

The Select committee on Lord Joffe's *Assisted Dying for the Terminally Ill Bill*,[4] which is attempting to bring in Dutch-style euthanasia in the UK, is now hearing oral submissions. The full transcript of evidence is available online.[5]

The arguments for legalising euthanasia have shifted since a Lords' committee recommended no change in the law in 1993. Then the focus was compassion for the suffering; now it is on patient autonomy. We have argued that euthanasia is unnecessary because compassionate alternatives exist, dangerous because of the slippery slope and morally and ethically wrong. Far from protecting patient autonomy, allowing assisted dying will undermine it, by creating pressure on vulnerable people, whether real or imagined, to request early death.

Although oral submissions have begun Christian doctors are still urged to write to members of the Select Committee with their views. An open letter and briefing paper on the bill along with links to CMF's submission and the full text of the bill itself are available on the CMF homepage.[6]

In a democracy we are all in one sense rulers who are responsible for the laws which end up on our statute books. It is our duty both individually and corporately to respond by being informed, praying, educating others and trying to influence the political process.

Peter Saunders is General Secretary of Christian Medical Fellowship

1. *www.cmf.org.uk/press_releases/press.htm*
2. *www.cmf.org.uk/ethics/submissions/index.htm*
3. Daly M. The Obesity Epidemic. *Triple Helix* 2004; Autumn:10-11
4. Saunders P. The Joffe Bill returns. *Triple Helix* 2004; Spring:3
5. *www.publications.parliament.uk/ pa/ld/lduncorr/asdy0909.pdf*
6. *www.cmf.org.uk*

New DFID paper on sexual health
Foolishness on a grand scale

On 6 July, the Secretary of State for International Development Hilary Benn (pictured) published a Department for International Development (DFID) position paper on 'sexual and reproductive health and rights'.[1] This sets out what the DFID believe should be done to improve sexual health in the developing world and forms the basis for planning future investment and activities.

The political philosophy permeating the document is borrowed from the United Nations Population Fund (UNFPA) and similar population control groups. It asserts the 'right' to sexual and reproductive health. The language of 'sexual and reproductive rights' means the 'right' to sexual activity with whoever one wishes (whatever age or gender) without causing or receiving harm. There is no mention in the 10,000 word document of any need to support the family based on marriage. There is no acknowledgment of the need for children to be protected from sexual predators or 'educators' whose jobs rely on the very existence of early sexual experimentation. Abstinence is dismissed in a sentence with one reference to a dubious United Nations resource. There is no recognition of the success of an abstinence-based approach of driving down HIV rates in Uganda, or abortion rates and teenage pregnancy rates in the US. There is no moral framework at all behind the assertion of these arbitrary 'rights'.

Scattered through the document are references to 'integrated' HIV and sexual and reproductive health services. This means bringing together surgical abortion, sterilisation, injectable contraception, IUD insertion, maternal and child care and STI treatments in facilities all over the developing world. A series of papers published in 2003 describe underestimation of a substantial iatrogenic component to the spread of HIV in Africa via medical injections and other procedures.[2,3,4,5] According to one estimation over half of HIV infections in adults in Africa could be due to health care exposures. There appears to be a discrepancy between observed HIV prevalence in women undergoing 'reproductive care' and the expected prevalence in such a group from heterosexual transmission alone.[2] Manual vacuum aspiration for example is the commonest method of surgical abortion in Africa. The kits are designed to be used and re-used with virtually no testing done for HIV beforehand.[6]

This document ignores the only successful primary preventive approach to HIV and promotes policies that are inherently dangerous such as integrated HIV-reproductive health clinics. It endorses the UNFPA - purveyor of forced abortion in China - and it undermines the family and marriage. Its determined and myopic ideology is foolishness on a grand scale.

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1. *www.dfid.gov.uk/pubs/files/sexualreprohealthrights.pdf*
2. Brewer DD et al. *Int J STD AIDS* 2003;14:144-147
3. Gisselquist D et al. *Int J STD AIDS* 2003;14:148-160
4. Gisselquist D, Potterat JJ. *Int J STD AIDS* 2003;14:162-173
5. Gisselquist D, Potterat JJ. *Int J STD AIDS* 2003;14:179-184
6. Mosher S. The uncontrolled AIDS epidemic. *Population Research Institute Review* May-June 2003. *http://pop.org*

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Leslie Burke v the GMC
Good news for vulnerable patients

God has a heart concern for the defenceless and vulnerable (Psalm 82:3-4). It is a high calling to care for such people, but temptations to fail in this area are surprisingly great. The intensivist trying to run a service with limited beds or the physician with a budget deficit face organisational and financial pressures that make it difficult to focus on the needs of the vulnerable patient. 'Best interests' can subtly be corrupted to 'most expedient'.


