news reviews

Euthanasia

New threats on the horizon

Review by **Peter Saunders**
CMF Chief Executive

With the recent decision by the Belgian government to allow euthanasia for children, the battle against legalised medical killing in Europe has sharply intensified. We will face two new parliamentary challenges in Britain this year.

Lord Falconer plans to table his Assisted Dying Bill[1] again in June 2014.[2] The House of Lords has rejected assisted suicide on a number of occasions, notably in 2006[3] and 2009.[4] Falconer's current bill is not considered to be much different from Lord Joffe's, which was defeated 148-100 in 2006. It is based on the law currently in place in Oregon, and has been informed by his much-criticised Commission on Assisted Dying.[5] It seeks to legalise assisted suicide for mentally competent adults with less than six months to live and employs a medical licensing system similar to that of the Abortion Act 1967. Changes in the composition of Britain's upper house following the last general election in 2010 make it a serious threat.

Independent MSP Margo MacDonald launched her Assisted Suicide (Scotland) Bill[6] on 14 November 2013. It is currently being scrutinised by a parliamentary committee and will be debated in the Scottish Parliament in the autumn. It is wider in scope than Falconer's, allowing those with a 'terminal illness' or 'terminal condition' (but without specified life expectancy) to end their lives. MacDonald's last bill was defeated in Holyrood by a massive 85-16 in 2010.[7]

Doctors' groups have consistently been against legalising euthanasia on grounds that it is uncontrollable, unethical and unnecessary. Currently the British Medical Association, the Association for Palliative Medicine, the British Geriatric Society, the World Medical Association and the Royal Colleges of Physicians, General Practitioners and Surgeons of England oppose a change in the law.

In February this year the RCGP reaffirmed its opposition[8] when 77% of respondents to 'one of the most comprehensive consultations the College has ever undertaken' favoured no change in policy.[9] The voices of Christian doctors will be decisive in defeating these two dangerous pieces of legislation.

references

1. Assisted Dying Bill [HL] 2013-14 *bit.ly/1dlcirc*
2. Assisted Dying Bill takes a rest. *BBC Online*, 20 November 2013 *bbc.in/1p3yefD*
3. Joffe Bill - one year on. *Care Not Killing*, 12 May 2007 *bit.ly/1hrNFvk*
4. Care Not Killing welcomes Lords' decision to reject assisted suicide amendment. *Care Not Killing*, 8 July 2009 *bit.ly/1eKLJvU*
5. Charles Falconer's bent jury - why we should not be surprised by their 'conclusions'. *Care Not Killing*, 3 January 2012 *bit.ly/NnufOH*
6. Scottish Bill launched. *bit.ly/1llbhP7*
7. Overwhelming defeat. *Care Not Killing*, 2 December 2010 *bit.ly/1mdksKx*
8. RCGP rejects assisted suicide. *Care Not Killing*, 21 February 2014 *bit.ly/1dZg8tX*
9. RCGP announces continued opposition to change in law on assisted dying. *RCGP*, 21 February 2014 *bit.ly/1cfXXvA*

State of the nation

The church needs to address physical health

Review by **Steve Fouch**
CMF Head of Nursing

The state of the nation's health is not good. Starting with a WHO report that predicted a global cancer epidemic,[1] we then learnt that the number of people living in the UK with type 2 diabetes has soared, so that one in 17 of us[2] are now living with the condition.

The cause is being laid at the door of two paradoxical problems of modern living. Medical advances mean we can now cure many (if not most) infectious diseases so we are no longer dying young in large numbers. Meanwhile, our technology driven, sedentary work and leisure pursuits along with the availability of cheap (but micronutrient poor) calories mean we are instead succumbing to more chronic diseases. This means that while we are adding more years to our lives, they are years that are filled with more poor health.

The knee-jerk response is to bring in something like the recent ban on smoking in cars when children are present.[3] At the same time the Government has backed away from per-unit alcohol pricing – despite the mounting evidence[4] from around the world that this might actually work in reducing problem drinking and other health problems![5]

But while some nudge policies may work in helping people not to make some harmful choices, the deeper malaise will be harder to overcome. We simply do not want to do what we need to stay healthy, as it so often involves giving up what we like (eg fatty, sugary processed foods, alcohol, tobacco) and doing what we don't like or find hard to do (exercising, limiting our calorie intake etc). This is made all the more difficult when the food, tobacco, alcohol and advertising industries are investing lots of money encouraging us to do the exact opposite! Individual human sinfulness and corporate sin and evil conspire against us. It is a public health nightmare that the apostle Paul would so readily have understood![6]

Maybe this is a challenge for the churches, which have risen to address so many of the other issues that crush human life – from HIV to care of the dying. We run food banks, we run schools, and in many parts of the world we still run hospitals. We have always had something to say about making good choices in our pastoral work and outreach. Maybe it's time for some creative thinking about lifestyle changes in diet and exercise as part of our wider pastoral ministry? But more, this is also an issue of justice and overcoming the principalities and powers – so maybe we should also be challenging the hold of commercial interests over public health? Either way, physical health should be a growing concern of the local and national church.

references

1. Global cancer surge fuelled by alcohol, smoking and obesity predicted by WHO. *The Guardian*, 4 February 2014
2. Cases of diabetes increase to more than 3.2m, *BBC News*, 10 February 2014 *bbc.in/1bNctOk*
3. Hundreds of health experts call for smoking ban in cars carrying children. *Daily Telegraph*, 7 February 2014
4. Holmes J *et al*. Effects of minimum unit pricing for alcohol on different income and socioeconomic groups: a modelling study. *The Lancet*, Early Online Publication, 10 February 2014, *bit.ly/1mVvipN*
5. Gage S. Minimum alcohol pricing may reduce health inequalities. *Guardian Online* 'Sifting the Evidence' Blog, 11 February 2014 *gu.com/p/3mj97/tw*
6. Romans 7:21-25

Ensuring healthy lives for all

Primary healthcare is high on the post-2015 agenda

Review by **Steve Fouch**
CMF Head of Nursing

The Sustainable Development Goals Open Working Group (SDG-OWG) on Health and Population Dynamics has published its report[1] that will feed in to the Post-2105 development goal process. Its main points are that we should have an overall goal to *achieve health and wellbeing at all ages*.

