news reviews

Assisted suicide

Continuing threats

Review by **Peter Saunders**
CMF Chief Executive

Lord Falconer's Assisted Dying Bill[1] sought to legalise assisted suicide (but not euthanasia) for mentally competent adults (aged over 18) with less than six months to live, subject to 'safeguards' under a two doctors' signature model similar to the Abortion Act 1967.

The bill had an unopposed second reading in the House of Lords on 18 July 2014[2] and Committee stage debates took place on 7 November 2014 and 16 January 2015. Over 175 amendments were tabled and three votes held. Lord Pannick's amendment (to delegate the final decision in any specific case to the courts) was 'accepted' and attempts to change the bill's wording throughout from 'assisted dying' to 'assisted suicide' and to require two doctors to carry out examinations were defeated by 179–106 and 119–61 respectively.

The bill has now fallen with the approach of the general election on 7 May and will not enter the House of Commons in this parliament. However it is expected to be reintroduced, possibly in the Commons, later this year. Its progress then will depend very much on the post-election composition of parliament. It is clear that the mood of the House of Lords is now sympathetic to Falconer but the lower house is another matter altogether. Both Prime Minister David Cameron and Liberal Democrat Leader Nick Clegg remain opposed to it although Labour leader Ed Miliband is neutral.

There are excellent reviews of the debate and analyses of the deficiencies of the bill on the Care Not Killing website.[3]

Patrick Harvie's Assisted Suicide (Scotland) Bill,[4] however, remains very much alive in the Scottish Parliament. The MSP took over the bill following the death of Margo Macdonald MSP in April 2014. It proposes an 'Oregon type system' with trained 'licensed facilitators' but with a wide scope for mentally competent adults (>16) with a 'terminal or life-shortening illness' or a 'progressive and terminal or life-shortening condition' who have concluded that the 'quality of their life is unacceptable'.

The bill has even more holes than Falconer's, including relativistic definitions, poor reporting provisions, minimal penalties, a 'savings' clause protecting doctors acting in 'good faith', no specification of 'means' of suicide and the absence of a conscience clause.

Oral evidence sessions took place in January and February this year and a first stage debate considering the general principles of the bill must take place in the Scottish Parliament before 8 May. Scottish First Minister and SNP leader Nicola Sturgeon has already signalled that she will not support the bill[5] and over 10,000 Scottish people have signed a petition against it.[6]

The voices of Scottish Christian doctors will be crucial in the lead up to this first stage debate, where we hope the bill will be soundly defeated. We need to speak out for those voiceless vulnerable people who will be exploited and abused by this ill-conceived draft legislation.[7]

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The spectre of excess males

China offers a warning of the dangers of gendercide

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

Just as the UK debated the need for a new law to prevent abortion based on gender, the Chinese Government announced its latest population statistics.[1] The report contains the admission that gender imbalance among newborns in China is 'the most serious and prolonged' in the world.[2] At the end of 2014, there were nearly 34 million fewer women than men in China. This massive imbalance is a result of three decades of the one-child policy, the practice of sex-selective abortions and the traditional belief that only men can continue the family bloodline.

Every year, about 13 million registered abortions are carried out in China. That equates to 35,000 abortions per day. A further one million babies are abandoned every year, mostly healthy girls. On average, 116 boys are born for every 100 girls (the natural sex ratio is 105:100). This figure masks the fact that six provinces have sex ratios of over 130:100 in the 1–4 age group.[3] It is predicted that by 2030 25% of Chinese men in their late 30s will never have married.

The presence of 'excess males' is also one of the main driving forces behind human trafficking and sexual slavery, not only in China but in surrounding nations as well. A US Department of State report states that women are trafficked into China from neighbouring countries for prostitution and forced labour, while Chinese women are trafficked from rural areas to urban centres.[4]

The problems don't stop there. China is the only nation in the world where more women commit suicide than men, and has the highest female suicide rate of any country in the world. According to a US Department of State human rights report, the number of female suicides in China has risen to a staggering 590 per day.[5] But statistics can hide the fact that behind each number are millions of individual women. We only hear a few of those stories because they are hidden and suppressed by China's regime.

The UK is complicit in these issues. Western governments fund (through our taxes) the United Nations Population Fund and the International Planned Parenthood Federation. Both have worked hand in hand with the coercive Chinese population control machine for decades. There is no apparent will from our government to close down such funding, let alone pressurise the Chinese Government to stop gender abortions. If we refuse to make clear that it is illegal here, on what moral grounds can we insist it is wrong in China?

