

Sanity prevails at the BMA

Overwhelming vote to reject change in law on assisted dying

Review by **Peter Saunders**
CMF General Secretary

The British Medical Association voted overwhelmingly to reject any change in the law on euthanasia and physician-assisted suicide at its annual representative meeting on 29 June 2006.¹ The vote followed the body's controversial move to a neutral position in 2005 and similar decisions to oppose assisted dying by both the Royal College of General Practitioners (RCGP) in September 2005 and the Royal College of Physicians (RCP) in May 2006. Lord Joffe's Assisted Dying for the Terminally Ill Bill was defeated by a 148-100 majority in the House of Lords on 12 May.²

The BMA motions read as follows: that this Meeting:

- believes that the ongoing improvement in palliative care allows patients to die with dignity; 84% for, 16% against
- insists that physician-assisted suicide should not be made legal in the UK; 65% for, 35% against
- insists that voluntary euthanasia should

not be made legal in the UK; 65% for, 35% against

- insists that non-voluntary euthanasia should not be made legal in the UK; 94% for, 6% against
- insists that if euthanasia were legalised there should be a clear demarcation between those doctors who would be involved in it and those who would not; 82% for, 18% against

The BMA decision brought it into line with the World Medical Association, the Royal College of Nursing, the Royal College of Psychiatrists and the Association for Palliative Medicine, all of which have always opposed assisted dying.

Following the vote claims were made by Liberal Democrat MP Evan Harris that CMF had 'packed' the BMA meeting to unduly influence the vote, and that religious lobby groups were 'dictating policy'. But in fact, although Christian doctors had played a role in putting forward some of the 23 motions from local BMA divisions calling the BMA to oppose assisted dying, only 13 CMF

members had attended the BMA ARM – 2.5% of the total 520 appointed delegates, and 5% of the doctors voting at the debate. Not one of these 13 were amongst the eight speakers who spoke in the debate.³

This claim of Christian influence followed similarly wild allegations that the campaign group Care Not Killing, in which CMF plays an active role, had spent over £11.8 million opposing Lord Joffe's Bill when in fact the true figure was just over £30,000.⁴

Christians should not feel intimidated by accusations of 'imposing our morality'. To the contrary, in a free society we have both a right and a responsibility to contribute to the democratic process in order to ensure that laws we consider both unnecessary and dangerous to vulnerable people do not enter the statute books.

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FASBOs (fetal anti-social behaviour orders)

Christians should support properly resourced and evaluated policies

Review by **Dominic Beer**
Consultant Psychiatrist in London

The UK Prime Minister Tony Blair recently stated, 'If we are not prepared to predict and intervene far more early, children are going to grow up in families that we know perfectly well are completely dysfunctional. The kids a few years down the line are going to be a menace to society and actually a threat to themselves'.¹

Should Christians support these initiatives or should we be critical of the 'Big Brother approach'?²

The following are known risk factors for anti-social behaviour: impulsivity, low intelligence, poor parental supervision and adverse parenting, parental criminality, memberships of the delinquent peer group, large family size and low family income, opportunities for crime.³ When both genetic and environmental factors are present, the risk of adult criminality is 40%. This risk can be substantially reduced by good parenting: adoption studies show that children reared apart from antisocial biological parents have only a 12% risk of adult criminality.⁴

Fetal and infant brains are very vulnerable, as in the case of fetal alcohol syndrome. Infants severely neglected in Romanian orphanages are at higher risk of attention deficit disorder.⁵ The impulsivity of this illness is predictive for adult antisocial personality disorder.⁶

An eminent forensic psychiatrist emphasises prevention of antisocial behaviour by: targeting those at high risk of developing adult antisocial personality disorder and prevention of passing on antisocial behaviour by targeting high risk families by intervening in pregnancy, infancy and pre-school.⁷

The UK Government provided parenting support via its Sure Start programme⁸ but those most at risk may well have slipped through the net. Clare Tickell, National Children's Homes Chief Executive, says: 'It is right that the Government is focusing on early intervention... this approach can positively change the lives of some of the most vulnerable children, young people and their families'.⁹

We as Christians should support properly

resourced and evaluated policies that help vulnerable children and which may also prevent future criminal behaviour.

