

Liberalising abortion law *A new parliamentary battle looms*

Review by **Peter Saunders**
CMF General Secretary

The Human Tissue and Embryos Bill, expected to be introduced into Parliament after the Queen's Speech this November, will open up the entire 1967 Abortion Act to amendment. Pro-choice MPs have pledged to liberalise the law¹ and intend to mark the Act's 40th anniversary on 27 October with a push to bring in 'abortion on request' (along with nurse and home abortion) in the first trimester.

This agenda is being supported by the national coalition Abortion Rights,² which works closely with the Parliamentary All Party Pro-choice and Sexual Health group³ and the Voice for Choice⁴ coalition of major abortion providers. It already has support from the British Medical Association (BMA),⁵ whose Medical Ethics Committee fully supports its agenda.⁶ This movement is well organised and well funded and, even if this autumn's initiative fails, there will be continuing pressure to change the law during the lifetime of the present Parliament.

The BMA at its annual representative meeting on 27 June passed by a margin of 67-33% a motion asking for abortion on

demand in the first trimester (ie on the basis of informed consent only).⁷ Further motions allowing trained nurses and midwives to perform abortions, and relaxing rules on approved premises (ie allowing medical abortions in GP surgeries and at home) were lost by 41-59% and 46-54% respectively.⁸ Concerns about safety guided those present, in a debate that never considered ethics. It is already BMA policy to extend the Abortion Act to Northern Ireland. In the week prior to the debate an online petition, calling on the BMA to reject its Ethics Committee proposals and instead to mount a properly evidence-based review that involved full consultation with its members and all frontline doctors, was signed by over 13,000 people including over 950 BMA members.⁹

The first stage of the coming parliamentary battle is a government consultation¹⁰ being carried out by the House of Commons Science and Technology Committee into scientific developments relating to the Abortion Act 1967. Written submissions have closed and oral evidence sessions have commenced. The findings will inform the later parliamentary debate.

CMF's submission, which we are seeking permission to make public, provides data on improving survival of neonates born at 23 and 24 weeks' gestation and marshals the latest evidence on the well established links between abortion and premature delivery and abortion and mental health. CMF has also played a lead role in forming Time for Change, a new coalition of church, professional and pro-life groups seeking to tighten the existing law.¹¹ Let us each ask God what part we ourselves should play.

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Modernising Medical Careers *An update*

Review by **Rantimi Atijosan**
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The first set of doctors to commence run-through training started work in August. Many others though face an uncertain future. MMC and MTAS have taken many casualties but the full extent is yet to be known – round two of appointments continues through to November. The government has released 1000 more training jobs for appointment after that date but eligibility for these jobs involves having been interviewed but not appointed in round two.

Back in May, unsupported by the BMA, Remedy UK launched an unsuccessful judicial review, challenging the legality of MTAS and MMC – the resulting disappointment amongst junior doctors was palpable. The presiding judge did however describe MTAS as a 'dreadful mess' and suggested that individual cases should be open to scrutiny by employment tribunals. The final report of the MMC Review Group expressed concern that large numbers of

British graduates will be unable to find training places in the future.¹ An independent review of the process for specialty posts, chaired by Professor Tooke, is due to report in December.

Promises abound, but integrity is often in short supply. During round two we are seeing stealth advertising with job applications posted and taken off the internet over a weekend. It is difficult to know whether the Department of Health's promise – that no junior in a substantive post would not be recruited – has been honoured as the BMA has not received co-operation in trying to assess this. Juniors are complaining to the BMA that NHS trusts are trying to get out of paying relocation fees.

There have been senior casualties too. March saw resignations by both Sir Alan Crookard and Professor Heard, as MMC National Director and National Clinical Advisor respectively. James Johnson resigned as Chair of the BMA in May after juniors

were slighted by his pro-MMC letter. Sir Liam Donaldson continues to face calls from senior BMA officials for his resignation.² Patricia Hewitt's demise as Health Secretary is seen by many as directly related to the issue of MMC.

