

End of Life Assistance (Scotland) Bill Heavily defeated as Scots count cost and reappraise 'dignity'

Review by **Calum MacKellar**

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On 1 December 2010, the End of Life Assistance (Scotland) Bill, which would have legalised both euthanasia and assisted suicide, was heavily defeated in the Scottish Parliament by 85 votes to 16 with 2 abstentions.¹ The final vote was the result of near unanimous opposition from Scottish healthcare professionals and faith groups including the Christian church. It also reflected a strong resistance to the Bill from the umbrella organisation Care Not Killing (Scotland) which campaigned against any change in the law.

The reasons for this opposition were manifold. The main ones were the danger the Bill represented about protecting the most vulnerable people in society, who may have begun to see themselves as a burden; and the manner in which it would have undermined the relationship of trust between the patient and the physician.

But the opposition was also successful in confronting the human dignity argument

from those in favour of euthanasia and assisted suicide, and their often used 'dignity in dying' slogan. Indeed, it was repeatedly made clear, inside and outside Parliament, that the concept of human dignity could not be reduced to a private matter that can vary between persons and to different degrees.^{2,3} Instead, human dignity is inherent – it is an irreducible, immeasurable and necessary quality that belongs equally to all members of humanity and can never be lost. Thus, any attempt to end the life of a person through euthanasia and assisted suicide would be a denial and violation of this kind of inherent dignity which is the basis of all civilised societies. It would also mean that there is such a thing as a life unworthy of life.

This realisation by MSPs that ending the life of an individual had profound consequences for relatives, friends, neighbours and the whole of society was one of the reasons for their opposition. As John Donne reminds us, no man or woman is an island. A civilised society is an interdependent one.

Every person's signal of hope or despair has a profound impact on the lives of others.

The Scottish parliamentarians were very thorough in gathering evidence about the different arguments. In opposing the Bill by 83%, the MSPs demonstrated that when time, effort and wisdom are invested into the careful examination of all the different issues, the only possible outcome becomes a strong opposition to euthanasia and assisted suicide.

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Cuts in US overseas aid But the church could have a significant impact on global inequalities

Review by **Steve Fouch**

CMF Head of Allied Professions Ministries

At the time of writing, the United States government and legislature are in the midst of a huge wrangle about how far and how deep they will cut expenditure over the next two years.¹ This situation is familiar to us in the UK as we stare at fiscal austerity measures that see many essential services facing severe cuts in a drive to reduce the budget deficit.

An interesting difference between the US and the UK is that spending on overseas aid has been largely protected here in Britain, but across The Pond it is likely there will be massive cuts to overseas aid.² Whatever the eventual outcome, US spending on the world's poor will probably decrease. And while US overseas aid makes up less than 0.2% of their gross national income, the size of the US economy still makes them the largest national aid donor in the world.

This could have a significant impact on Christian organisations, which tend to be funded more favourably by the US than

by other donors, and inevitably services to those most in need will suffer. This is particularly so as, where the US leads, other donors tend to follow. Christians have a responsibility towards the poor, whether on our own doorstep or further afield, and it is certainly true that in Africa and South Asia alone, Christian hospitals, clinics and churches provide a disproportionate amount of healthcare to the poorest communities. Sadly, this happens with relatively little support from Christians in the West.

At the Lausanne Conference on World Mission in Cape Town last October, Richard Stearns, author of *The Hole in Our Gospel*,³ challenged the church, particularly in the rich nations, about engaging with global justice issues.⁴ If we reoriented our lives in giving – our time, our money, our skills – to serve the poor in the name of Christ, and gave it not to expensive buildings and comfortable lifestyles, but in a radical commitment to justice, the church could have a significant impact on global

inequalities and injustices. This would happen whether or not our governments get engaged.