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Freedom of conscience

New nursing code raises questions

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

At the end of March, the Nursing and Midwifery Council's (NMC) revised version of *The Code: Professional standards of practice and behaviour for nurses and midwives* came into effect.[1] Most of the changes are good – CMF was able to be very positive about much of the draft Code that went out to public consultation in June 2014.[2] But an interesting addition is the inclusion of a clause on conscientious objection:

'[You must] inform and explain to colleagues, your manager and the person receiving care if you have a conscientious objection to a particular procedure and arrange for a suitably qualified colleague to take over responsibility for that person's care'. A footnote adds: '"Conscientious objection" to participating in a particular procedure can only be invoked in limited circumstances.'

The recognition of freedom of conscience within the *Code* for the first time is a welcome development. However, the caveat in the footnote raises some concerns. Arranging for a colleague to take over seems initially uncontentious, but in practice this means tacit involvement in the procedure by making a referral – nullifying any real notion of conscientious objection.

There seems to be an underlying misunderstanding about what freedom of conscience actually is and is not. It is not just about saying 'I have *decided* that I believe X, and therefore I will no longer do Y'. Freedom of conscience is rather about a clear set of deeply held convictions (faith-based, worldview-based or otherwise) congruent with the values and ethics primary to medicine and nursing, which value human life, human personhood, and individual human dignity.

A doctor or nurse who takes a stand on these issues needs to make it clear that their priority is care for their patient. They are taking a stand that may put them at odds with colleagues and superiors because they hold sincere beliefs about the value of their patients' lives. They genuinely believe that the fetus in the womb or the dying patient is worthy of the same respect and care as any other young person or adult.

So, in laying down new guidelines on exercising freedom of conscience, the NMC needs to recognise these strictures. Any attempt to demand that all professionals should leave their conscience at the clinic door or get out of the profession should be strenuously resisted. Instead, we need guidance that will make reasonable accommodation for freedom of conscience, genuinely helping nurses and midwives act with the greatest professional and personal integrity, whilst neither violating their deepest beliefs nor threatening the wellbeing of the lives in their care.

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Three-parent embryos

Unnecessary, unsafe and unethical

Review by **Peter Saunders**
CMF Chief Executive

Britain has become the first country in the world to offer controversial 'three-parent' fertility treatments to families who want to avoid passing on mitochondrial diseases to their children. The House of Commons approved the measure by 382–128 and the House of Lords by 280–48 on 3 and 24 February respectively.

There are about 50 known mitochondrial diseases (MCDs). They vary in severity, but most presently have no cure and little other than supportive treatment.[1][2] It is therefore understandable that scientists and affected families want research to go ahead. But there are good reasons for caution.

First, this is not about finding a cure. It is about preventing people with MCD being born. These technologies will do nothing for the thousands of people already suffering from mitochondrial disease or those born with it in future. There are also already alternative legal solutions available for affected couples, including adoption and IVF with egg donation.

Second, safety is far from established. Each technique involves experimental reproductive cloning techniques (cell nuclear transfer) and germline genetic engineering, both highly controversial and potentially dangerous.[3] Any changes or unpredicted genetic problems (mutations) will be passed to future generations.

Third, there are huge ethical issues. The research requires large numbers of human eggs, the 'harvesting' of which is risky and invasive. How many debt-laden students or desperate infertile women will be exploited by being offered money or free IVF treatment in return for their eggs? How many thousands of human embryos will be destroyed? If it ever works, what issues of identity confusion will arise in children with effectively three biological parents?

This debate has not been handled responsibly. The research scientists involved have huge financial, ideological and research-based vested interests. Getting the regulatory changes and research grants to continue and extend their work is dependent on them being able to sell their case to funders, the public and decision-makers. Hence their desire for attention-grabbing media headlines and heart rending (but extreme and unusual) human interest stories. The language of 'changing batteries', 'mitochondrial donation' and 'DNA donation' used to persuade parliamentarians has been both simplistic and misleading.[4]

Two leading lawyers in the Lords debate (Lord Brennan and Baroness Scotland) have suggested that the new procedures are incompatible with European law, making it likely that judicial reviews may delay further the implementation of the new regulations in October. The responsible use of technology, good applied science, is part of good stewardship, but these techniques are unnecessary, unsafe and unethical.[5] This is, in short, bad science.

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