This issue affects us all, seniors as well as juniors. We all need to act. Back in the spring I talked about affirming God's sovereignty, prayer, giving and taking advice and the need to fight for justice.³ Are you in a position of real influence within your royal college? Do you know juniors in need of support and prayer? Join a pressure group. Invite a junior round for dinner. Raise conversation with your colleagues. Above all, pray.

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Three threats

Informed debate imperative for HTE Bill

Review by **Andrea Minichiello Williams**
Public Policy Director, The Lawyers' Christian Fellowship

The government published its Human Tissue and Embryos (HTE) Bill in draft this spring.¹ There was the usual short consultation, and many groups gave evidence to a pre-legislative scrutiny committee. (CMF gave both written and oral evidence.²) The committee published its findings in July.^{3,4} It seems clear they did not think the public either knew about the issues in the bill or felt strongly about them. They certainly did not feel there had been any public outcry against the contents. Christian Concern for our Nation has produced a short downloadable video, ideal for communicating with church groups and the general public.⁵

Although the report contains some positive recommendations (such as abandoning the proposal to have a single body regulating both human tissue *and* embryology), there are also some very concerning issues. The bill constitutes a complete review of the law surrounding fertility treatment and embryology and, although the report did not consider it, abortion law will no doubt be debated

during the bill's passage.

The committee noted the bill had no foundational ethical principles and recommended Parliament should establish an ethical framework within it. Any such framework must recognise the special status of the human embryo as an entity worthy of greater protection.

The committee recognised that creating inter-species embryos was contentious, could not reach a consensus, and recommended the issue be put to a free vote in both houses. However, the Human Fertilisation Embryology Authority announced in September that they believe they can legally consider licensing applications to create animal-human hybrid embryos for research purposes,⁶ a move which clearly usurps the democratic process.

One of the most controversial parts of the draft bill was the removal of the requirement to consider a child's need for a father when considering the child's welfare in an IVF application. The committee recommended this too be put to a free vote in both houses, but this good news is

tempered by the suggestion that the 'father' role could be filled by a person of either sex.

The possibility that abortion law might be liberalised on the back of this bill threatens human life itself, creating inter-species embryos threatens human dignity, and various proposals strike at the very heart of our understanding of family structures. It is imperative that, when this bill comes before Parliament in the autumn, members of both houses know that people do care very deeply about these issues.

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Doctors, faith and trust

Professionals and their personal beliefs

Review by **Andrew Fergusson**
CMF Head of Communications

Shortly after the failed terrorist bombings in London and Glasgow at the end of June came a reliable report that an al-Qaeda leader in Iraq had earlier boasted that his group was going to attack UK targets, and that 'those who cure you will kill you'.¹ The original eight suspects were all young, Muslim, connected to the medical profession, and had come to Britain from Jordan, Iraq, other Middle Eastern countries and India. This particular story rapidly faded from the headlines, but the future security consequences are likely to make life even more difficult for overseas doctors.

Completely unrelated to these planned atrocities, the General Medical Council has been holding a consultation on its draft guidance on *Personal Beliefs and Medical Practice*.² It has advised that 'doctors may need to set aside personal and cultural preferences to provide effective patient care' and *BMA News* illustrated its notice

of the consultation with a picture of an Islamic woman's face and the suggestion that face coverings might have to be removed to facilitate effective communication with patients.³ CMF is making a corporate submission on this draft guidance suggesting that while it is constructive and generally uncontroversial it does raise questions of future interpretation, particularly about conscientious objection issues.

Turning away from questions of faith, though not necessarily abandoning its language, the *British Medical Journal* has been running a lively debate about whether there is a conspiracy between government and media to criticise doctors. In *Why this unholy trinity?* an editor suggested there is;⁴ Professor Roger Jones countered from surveys of patient concerns that between 14-17% of patients with recent direct medical contact had reservations or negative opinions about the

competence of doctors;⁵ and the BMA head of Health Policy and Economic Research reaffirmed that annual surveys show 90% or so of the population trusts doctors to tell the truth, higher than for any other profession.⁶

'Trust me, I'm a doctor' may occasionally evoke hollow laughter, but it seems most patients do. Let us all strive to make 'Trust me, I'm a Christian doctor' even more credible.

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