



LETTERS

Frozen Embryos

Dave Stevens, CEO of our US sister organisation CMDA, reports on an exciting initiative.

It was interesting to read about excess frozen embryos in the UK in your recent review (*Triple Helix* 2004; Winter:12-13). We face a similar situation in the US with an estimated 400,000 human embryos in storage, many thousands of them unclaimed. Working with one of our members, we recently opened the 'National Embryo Donation Centre'. Although we are working with an adoption agency, we have lessened the expense of going through a lengthy adoption process to make it more economically feasible for couples to adopt. There are over 100 couples waiting for adoption and we can serve the UK if there are couples that are willing to donate embryos. See www.embryodonation.org

Contraceptive prescribing

Although he agrees in theory with **Ruth Selwood's** arguments for not prescribing contraceptives for unmarried patients (*Triple Helix* 2004; Winter:16-17), Chesterfield GP **Neil Ritchie** raises some practical objections.

Ruth Selwood raises two main ethical considerations. First, is prescribing contraception for unmarried couples 'harm reduction' or is it 'facilitation of sin'? Second, is the 'contraceptive' acting after fertilisation and thereby abortifacient? But the situation can be more complex than this.

Both the combined pill and the IUS can be prescribed for menstrual symptoms alone. However, people can and do change their circumstances, and there is always the risk that people may be tempted to have sex outside marriage (possibly more so, due to the additional contraceptive effect). Therefore prescribing the pill and the IUS for these indications alone, to the unmarried, could be viewed as making it easier for them to sin in the future. With the IUS there is, of course, also the issue of its abortifacient effect on the third party embryo. Where is the line drawn for the responsibility of the prescriber?

It would seem justified to offer the IUS to a married woman with a sterilised husband if she had menorrhagia. However, if she then chose to commit adultery (with a fertile partner), would the prescriber then be held responsible (at least partially) both for facilitating sin and the abortifacient effect?

My view is that some degree of trust seems necessary. I tend to think that perhaps we can only act and take responsibility on the assumption of honesty from the patient and the situation as presented to us now.

These practical issues are important to address, as consistency is vital both for our own peace of mind and also to maintain the respect of our colleagues.

Retired Somerset GP **Michael Elwin** argues that *prevention is better than cure*.

Issues regarding contraception and abortion continue to appear frequently in *Triple Helix*. The problems of sexual immorality are not new, and we find in Scripture a number of examples: Lot's daughters (Genesis 19), David and Bathsheba (2 Samuel 11-12), Amnon and Tamar (2 Samuel 13). But there is little biblical teaching about how to cope with our very powerful sexual feelings, nor how to deal with the consequences of misuse.

The 1967 Abortion Act was made partly to try to stop the dreadful damage illegal back street abortions were causing, and there are some women alive today who would not be were it not for legal safe abortion. This does not make abortion right, but the sin that leads to abortion is not unforgivable. I wonder what Jesus would do if he were a doctor confronted with this problem? He condemned the hard legalism of Pharisees; might he also condemn 'hard-line' Christian doctors?

Control and right use of our sexuality is difficult, perhaps impossible without Christ and the Holy Spirit. Given our diversity of views with respect to the status of life before birth, and especially the early embryo, should we not rather concentrate on helping young people to cope with their sexuality, and encourage marriage and faithfulness, rather than just concentrating on abortion and contraception? It is surely better to try and control the flood at source.

Christian practices

Lisburn GP **Lloyd Gilpin** asks if *business partnerships with non-Christians are biblical*.

I was glad to see the article 'Is a Christian GP best off in a Christian Practice?' (*Triple Helix* 2004; Winter:18) I did feel however that an important point was omitted.

As Christians we should carry out our work to the best of our ability - not seeking to please

men but our Lord (which in turn will give best patient care). Surely then, we would not want to be unequally yoked with non-Christian partners (2 Corinthians 6:14) in that task. Being a Christian doctor in today's moral climate is difficult enough without having the pressure to compromise our principles in order to make the practice run more smoothly or profitably.

The advice given to many seeking a partnership is to choose carefully because it is like a marriage - for many reasons! I understand those who like to be kept on their toes by non-Christian partners and the opportunity it affords for witness, but many of these opportunities exist to both employed staff and patients in a 'Christian partnership'.

We may have no say over attached staff, but whom we choose as partners is something we have a definite say over. A business partnership like general practice is more than just a job and I feel Scripture would have us consider carefully who we 'yoke' ourselves with in our service for the best of masters - our Lord Jesus Christ.

HIV/AIDS

Peter Davies, Chest Physician in Liverpool takes the editor to task.

Shame on you for printing a big article on the AIDS Pandemic (*Triple Helix* 2004; Winter:6,7) with not a word about TB. Even Prince Harry knows of the link.

Keith Sanders, former General Secretary of CMF, pays tribute to *Caroline Collier*, who died last December.

I worked closely with Caroline in the 1980's when she worked with CMF as an AIDS Lecturer and Resource Officer. She wrote one of the first books on the subject, *The 20th Century Plague* (Lion Publishing) and her four-page flyer, *Ten Proposals on AIDS*, was distributed by CMF to all doctors, health authorities and MPs in Britain. Now in 2003, nations are beginning to recognise the realities of what she forecast 20 years ago, and although political correctness still rules the minds of many, where *The Ten Proposals* are being applied, as in Uganda, a way of hope is being demonstrated. Caroline will be fondly remembered for her kindness, integrity, loyalty, intelligence, sparkle of fun, and her persistence in the face of real opposition in seeking to apply the heart and mind of Jesus Christ in all she did.