

Doctors' opinions on euthanasia

Leaders with extreme views have hijacked the voice of the profession

Review by **Peter Saunders**
CMF General Secretary

Britain is teetering on the brink of legalising physician-assisted suicide (PAS) and possibly also euthanasia as the result of a powerful campaign by pro-euthanasia factions to change the opinion of the public, media, politicians and (perhaps most significantly) doctors.

Following the House of Lords debate on 10 October on the Select Committee report on Lord Joffe's *Assisted Dying for the Terminally Ill Bill*, Lord Joffe is expected to introduce a revised bill into the House of Lords along the lines of the Oregon model (PAS but not euthanasia).

We have already reported in this journal how the Royal College of Physicians (RCP) took a neutral position in giving evidence to the Select committee on behalf of the Academy of Royal Colleges last autumn,¹ apparently without consulting either those colleges or its own members. In like manner the British Medical Association (BMA) adopted a neutral position at its June Annual Representative meeting after doctors' leaders employed what one

commentator has called 'Stalinist tactics'² to manipulate procedure in securing a neutral motion by an 11 vote majority at a barely quorate meeting in the closing hour of conference.

In stark contrast both the Association for Palliative Medicine and the Royal College of General Practitioners made strenuous efforts to establish their members' views. The APM survey found that over 90% of palliative medicine consultants opposed a change in the law³ and in like manner RCGP members and faculties gave overwhelming support to a statement on assisted dying for the terminally ill opposing any change in legislation.⁴

When the 24 September edition of the *British Medical Journal* published five articles in its education and debate section on euthanasia, with four out of five plus a covering editorial (titled 'A time to die') being strongly pro-assisted dying, over one hundred letters from doctors were posted on the *BMJ* website in the following ten days. Of these over 95% were against any change in the law.⁵

The majority of doctors at the clinical

coalface still oppose euthanasia, as indicated in recent major polls,^{6,7} but it seems that some of our leaders, and especially those in positions of power in ethics committees of the Royal Colleges and BMA, support a more liberal view.

It is time for frontline doctors to rise up and reclaim the high ground from those leaders with extreme opinions who have spoken on our behalf without making any attempt to find out what we think.

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Making poverty history

Was anything really achieved in 2005?

Review by **Steve Fouch**
CMF Allied Professions Secretary

At the start of the year, who would have believed that a meeting of world leaders at a Scottish golf resort would inspire the largest popular music event the world has yet seen, or that Africa would be big news in the media? UN summits, meetings of the World Bank and IMF, and even the World Trade Organisation have all hit the headlines as never before, and the main theme has been the eradication of poverty.

We were told back in January that this was the year to Make Poverty History. The message was that decisions made this year would save lives. But did they? Was it all just so much hype and obfuscation, or was something concrete achieved?

The bitter irony that the famine in Niger only broke into the world news agenda after it had been going on (and ignored) for some months (and just as the G8 Summit and Live8 came to an end) cannot go unremarked upon, because the reality is

that quick fixes for poverty do not exist. It will take generations even to see some nations climb out of poverty. For all the lip service and posturing of the media stars, thousands were dying unnoticed in an all too preventable famine.

While arguments abound as to whether it is aid or trade, entrepreneurship or non-governmental organisations, privatised or public utilities that will end poverty, and while the academics and governments bicker at the UN, G8 and WTO, the poor carry on dying. Jesus' striking words to the Pharisees come to mind, 'You strain out a gnat only to swallow a camel!'¹

But some things were achieved at the G8 – some major steps in debt relief, a few hesitant steps on aid. Less happened at the UN Summit. The whole issue of fairer trade was shelved until the WTO meeting in December 2005, where it may stay on the shelf even longer. Small steps then, not major changes. Some lives may be saved in the short to medium term, but nothing

major will change for the millions living in grinding poverty. Not this year, or next.

The reality is that it will take time to end extreme poverty effectively. As we have said before in *Triple Helix*,² part of the mission that Christ calls us to is to help those in need and speak up on their behalf.³

It would be easy to be discouraged and think nothing has happened, but the illusion that crept into the popular consciousness through such well-meaning events as Live8 was that the changes would all happen this year in one go. The reality is that it will be incremental steps that lead to change. Persistence, being in it for the long haul, that is what we are called to, not quick fixes.⁴

references

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2. Fouch S. Poverty and Health. *Triple Helix* 2005; Spring:12-13
3. Isaiah 1:17
4. see www.micahchallenge.org for more information on the ongoing, long term campaigning led by the churches worldwide against poverty.