The main focus is on primary healthcare that includes sexual and reproductive health, family planning, immunisations, preventative medicine, with a particular emphasis on treatment and prevention of major communicable and non-communicable diseases (NCDs).

There is a specific set of targets to reduce child and maternal mortality (to less than 20 in 1,000 live births and less than 40 in 100,000 live births respectively), and to reducing deaths caused by NCDs in those under 70 by more than 30% compared to 2015 levels. It also aims to promote healthy diets and physical activity, reduce unhealthy behaviours (excessive alcohol intake, smoking) and track social wellbeing and social capital.

This compares with the High Level Panel Report[2] on the World We Want consultation (to which CMF made a submission[3] and which was published in March 2013) which had an overall goal to *Ensure Healthy Lives*. It had specific targets similarly focused around maternal and child mortality (although had left the figures vague), increased vaccinations, increased access to sexual and reproductive health and reducing the burden of communicable, non-communicable and neglected tropical diseases. The overall thrust was towards equity of access, with 'no-one left behind'.

The emphasis on primary healthcare, lifestyle, preventative medicine and specific targets on maternal and child mortality is to be welcomed. While none of this is, in its surface language at least, at all contentious, there remains a concern that abortion and other undesirable means of birth control may be smuggled in under the family planning/sexual and reproductive health mantle.

And given the struggles the developed nations have in maintaining health services, or even extending universal access to health services to all their citizens, we cannot but be concerned that the aspiration to universal access in both reports is a pipe dream.

references

1. *bit.ly/OK1pdb*
2. A New Global Partnership: Eradicate Poverty And Transform Economies Through Sustainable Development; The Report of the High-Level Panel of Eminent Persons on the Post-2015 Development Agenda, May 2013, *bit.ly/1epZLXz*
3. CMF. Faith Matters - the contribution of faith to health and healthcare in the post 2015 agenda. CMF, 10 January 2013 *cmf.li/V8dGcT*

Nurse-led abortion

Women no longer required to see a doctor in abortion cases

Review by **Philippa Taylor**
CMF Head of Public Policy

The Department of Health has been steadily loosening its guidelines on abortion, without announcements, public consultation or discussion in Parliament. Our suspicion is this change is part of a process culminating in a nurse-led abortion service, predominantly in private clinics, paid for by the tax-payer funded NHS.

One key change is the removal of the requirement for a pregnant woman to see two doctors.

The Abortion Act 1967 requires that a pregnancy can be terminated by a registered medical practitioner only '*…if two registered medical practitioners are of the opinion, formed in good faith…*' that it fulfills one of the specified legal grounds. The ability to form, and subsequently defend, an opinion on a woman's need for an abortion, and her health, surely requires that a doctor has at least met her beforehand?

Induced abortion is an invasive medical procedure with known contraindications and complications. Only a registered doctor will have the required training to ensure that a woman seeking an abortion is fully informed of the medical risks of the procedure, is properly cared for and that her request meets the requirements of the law. Now all this is under threat.

The previous Secretary of State for Health, Andrew Lansley, issued interim guidance for abortion clinics in summer 2012 but never published it.

However, around this time, the Department stated – for the first time – that '*there is no requirement that both doctors must see and examine the woman*'.[1] This was a significant change from guidance issued in 1999 which said that: '*…medical practitioners must give their opinions on the reasons under the Act for the termination* ***following consultation with the woman***.'[2] (emphasis mine)

When the 2012 interim guidelines were finally published on the DH website in January 2013 they said '*We consider it good practice that one of the two certifying doctors has seen the woman, though this is not a legal requirement*.'[3] By November 2013, the eventual public consultation paper included a further addition, that members of a multidisciplinary team (a nurse or other member of a team) can seek the necessary information from the woman, instead of the doctor.

Interestingly, recent polling found that most women (92%) agree that a doctor *should* always need to see the woman, in person, to approve abortions. The polling highlighted fears that women's health would be put at risk if the requirement to see a doctor is watered down.[4]

The DH will shortly release definitive new guidance for both private abortion clinics and for doctors. At that point the new interpretation of the Abortion Act – that no doctor need see a woman before authorising an abortion – could be set in stone, without Parliament ever having debated it. Such a move would fly in the face, not only of women's wishes, but of the Act itself.

references

1. Hansard, 9 July 2012, Column 86W
2. Procedures for the approval of independent sector places for the termination of pregnancy. Department of Health, 2012. *bit.ly/1cUKDCF*
3. Interim procedures for the approval of independent sector places for the termination of pregnancy (abortion). Department of Health, 2012 *bit.ly/1d9M14x*
4. Nine out of 10 women say doctors must see abortion patients before giving green light - poll. *Daily Telegraph*, 7 March 2014 *bit.ly/1onRpCl*