



# LETTERS

## Smacking children

Readers have added their comments and insights to this debate (*Triple Helix* 2005; Winter:16-17).

**Huw Francis** argues that prevention is better than cure.

I am sure readers of *Triple Helix* will have been surprised at Dr Rhona Knight's comment on the legitimacy of smacking a child approaching danger in the home. Care to ensure that the home environment is appropriate and safe for children, and intelligent anticipation of the likely behaviour, can head off trouble and reduce the number of occasions on which punishment of any kind has to be considered.

*Leeds* members **June and Michael Flowers** give principles from experience.

We found the contribution from Rhona Knight thoughtful and wise. We have had five children. First, we found that as a result of occasionally finding it necessary to smack the oldest, and most defiant, a spin-off was the deterrent effect on the other children. Second, each child was different. Three of them were never smacked, and the fourth rarely. That is why there will be many families where smacking will never be used, but it is foolish to refuse such flexibility to others. Before the age of six or seven some children will need this particular sanction in order to learn where the boundaries are that responsible parents draw. Third, we learned not to smack in anger - we are not talking here about parents losing their temper, are we? Fourth we already knew that *verbal* violence can be, in contrast, significantly harmful compared with a smack, and we needed to be vigilant never to allow disapproval to cause a seeming withdrawal of affection.

*Discipline is part of God's compassion, says West Lothian GP Rob Proudlove.*

Why is this debate occurring today amongst Christians? Is it because of a better understanding of scripture than our forefathers, or because of the pressure of liberal humanism? Bishop Ryle, I believe, used to urge the acceptance of the 'plain reading' of the Bible - are we shying away from this in embarrassment?

The abuse of something valuable may require to be severely dealt with, but is not in itself a reason to abandon it; anymore than

the murderous abuse of diamorphine by Dr Shipman means that the profession must cease its compassionate use of that drug in the relief of suffering.

Who is wiser or more compassionate than our God? Yet he is prepared in his loving purpose to use discipline - 'No discipline seems pleasant at the time, but painful. Later on, however, it produces a harvest of righteousness and peace for those who have been trained by it'. (Hebrews 12:11)

## Leslie Burke v the GMC

**Charles Foster**, a Barrister in London, argues that the pro-life lobby has scored an own goal in the High Court ruling in favour of Leslie Burke. Mr Burke has a progressive neurological condition and brought a legal challenge against GMC medical guidance setting out circumstances in which food and fluids could be withdrawn from patients without the courts' consent. He feared that his life could one day be ended (*Triple Helix* 2004; Autumn:4)

Leslie Burke was technically successful in his judicial review of the GMC's guidelines on withdrawing and withholding treatment, and Christians greeted that success enthusiastically. Sadly their enthusiasm was ill-founded. The *Burke* case is a setback for the pro-life lobby.

The case was unnecessary. As the judge found, the NHS has an obligation to provide basic care. The GMC guidelines should reflect this obligation more obviously, but Leslie Burke was never in any danger of having basic care withdrawn. The old law gave perfectly adequate protection, but Leslie Burke was not satisfied. He invited the judge to say that the principle of autonomy, enshrined in Articles 3 and 8 of the European Convention on Human Rights, demanded provision of basic care to a competent patient who wished to stay alive. The result was tragically predictable. Of course Articles 3 and 8 had that effect: no one ever doubted it. But the judge, having been invited to sing a hymn to autonomy, duly did. Here it is:

'...*The personal autonomy which is protected by Article 8 embraces such matters as how one chooses to pass the closing days and moments of one's life and how one manages one's death.... The dignity interests protected by the Convention include, under*

*Article 8, the preservation of mental stability and, under Article 3, the right to die with dignity and the right to be protected from treatment, or from a lack of treatment, which will result in one dying in avoidably distressing circumstances... Important as the sanctity of life is, it has to take second place to personal autonomy; and it may have to take second place to human dignity...'*

The Voluntary Euthanasia Society rejoiced. We need to be careful about which cases to support.

## The euthanasia bandwagon

Retired doctor **Jenny Robinson** draws a link between abortion and euthanasia with reference to the editorial on the Mental Capacity Bill and the Assisted Dying for the Terminally Ill Bill (*Triple Helix* 2005; Winter:3)

I am one of a few Christian doctors who stood outside the DHSS in 1967, protesting just before the Abortion Act became law. Shortly after I saw Francis Schaeffer's film series, *Whatever Happened to the Human Race*, which made clear that if we accepted the killing of unborn babies then we would eventually countenance the killing of the old, the vulnerable and the sick. Since 1967, it must have been hard for Christian gynaecologists and anaesthetists to stand up and be counted. Many did. Some allegedly lost their promotion prospects, others their jobs. This though will be different. If or when these provisions become law every medical professional in almost every branch of medicine will become involved in making or carrying out these life or death decisions. Non-Christians will be looking to see if we Christian doctors will be indistinguishable from the others or whether we will say, like many Catholic Christians, Jews and Muslims, 'I am not going to co-operate consciously or unconsciously in the killing of patients.'

Some may say it is easy for me to speak out, because I will not be involved. That is true, but I do not want to see our profession involved as Nazi doctors were.

Paragraph six of the editorial could read: 'Had the medical profession taken a strong stand against the mass killing of unborn babies in 1967 it is conceivable that the entire idea of *The Mental Capacity Bill* and *Assisted Dying for the Terminally Ill Bill* would not have materialised'.