

Days of our lives

When celebrity culture imparts wisdom

Review by **John Martin**
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Soap operas can be an obsession. But alongside celebrity gossip they serve a function that morality plays occupied in earlier times. In morality plays characters wrestled with complex choices: between good and evil, right and wrong, the ways of life versus those of death. In popular culture it is often by following lives of celebrities that people work out how to deal with critical life choices.

In recent weeks stories surrounding high profile celebrities offer examples that illustrate the point. Outpourings at the death at age 69 of the rock star David Bowie occupied acres of newsprint and countless radio and television comments. Amidst many eulogies a comment by the singer's widow, Iman, stands out. 'The struggle is real,' she said, 'but so is God.'

Then, revelations that the television

magician Paul Daniels, who has died from an incurable brain tumour, offered a media peg for insights about facing death. It prompted the President of the Association for Palliative Medicine, Professor Rob George, to say it is 'crucial' not to become 'preoccupied with the details of the illness rather than the details of the living'. He added, people with a terminal diagnosis can 'almost feel more alive knowing that time is precious'.¹

We should welcome this insight even if our faith insists that more could be said. We need to be ready and prepared to speak if opportunities come our way. It may be possible to deploy a 'Faith Flag' as taught in the Saline Solution course. Likewise CS Lewis's great insight about pain is worth memorising: 'Pain insists upon being attended to. God whispers to us in our pleasures, speaks in our consciences,

but shouts in our pains. It is his megaphone to rouse a deaf world.'²

Christians believe humans have only one life; faith here and now determines our eternal destination. The Bible is very clear and declares, 'Just as people are destined to die once, and after that to face judgment, so Christ was sacrificed once to take away the sins of many; and he will appear a second time, not to bear sin, but to bring salvation to those who are waiting for him.'³

In a culture that's increasingly indifferent to matters of faith, God is not without a witness. There are myriads of opportunities to speak up, if we are alert.

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Northern Ireland votes on abortion

Recognising that hard cases make bad law

Review by **Philippa Taylor**
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In February, Northern Ireland Assembly Members debated some highly controversial and emotive amendments to a Justice Bill: amendments to allow for abortion for fatal fetal abnormality, rape and incest.

Unlike the rest of the UK, the Abortion Act 1967 does not extend to Northern Ireland. So most abortions are illegal, except where necessary to preserve the life of the mother, or where there is a risk of real and serious adverse effect on her physical or mental health, which is either long term or permanent.¹ The proposed amendments would have provided further, albeit narrow, exceptions to the ban.

The amendments were actually defeated, but in a fairly close run vote (by 59 votes to 40). Some Members opposed the amendments on procedural grounds, on the basis that they were being rushed through with little Assembly scrutiny. Others held more practical objections based on concerns that, although the proponents argued they would only change the law on fatal fetal abnormality and sexual crime, they would be likely to have a far wider impact. Much like in Great Britain where the term 'serious' in

the Abortion Act 1967 is a sufficiently elastic term to allow unborn babies to be aborted for conditions that most people would not regard as constituting 'serious' handicap. Moreover, from a practical perspective, it is difficult to see how a law permitting abortion after rape or from sex with a family (or 'extended' family) member, could be framed.

Other Members had ethical concerns with permitting abortion for fatal fetal abnormality, on the grounds that all human life is worthy of protection and that a baby with a serious disability, however life limiting, requires no less protection and respect than any other human being nearing the end of their life. It was also argued that abortion of a baby with disability is not an 'easy answer' as it is generally a traumatic event and can have psychological effects lasting many years. Testimonies were cited from parents of children with fatal fetal abnormalities who kept their children and appreciated the few hours, days and sometimes weeks and months, that they had with their children.

A centre in Northern Ireland, Every Life Counts, provided some positive and moving

stories from parents of such experiences.² It is well worth a visit. And, prompted by these NI debates, we have a post on the CMF blog covering in more detail some of the dilemmas and challenges of these 'hard cases' of abortion for disability and rape.³

There is no denying that such amendments raise really difficult issues that must be handled with tremendous grace and sensitivity but we are thankful that, at least for now, all babies with disability are still protected by the law in Northern Ireland.