The Millennium Development Goals *Attempted hijack by pro-abortion groups*

Review by **Steve Fouch**
CMF Allied Professions Secretary

To many observers the Millennium Summit at the United Nations this September was a farcical waste of time in terms of fighting global poverty and seeing the Millennium Development Goals (MDGs) properly supported.¹ Governments and NGOs, all fighting their own corner, effectively hamstrung efforts to fight poverty. One of these destructive lobbies was the pro-choice movement.

The fifth MDG resolves to reduce maternal mortality by three quarters by 2015,² and is closely related to the third and fourth goals, which seek respectively to eliminate gender disparity in primary and secondary education and reduce by two thirds the mortality rate among children under five. The shocking levels of maternal and infant mortality around the world are actually getting worse, not better, and so the fourth and fifth MDGs look some of the least likely to be met.³

Yet in the midst of lobbying for increased access to good quality obstetric services for

the poor, better education for girls, access to and teaching about contraception and challenging social attitudes that disempower women and girls, another argument has crept into the debate, almost under the radar. Several groups including the International Planned Parenthood Federation (IPPF) have argued that increased access to reproductive health includes access to abortion services.

While no one could reasonably argue against a woman's right to be free from abuse, fear of death and injury from the preventable complications of childbirth and pregnancy, there must be questions raised about the imposition of dubious Euro-American values towards sexuality and attitudes to the unborn that lie behind this Western pro-choice agenda. Furthermore, the resources put into developing abortion services could easily detract from those other, more directly effective measures in tackling maternal and child health.

At the same time, The UN has made it

clear that the term 'reproductive health' does *not* include abortion services.⁴ The IPPF and others are fighting a battle, which is at best irrelevant, and at worst a hindrance to the wider task of fighting global poverty and health inequality.

In fighting for the poor and disempowered as Christians⁵ we should be promoting 'a culture of life rather than death' (as Pope John Paul II coined it). We should be standing up for the weak and disempowered, rather than letting a new form of neo-colonialism threaten the very lives we seek to save.

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4. *C-FAM Friday Fax*, Volume 8, 41, 30 September 2005, accessed at www.c-fam.org/FAX/index.html
5. Proverbs 31:8-9

More clever things with embryos? *Parthenogenesis and the HFEA review*

Review by **Peter Saunders**
CMF General Secretary

The tabloid headline 'Virgin conception first for UK'¹ entered the public consciousness in early September; but the newest 'HFEA-approved' development in embryo research described was simply the next logical step following on from recommendations made by the Warnock Committee in 1984 and subsequently given statutory force in the 1990 Human Fertilisation and Embryology Act.

Warnock laid the framework for an Act, which although giving lip service to some status for the human embryo, nonetheless allowed embryos to be frozen, experimented on and destroyed. In recent years the boundaries have been pushed further to allow so called 'therapeutic cloning', pre-implantation diagnosis, saviour siblings and now parthenogenesis (virgin conception).

Space here does not allow a consideration of the significance of the 'virgin conception'² but it seems extremely unlikely that stem cells derived from such defective embryos (as opposed to normal adult stem cells³) could ever be of any therapeutic value. It is ironic

that this new 'development' has come so swiftly on the heels of Lord Winston's recent presidential address to the British Association's Festival of Science in Dublin, where he deplored the extremist hype coming from sections of the scientific community about the therapeutic properties of embryonic stem cells.⁴

The Department of Health is now holding a public consultation leading to a review of the Human Fertilisation and Embryology Act.⁵ The consultation document seeks views on 'whether and how the Act might be updated given the rise of new technologies, changes in societal attitudes, international developments, and the need to ensure effective regulation'. The consultation, which closes on 25 November, will take 'full account of the House of Commons Science and Technology Committee's recent review of human reproductive technologies and the law', which controversially called for the abolition of the Human Fertilisation and Embryology Authority (HFEA) itself and the deregulation of designer babies, social sex selection, animal-human hybrids and human repro-

ductive cloning. In fact the proposals of the committee were so radical that half of its members refused to back its conclusions and instead filed a minority report.⁶

CMF has been openly critical of the HFEA for the way this un-elected and unaccountable quango has repeatedly gone beyond its remit to make on the hoof amendments to the Act for new developments that were not foreseen by those who originally framed the law. But this long-awaited review might, paradoxically, make matters even worse. If the Science and Technology Committee have their way, we may see scientists 'playing around' even more in days to come.

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