EDITORIALS

While Europe Slept

History's clock turns full circle

The holocaust and the horrific 1939-45 World War had small beginnings. The Nazis talked such absurdities that few thoughtful people took them seriously. Common wisdom reasoned that the Nazis could serve a useful purpose: let them take out the Communists and *then* we'll take care of them. But while Europe slept the Nazis transformed themselves from a crazy gang into an all-but-unstoppable juggernaut.

This is why we cannot view the growing demand in Western culture for genetic selection and euthanasia as straws in the wind. Parallel to events like the legalisation of euthanasia in Belgium and the Netherlands, is a highly significant philosophic paradigm shift that threatens to break us from our ethical moorings. Peter Singer, past editor of the *Bioethics Journal*, and one of the most influential thinkers in bioethics is on record as saying: 'We can no longer base our ethics on the idea that human beings are a special form of creation made in the image of God…'.[1]

Failure to value the human person as bearer of the Creator's mark could easily propel us onto a slippery slope towards a replay of events in Germany in the 1930s. Dr Leo Alexander, a psychiatrist in the Office of the Chief Counsel for War Crimes at Nuremberg, traced the process: 'The beginnings at first were merely a subtle shift in emphasis in the basic attitude of the physicians. It started with an attitude, basic in the euthanasia movement that there is such a thing as a life not worthy to be lived. This attitude in its early stages concerned itself merely with the severely but chronically sick. Gradually the sphere of those to be included in this category was enlarged to encompass the socially unproductive, the ideologically unwanted, the racially unwanted …'. [2]

There are similarities between Germany in the 1930s and the direction of medicine today. Most worrying is removal of the Christian ethic of the strong laying down their lives for the weak (Romans 5:6) and support for a form of Darwinism that sees no problem about the weak being sacrificed for the strong.

John Martin
Associate Editor of Triple Helix

1. Singer P. Sanctity of Life or Quality of Life? *Paediatrics* 1983; 72(1):128
2. Alexander L. Medical Science Under Dictatorship. *NEJM* 1949; 241(2):39-47 (Reprinted in *Ethics in Medicine* 1987; 3(2):26-33)

Screening for Down's Syndrome and Cystic Fibrosis

Is there a sinister subtext?

Screening for Cystic Fibrosis and Down's syndrome is to be made available to all mothers and pregnant women under new government proposals unveiled in April by Public Health Minister Yvette Cooper (*BBC News Online 2001; 30 April*). Mark Barron, communications manager of the Cystic Fibrosis Trust, is not alone in hailing the proposal as 'fantastic news'. And it does sound like it.

At present only 20% of babies in the UK are screened for cystic fibrosis and earlier diagnosis must mean earlier treatment and better outcomes. A combination of therapeutic measures including mucolytics, airway clearance techniques, anti-inflammatories, antibiotics, pancreatic enzyme supplements and the advent of specialised treatment centres have meant vast improvements for CF patients' quality and indeed quantity of life. In the last 30 years alone the median lifespan of CF patients has more than tripled from eight years to 30 years (*www.cf-web.org/what-is-cf.html*). And then there is the future potential of gene therapy.

But just a minute! Were we talking about screening of babies or screening of pregnant mothers? There have been many advances in care for Down's syndrome children too, more in the educational, supportive and surgical (for associated anomalies) fields than in CF; and yet of the 1,000 Down's syndrome children picked up on antenatal screens each year 95% are aborted. Furthermore there is now a clear policy to search for those who have previously escaped the net through being born to younger unscreened mothers. If the government has its way, despite all the furore about not discriminating against Down's syndrome children for heart surgery, we can expect an even bigger drop in numbers born. Am I far-fetched in my concern that the same agenda might operate for cystic fibrosis; is the push for CF screening just a way of ensuring that these little people, who cost a lot emotionally and financially to care for, are going to be weeded out in a similar way to those with trisomy 21? I wonder.

If that is indeed the real agenda then as Christian doctors we must be ready to oppose it. Jesus laid down his life for the weak and the art of medicine, which he has had so much influence in shaping, is about strengthening the weak - not about eliminating them.

Peter Saunders
Managing Editor of Triple Helix

Aiding Africa

Antiretroviral drugs are important, but not enough

AIDS is a huge problem in Africa and at one time some expressed fears that it would not only wipe out a huge proportion of the population, but all healthcare provision as well. Viewed in that light it's hard for Westerners to understand the government of South Africa. At times it has sounded dangerously close to denial that there is an AIDS problem at all.

Of the 36 million AIDS sufferers world-wide, 25 million live in Africa. Of these, only a few thousand have access to antiretroviral drugs. In the West these drugs have effectively turned AIDS into a treatable chronic disease. But drug companies are unwilling to put them on the market at a price that the average African AIDS sufferer can afford. They insist they are entitled to recoup their huge investment in research and development.