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Obesity and IVF

National guidelines should be fair, evidence-based and in children's best interests

Review by **Rachael Pickering**
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The media recently reported that moves were afoot to stop obese women receiving in-vitro fertility (IVF) on the National Health Service (NHS).¹ The broadsheets were less hysterical but many larger women received the message that the NHS was not going to help them fall pregnant.²

Behind the headlines was a report by the British Fertility Society (BFS), recommending that women with a BMI of more than 36 should not receive IVF.³ Their 2005 survey revealed that, despite NICE recommendations less than ten percent of 37 centres were funding three IVF cycles. Furthermore, individual PCTs had varying social exclusion criteria - including smoking, obesity and existing children. According to lead author Mr Richard Kennedy, the report was an attempt to reduce disparity: 'Having PCTs come up with their own criteria is creating a postcode lottery that is, frankly, unacceptable'.⁴

Other experts have crossed swords with

the BFS: Dr Taranissi, holding the UK's highest IVF success rate, took issue with using BMI alone as an exclusion criterion: 'These recommendations do not have a medical basis. They are financially driven'.⁵ Ironically though, by deciding on a BMI of 36 as the cut off, these guidelines may actually increase the numbers of larger women obtaining assisted fertility.

Obesity is rapidly increasing and its causes run deeper than a couch potato lifestyle. It's been suggested that maternal obesity preconditions fetal eating preferences, and research is underway.⁶ Meanwhile though, of what about the report's recommendations that smokers, lesbians and women with existing children be given the IVF go ahead? Why is the BFS not concerned with the effects of smoking on fetuses and children? Where is the report's review of evidence pointing towards the need for father figures in children's lives? And what about justice for the childless woman with severe polycystic ovary syndrome,

watching her slim second-marriage neighbour going off for IVF?

We take our cue from the Great Physician in being concerned for each individual we come across. Jesus did not discriminate against people because they lived in a poor area or had socially stigmatising health conditions.⁷ On the other hand, he was not afraid to give individuals advice that, although in their best interests, was perhaps unwelcome at the time. National IVF guidelines should be fair, evidence-based and in the best interests of the potential children.

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Global poverty marches on

Time for Christians to blow the whistle

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

In the last few years we have seen the Millennium Development Goals, the UN declarations on AIDS, Blair's Africa Commission and the Gleneagles G8 Declaration. But despite all these good words and agreements, the evidence suggests that most governments are not delivering on aid, debt relief or opening up global trade in the ways that they agreed.¹

12,000 people will still die today from preventable illnesses, including 8,000 children who will lose their lives to immunisable infectious disease such as measles and TB. Still nearly 1.5 billion people will live on less than 1 US dollar a day. This is not news, but despite all the high level rhetoric, there is still not the collective will to bring about real change.

It is bitterly ironic that Warren Buffet and Bill Gates, two arch capitalists, will do more in 2000 and in the years to come to fight the diseases of poverty than many governments.^{2,3} The UN reckons that its eight ambitious Millennium Development Goals (MDGS) to halve global poverty and

dramatically reduce child and maternal mortality are in some trouble less than halfway towards their target deadline of 2015.⁴ Asia, some of Eastern Europe and Latin America are doing well in reducing hunger, poverty and the burden of disease, but in Sub-Saharan Africa the problems are getting worse, not better, as AIDS, war and famine exacerbate the problems caused by corruption, unjust trade rules and spiralling debt problems.

However the fact that these issues are being talked about at the G8 and the UN at all (AIDS was only discussed at the UN General Assembly for the first time in 2001) shows that Christians can exert influence. Christians started the Jubilee 2000 campaign in the late nineties to see a cancellation of debt amongst the poorest nations and it began to change things. Make Poverty History last year moved things further forward. In 2007, a new global Christian movement, the Micah Challenge⁵ launches another campaign to get the British churches engaging with the issues of global poverty, and calling on our

government, and the governments of the world to meet their commitments to the MDGs and the other promises made.

The Blow the Whistle campaign will be part of a ten year long project by Micah Challenge to remind Christians of the biblical call to 'act justly, love mercy and walk humbly with our God',⁶ to 'give voice to the poor and oppressed, and stand up for justice'.⁷ CMF is getting behind this campaign, because we believe that justice for the poor is on God's heart, and that fighting global health problems is an issue of justice as well as of good public health policy and medical care.

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