

EDITORIALS

Patient (Assisted Dying) Bill *A dangerous document that Christian doctors should oppose*

A new Bill attempting to legalise Dutch-style euthanasia throughout Britain is making its way through the House of Lords. Lord Joffe's Patient (Assisted Dying) Bill¹ passed its second reading on 6 June without a vote, and now goes to the committee stage, where it can be amended and revised before returning for a third reading and final vote probably this autumn. If it traverses the House of Lords it then faces the much easier challenge of three readings in the Commons before becoming law.

The Bill seeks to legalise euthanasia for any patient with an 'irremediable condition' (defined as 'a terminal or serious physical illness') with 'unbearable suffering' (as defined by the patient) provided that two doctors can confirm that the patient is of sound mind and has made the request voluntarily. If passed it would open the floodgates to euthanasia in this country given the current climate of favourable public opinion, some willing doctors, and many patients already feeling a burden to relatives, carers and society at large.

Requests for voluntary euthanasia are rarely free and voluntary, and in fact extremely rare when patients' physical, psychological and spiritual needs are properly met. CMF has consistently opposed euthanasia on the grounds that it is unnecessary (because alternative treatments exist), dangerous (because of the slippery slope) and morally wrong (contrary to all historically accepted codes of medical ethics and the Judeo-Christian ethic).

We can be encouraged from the House of Lords debate that the Bill has drawn together a strong opposing coalition consisting of people who would not normally be on the same side in other bioethical debates, especially those concerning the beginning of life: Lord Alton and the All-Party Parliamentary Pro-life Group, Archbishop Rowan Williams, Broadcaster Robert Winstone and Richard Harries, Bishop of Oxford.

It is noteworthy that a House of Lords Select Committee on Medical Ethics in 1994 opposed any change in the law to allow euthanasia after an extensive enquiry and concluded that 'it was virtually impossible to ensure that all acts of euthanasia were truly voluntary and that any liberalisation of the law in the United Kingdom could not be abused.' They 'were also concerned that vulnerable people - the elderly, lonely, sick or distressed - would feel pressure, whether real or imagined, to request early death.' We need to pray that this wisdom continues to prevail.

Christian doctors are encouraged to write to individual House of Lords members, encouraging them to oppose the Bill, at House of Lords, London, SW1A 0PW. A full list of members, along with instructions on how to address them is available on the internet.²

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1 www.parliament.the-stationery-office.co.uk/pa/ld200203/ldbills/037/2003037.pdf
2 www.publications.parliament.uk/pa/ld/ldinfo/a-z.htm



Photo: Medicine Photo Library

The Sexual Health Enquiry *Good on diagnosis but offers an ineffective prescription*

On Wednesday 11 June 2003 the much leaked in advance House of Commons Health Committee Report on Sexual Health¹ was published. Having been one of just two GPs who gave oral evidence to the Committee, I was not surprised at its findings.

David Hinchliffe the Labour chair of the committee was widely quoted as saying that sexual health in the UK was 'in crisis' and 'We do not use the word "crisis" lightly'. This remark was prompted not only by the steep rises in STIs (gonorrhoea rates have doubled and syphilis risen by 500% in the past 6 years) but by the breakdown in GUM services to cope with this rise. People were reported as being turned away from clinics and told to come back two weeks later!

In terms of diagnosis the report in its shortest section quite correctly highlights changes in sexual behaviour such as increasing numbers of both serial and concurrent sexual partners, decreased age of first intercourse, increasing numbers of men ever having had sex with other men, increasing numbers of men paying for sex and increasing frequency of anal sex for both men and women.

The prescription for improving sexual health does not lie in modifying these behaviours however but in reducing the risk by greater condom use and more (and compulsory) sex education in schools. No reference at all is made to the increasing evidence of the ineffectiveness of condoms to prevent the spread of the most common STIs such as HPV, HSV and chlamydia² and there is no convincing evidence anywhere in the world that the sort of sex education programmes which this report promotes achieve either a reduction in teenage pregnancies or in STI rates. Despite the evidence I presented³ along with Robert Whelan, the Director of Family Education Trust on the evidence for the effectiveness of abstinence education the report states, 'We see no benefit in preventative approaches based primarily around promoting abstinence'.

What they do promote as a model to follow is the Swedish system of care. This is quite bizarre since the report also states that 'our visits to Sweden and the Netherlands also showed us that the public health problems caused by sexual ill health are increasing rapidly even in countries where such good practice is found'. Quite so. The chlamydia rate in Sweden has risen by 60% in the past four years and rates of STIs are rising at an alarming rate in the Netherlands. Why is their practice then considered 'good' by the committee?

Professing to be wise, this report shows that they are fools.⁴ Putting potted plants and wicker chairs in the GUM clinic waiting room may be laudable but the government's blind refusal to tackle behavioural change as a primary prevention priority will mean that sexual health in the UK will be much worse in ten years time in spite of the committee's good work in highlighting the severity of the problem that exists even now.

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1 www.publications.parliament.uk/pa/cm200203/cmselect/cmhealth/69/6902.htm
2 Stammers T. The Condom Controversy. *Triple Helix* 2002; 20:10,11 (Summer)
3 www.famyouth.org.uk/Inquiry.pdf
4 Romans 1:22