Under the cover of its public rhetoric, however, the government of South Africa enacted legislation, the Medicines and Related Substances Control Amendment, allowing it to by-pass the patent laws and allow manufacture of cheaper antiretroviral drugs. In April, after a three-year legal battle, the South African High Court upheld the government's stance.

The South African ruling is a serious shot across the bows of powerful commercial interests. It will invite other governments to take a serious look at the unjust effects of patenting laws. It might include re-thinking issues arising from the patenting of genetic material and attempts to patent the genetic blueprint of staples such as basmati rice which has been produced by peasant farmers since the dawn of time.

But access to affordable drugs to treat AIDS is only part of a treatment regime. There needs to be counselling, testing, home and community-based care and much more. There have to be treatments for the various opportunist infections that are part and parcel of the curse of AIDS. Most importantly prevention, not just through condoms, but through marital faithfulness, must accompany any treatment strategy. But still, antiretroviral drugs could save millions of lives. And Christians whose God is demonstrably biased in favour of the poor will surely see the point of making these drugs affordable, and widely available.

John Martin
Associate Editor of Triple Helix

A Tragic Assisted Suicide

Prayerful commitment, not cynicism, is needed

A father suffocates his daughter after she fails to kill herself with an overdose and receives only a two year suspended sentence. The same girl had been turned out of a psychiatric hospital allegedly for giving cannabis to a fellow patient. The Media gives the impression that 'it's all the doctors' fault'.

How do we react to this? Ignore it as another anti-doctor story, and wonder if we can bring retirement dates forward? Why should we always be the fall guys for all of life's ills? Will this prompt another siren call from the euthanasia lobby?

Can we do any better than this? The poor girl's illness was long and difficult with eating disorder, severe alcohol dependency, manic depression and self harm (*BMJ 2001; 322:1311*). The NHS is not a perfect institution and by chance, sooner or later, she would have received an indifferent episode of care. GP trainers are encouraged to teach our registrars (and ourselves) to be honest with their feelings, so as to avoid them unconsciously tripping us up. Having faced our negative and therefore potentially destructive first thoughts we can then move on. Prolonged mental illness in a family does put indescribable stress on the other members. Who knows what we would do in a similar situation? Perhaps the mother is projecting her anguish, not to mention guilt, on to the NHS. Maybe we can hear the pain behind the voice. She's lost her daughter and may potentially too have lost her husband to gaol. The story might encourage us to consider what our local community psychiatric services are like and to press for more resources. Depression can be a very satisfying treatment to treat, but this tragic case is a reminder that it can be a fatal disease, especially for young people. Yet we are not omnipotent. Not every depressed person wants treatment nor can be treated successfully even in optimal conditions. But not caring is not an option.

But I'm out of my depth here. Rationalising may help to a degree, but something else is required. Prayer is needed, for the girl's soul, her parents, the medical staff involved, for challenging patients with intractable problems that it is our responsibility to see, and for ourselves.

Paul Vincent
GP trainer in Birtley, County Durham

New Global Health Fund

Too little, too late?

Poverty and health are closely linked; but it is not as widely known that communicable diseases now account for 77% of the 25-year difference in life expectancy between rich and poor nations. Tropical climates, poor nutrition, ignorance about prevention and treatment of disease and poorly developed health systems all contribute. And according to Professor Jeffrey Sachs, a Harvard economist and chair of the World Health Organisation's commission on macroeconomics and health, the malaria and HIV-AIDS pandemics between them are now proving two of the most important factors shaping both economic development and health in the poor world.

In an effort to bridge some of the gap the World Health Assembly has recently announced a new global health fund to fight infectious disease in developing countries (*BMJ* 2001; 322:1321-2, 2 June). The aim is to raise £5-7bn to be donated for HIV-AIDS, malaria and tuberculosis, but so far the US and Britain have pledged only £216m between them, much of that with strings attached.

Recent history gives little cause for hope. The gap between the rich and poor world is widening with over 40% of the 614 million people in less developed countries now living in absolute poverty. Since OECD countries agreed 10 years ago to scale up their development assistance aid flow has actually decreased to its lowest level for 20 years. Rich country aid to sub-Saharan African countries in 1999 was £600m or about 91p per person per year.

It's not well appreciated that God's judgment of Sodom was as much as for her greed and indifference as her sexual immorality. According to Ezekiel, 'She and her daughters were arrogant, overfed and unconcerned; they did not help the poor and needy'. (Ezekiel 16:48-49) Not a bad description of the Western world in which we live! By contrast 'defending the cause of the poor and needy' (Jeremiah 22:16) and spending oneself on behalf of the hungry (Isaiah 58:10) is part of what knowing God is all about. I wonder how we measure up as Christian doctors in Britain today?

Peter Saunders
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