Photo: PA

Leslie Burke

Mr Leslie Burke, who suffers with a progressive neurological condition, has recently challenged the GMC guidance to doctors in these situations in the UK.[1] The judge found in his favour and has made a ruling that significantly raises the standard of protection for vulnerable people who cannot direct their own care. Previously decisions regarding nutrition and hydration were based on a doctor's view that providing such treatment would '*cause suffering or be too burdensome in relation to the possible benefits*'.[2] Now doctors must show evidence that a patient's life has become '*intolerable*' before such treatment can be withdrawn or withheld. Most importantly however, decisions about treatment in general must now be referred to the courts '*where there is any doubt as to either capacity or best interests*'.

In particular the judge referred to specific instances when doctors should seek the Court's guidance: for example, where there is doubt or disagreement about a patient's capacity or where there is evidence that a patient even if incompetent resists or disputes the proposed treatment. Also where friends or family present evidence or assert that a treatment plan is not in the patient's best interests then the court should be consulted.

The ramifications are huge. This judgment signals a dramatic shift from bedside decision-making to the courtroom, away from the everyday pressures of bed management and finances. Christian doctors should welcome this judgment. It provides a means of resisting the pressures of expediency and truly considering what is best for vulnerable patients. Two caveats need to be sounded, however.

Firstly, going to the Court is expensive, diverting valuable resources away from patient care, and may be distressing for families. The legal process may be cumbersome. Christian doctors should seek a more accessible and cost effective way to implement this judgment or it will simply be seen as unworkable or even paradoxically unjust.

Secondly, the judgment makes no mention of how clinicians should resolve the dilemma of the competition for resources. The Burke judgment must be balanced against the need for equity of access to treatment for all. Christian doctors need to take the initiative in driving this debate forward in a godly way, or the latter state could be worse than the first.

Stephen Sturman is a Consultant in Neurology and Rehabilitation in Birmingham

1. *The Times* 2004; 31 July
2. *Withholding and withdrawing life prolonging treatments: good practice in decision making*. London: General Medical Council, August 2002

Poaching health professionals
A growing injustice needing urgent solutions

At the Bangkok World AIDS Conference in July 2004, it was highlighted that the fight against HIV in Africa was imperilled by the severe shortage of trained doctors and nurses.[1] The grim reality is that even where the drugs and funding are available, there are no skilled health professionals to provide the care.

One of the major causes of this shortfall is the migration of health professionals to the wealthier nations of the world. The UK is now one of the largest recruiters, second only to the US in the number of doctors we recruit from the developing world, and the largest importer of nurses.[2,3]

The reality is that there is a global shortage of trained health professionals and the increasing globalisation of labour markets means that health professionals are moving to where they can get the best salaries, training opportunities and living conditions.[4] The UK is now so short of health professionals that some 44,443 of NHS staff are from non-EU countries (and an increasing number of EU nationals working in the NHS are likely to be from the new accession states).[5] We simply could not run the NHS without them!

What can be done? One option is for the developed nations to pay compensation for the costs of training the workers we recruit from developing nations.[6] However, we also need to look at how we support, train and care for our own staff here in the UK.[7] It is not just that people are not going into medicine or nursing, it is that they are leaving, especially from nursing, at an alarming rate. If we cannot retain UK nationals in the NHS, sooner or later we will not be retaining foreign nationals either.[11]

In the meantime, the global drives to reduce child mortality, improve maternal heath, curb the spread of HIV, TB and malaria, and the other health related Millennium Development Goals are in severe danger of being unfulfilled or even reversed, in large part because there are too few skilled practitioners in the countries that need them most.

The Psalmist reminds us that the Lord secures justice for the poor and upholds the needy.[8] This is an issue of justice that we as Christians seeking to serve the God of the poor need to address most seriously and urgently with our own government and the international community.

Steve Fouch is CMF Allied Professions Secretary

1. *An action plan to prevent brain drain: Building equitable health systems in Africa. A report by Physicians for Human Rights*, 15 July 2004
2. Carlisle D. Overseas recruitment: planet poaching to doing a world of good? *Health Service Journal* 2004;15 July
3. Dugger CW. An exodus of African nurses puts infants and the ill in peril. *New York Times* 2004;12 July
4. Carlisle D. UK's 'Ethical Recruitment Policy' needs to be strengthened. *BMJ* 2004; 328:1218
5. Editorial. The implications for health of European Union enlargement. *BMJ* 2004; 328:1025-6
6. Dugger CW. Art cit
7. Mrachal B & Kegels G . Health workforce imbalances in times of globalization: brain drain or professional mobility? *International Journal of Health Planning & Management* 2003; 18:S89-S101
8. Psalm 140:12