And with that commitment to the poor, we gain a prophetic voice that challenges the political will of governments to act justly.⁵ The Apostles remind us that faith leads to action, and a care for those in need is integral to the outworking of our faith.⁶

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Christian GP removed from drug advisory committee *Hired then fired for being 'controversial'*

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

As a GP working with patients with drug problems, CMF member Hans-Christian Raabe was appointed in January to the Advisory Council on the Misuse of Drugs (ACMD). On 7 February, before he had attended any meetings in the unpaid 3-year post, the Home Office announced he had been dismissed after it emerged he had previously co-written a study linking homosexuality to paedophilia.¹

There are two separate issues of major concern. First, the ACMD is already controversial, some of its scientist members having unwisely crossed the line into pronouncements on public policy. Its chairman, Professor David Nutt, resigned two years ago over the government's decision to reclassify cannabis from a class C drug to class B, and was followed by other members. He chose to re-enter the policy arena to criticise Dr Raabe's appointment, saying it was 'deeply worrying' that he could support total abstinence when there was 'a vast body

of evidence in favour of harm reduction'.² Surely a committee which merely advises government should be allowed a range of views, and would benefit from a member who actually treats patients?

However, more serious than an abstinence/harm reduction spat is that sources said the sacking was for not 'disclosing' during interviews a paper he had co-written, which had linked homosexuality to child sex offences. The campaign to remove him gained momentum after former Liberal Democrat MP Evan Harris blogged³ about his past publications, BBC home editor Mark Easton highlighted the case⁴ and the *British Medical Journal* published 'New appointment of evangelical Christian to advisory body sparks controversy',⁵ provoking some interesting responses.⁶ Dr Raabe himself commented that his dismissal resulted from views which were 'completely unrelated to drug policy', adding 'I have been discriminated against because of my opinions and beliefs, which are in keeping with the teaching of the major churches'.⁷

Perhaps most ironic of all, in a medical world where both clinical and public policy decisions are supposed to be evidence based, the data Dr Raabe and colleagues gave for linking homosexuality and paedophilia were actually derived from peer-reviewed scientific journal articles, including one quoted approvingly by the Home Office itself.⁸

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Lord Falconer's Commission on Assisted Dying *Unnecessary, unbalanced, and lacking in transparency*

Review by **Peter Saunders**
CMF Chief Executive

On 30 November 2010, just a day before the overwhelming defeat of Margo MacDonald's Bill, the pro-euthanasia lobby launched its latest strategy to change hearts, minds (and ultimately laws) with respect to euthanasia and assisted suicide. The aims of Lord Falconer's 'Commission on Assisted Dying',¹ set up under the auspices of left-leaning think tank 'Demos',² are to consider 'what system, if any, should exist to allow people to be helped to die and whether changes in the law should be introduced'. The commission will take oral and written 'evidence' throughout the year and produce a report in the autumn.

Lord Falconer has been adamant about wanting to hear 'from all sides' and that his inquiry will be 'an objective, dispassionate and authoritative analysis of the issues'. However, six out of the eleven initial invitees (including myself) actually refused to give evidence. Why?

First, Falconer's commission is unnecessary. There has already been a comprehensive recent examination of 'assisted dying' by a House of Lords Committee along with three parliamentary votes in the last six years (two in the House of Lords and one in the Scottish Parliament), all strongly rejecting a change in the law.

Next, it is unbalanced. The commission was 'suggested' by the pressure group 'Dignity in Dying' and is being part-funded by Terry Pratchett, one of their patrons. Nine of the twelve members, handpicked by Falconer, are already known to favour a change in the law, including all five parliamentarians and all four doctors. It is furthermore to be chaired by Falconer himself, who led a failed bid to decriminalise assisted suicide in the House of Lords in 2009.³

Finally, it is lacking in transparency as none of its members' conflicting interests have been openly declared. Why is it, when the five major disability rights organisations

in the UK (RADAR, UKDPC, NCIL, SCOPE, Not Dead Yet) all oppose a change in the law, that Falconer has chosen a disabled person who represents none of them and takes a contrary position? Why, when 95% of palliative medicine specialists and 65% of doctors support the *status quo*, has he picked four doctors who hold the minority view?

Lord Falconer, of course, is perfectly free to set up an *ad hoc* committee to take evidence and make recommendations to Parliament. It is a free country and he has every right to try and influence public policy. But it is somewhat disingenuous of him to pretend that a group with such clearly settled prior convictions might bring any impartiality or objectivity to bear on these important issues.

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