As CMF often points out, hard cases are indeed hard. However, jettisoning fundamental principles of protecting the life of individuals, especially vulnerable ones – the young, the severely disabled – is not the answer.

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Ebola: The epidemic that won't go away

New cases and stigmatised survivors

Review by **Steve Fouch**
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Regular reports in the autumn and early New Year claimed that West Africa was finally Ebola free after nearly three years, only for another case to crop up within days.¹ Now it seems that earlier fears that survivors may be prone to relapsing illness turn out to be well founded.

Research presented at the Conference on Retroviruses and Opportunistic Infections in Boston in February suggested that many survivors of the West African Ebola outbreak are suffering long term neurological, ophthalmic, reproductive and mental health sequelae to the initial illness.² Joint pain, retinal damage, depression and suicidal tendencies, were all found among survivors. Anecdotal reports also suggest a higher than normal risk of still birth and miscarriage among female survivors. Meanwhile, male survivors can carry live virus in their semen, so are an ongoing infection risk.

Many survivors face stigma that leaves them isolated and rejected by family and wider community. They cannot get work, people won't buy goods from their market

stalls, and they often cannot get housing. Many health professionals were infected, and they now too find themselves unable to get work, especially as they struggle with the neurological consequences of the illness.³

There also is a huge sense of guilt for having been the source of infection that claimed the lives of friends and family. This news is therefore yet another cruel twist in a horrific trauma to have affected some of the poorest and most deprived communities in Africa.

More research is needed – but it seems that the virus is finding immunological sanctuaries in the central nervous system, the eye and reproductive organs. Furthermore, there is growing evidence that there are asymptomatic carriers who may also be vectors for viral transmission.

Finally, the most promising new treatment, ZMapp has been shown to have no significant effect, and we are some way off from knowing how effective trial vaccinations will be.

We cannot afford to forget all of those affected. Many national health workers and

others from around the world, including some of our members, invested much time and energy (and all too often, their lives) in the acute phase. It now looks like we will need a much longer-term commitment to help the people of West Africa deal with the consequences of Ebola. And on the ground, it will be the churches and mission hospitals who will be supporting and caring for those living with the consequences long after the international community has moved on.

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Zika and pro-abortion activism

The rush to promote abortion as a response Zika invites serious questions

Review by **John Martin**
CMF Head of Communications

The post-Christian West is fond of believing itself to be a harbinger of moral progress and human betterment. But does this stand the reality test? We have recently seen a plethora of media reports reflecting the eye-watering opportunism of abortion rights activists. They are using the Zika emergency as a pretext to pressurise countries in Central and South America to change their abortion laws. And much of the media seems to be reporting this with approval.

Within days of the WHO declaring the Zika virus a global emergency, where it said the disease was tied to increased cases of microcephaly in babies, a clamour set in with the oft-repeated mantra that 'access to abortion is a matter of human rights'. A spokesman for the Office of the UN High Commissioner for Human Rights, Zeid Ra'ad Al Hussein, put forward a wish list that includes contraception – including emergency contraception – and 'safe

abortion services'.¹ The 'progressive' news site *Think Progress* was even more transparent. It asked, 'Could a mosquito-borne illness that threatens to spread across the Americas actually push countries to change their restrictive approaches to women's health care? International reproductive rights experts hope so.'² In other words, Let's pressurise Catholic majority countries to abolish anti-abortion laws. 'Zika is a direct consequence of ignoring science,' opined the *Ottawa Citizen*.³ Other British media ran items implicitly critical of the Catholic Church for its stance.⁴

But hold on a minute. Has a link between Zika and microcephaly been proved beyond doubt? Not so claims Charles Camosy, Associate Professor of Theology and Social Ethics at Fordham University in California in an article first published in the *Los Angeles Times* and repeated on the ABC Religion and Ethics website.⁵ He rightly points out that abortion is a very blunt instrument. Even if a connection was

established, ultrasound tests would not confirm microcephaly until the third trimester.

Camosy concludes, 'Instead of arrogantly insisting that developing nations must change their laws to suit someone else's ideology, abortion proponents and the media would be better served by taking a critical look at the dark tendency here and elsewhere to turn to eugenics as a solution to Zika.'

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