

# EDITORIALS

## Gender Recognition Bill

*Compassion and honesty are both required*

The Gender Recognition Bill has completed its Parliamentary process and will become law next year. Under its provisions a Gender Recognition Panel will have responsibility for issuing new birth certificates for transsexual people. The Bill proposes a potential legal threat to churches, Christian organisations and sports clubs who may be open to litigation for refusing to treat transsexual people as members of their chosen, rather than biological sex.

The belief now enshrined in statute, that gender is determined by a person's personal convictions rather than objective fact, fits easily with the postmodern notion that 'we are what we think we are'.

The reality is that Gender Identity Disorder is a disorder of thinking characterised by an unshakeable false belief that one has been born with a body of the wrong sex.<sup>1</sup> Surgical, hormonal and legal fixes do not deal with the real problem.

Rather than rubber-stamping radical irreversible surgical procedures, people in the caring professions need to provide compassionate professional support for people that does not involve any form of deception. As Christian doctors we must affirm the dignity of transsexual people and protect them from discrimination, but we must also be honest and professional.

*Peter Saunders is CMF General Secretary*

1. Sims A. Gender identity disorder. *CMF Files* 2004; No25.

## Mental Capacity Bill

*A potential back door to euthanasia*

The long awaited *Mental Incapacity Bill*, now repackaged as the *Mental Capacity Bill*, was finally published on 18 June, and is to be accompanied by a *Code of Practice* that is still being developed.

It seeks to provide for decision-making on behalf of people with mental incapacity and is the culmination of a long consultative process that began in the early 1990s with the government discussion documents *Who decides?*<sup>2</sup> and *Making Decisions*. CMF was actively involved in the early consultation process.<sup>1</sup>

The Bill, which is now due for debate in both Houses of Parliament introduces many necessary measures but there remain very real concerns about its definitions of 'best interests' and abuse of its provisions for legally binding advance directives, proxy decision making, and research involving mentally incapacitated people.

The prime purpose of this law must be to protect vulnerable people, but sloppy or deliberately ambiguous wording in the wrong hands, could be a tool for inappropriate withdrawal of food and fluids from patients with no capacity to protect themselves. The vociferous support for the bill from pro-euthanasia groups suggests that they see it as the camel's nose for further slackening of laws that stop doctors actively taking life.

We must pray for wisdom for those involved in the debate.

*Peter Saunders is CMF General Secretary*

1. [www.cmf.org.uk/ethics/submissions/index.htm](http://www.cmf.org.uk/ethics/submissions/index.htm)

## US contraception furor

*Despite the hype, abstinence works*

The American College of Obstetricians and Gynaecologists called it 'morally repugnant'. In an editorial the *New York Times* called it 'politically motivated'. The *BMJ* couldn't say a word in its favour.

The USA's Food and Drug Administration's refusal to permit sales over the counter (without a prescription) of an emergency pill called *Plan B* certainly caused some shock waves in the family planning establishment. The reason given was that Barr Research, the company applying for OTC status, had not shown that adolescent women could understand the product instructions. The *BMJ* wryly commented that 'The FDA has never previously required such information before granting over the counter status'.<sup>1</sup>

This decision coincided with a great deal of mostly negative UK media comment about advocates of 'The Silver Ring Thing'<sup>2</sup> crossing the pond to peddle their dangerous brand of virginity over here. Gill Frances the deputy chair of the Government's Teenage Pregnancy Unit (TPU) wasted no time in labeling the scheme as 'potty'.

In fact 'Silver Ring Thing' is not an educationally designed sex education programme anyway but a one night road-show aiming to encourage teens to pledge to remain virgins until they marry. Its advent in Britain however did provoke a lot of cant from sex educationalists about how badly the USA is doing in terms of teenage pregnancies. The usual bar-charts appeared in the *BMJ*<sup>1</sup> and *The Economist* (15 May) showing the USA teen birth rate is over twice that in the UK.

The birth rate however gives a very misleading picture of teen sexual health unless you believe that abortion is healthy. In fact, the USA is doing rather well and certainly better than we are doing over here. Over the period from 1990-2000, the conception rate for 15-19 yr olds per 1000 in the UK<sup>3</sup> fell by 7.6% from 68 to 62.8; in the USA<sup>4</sup> it fell 28.8% from 120.2 to 85.6. The abortion rate for 15-19 yr olds in the USA<sup>4</sup> has fallen even more steeply by 40.9% over the same period (from 40.5 to 24) whilst in the UK<sup>3</sup> it remained virtually unchanged, falling only 2.6% (from 26 to 25.3).

In an unpublished paper by Rebekah Saul,<sup>5</sup> the Alan Guttmacher Institute attributes 80% of this success to increased use of contraception and is quick to denounce as 'methodologically flawed' another unpublished paper<sup>6</sup> that had attributed it to an increase in abstinence amongst teens. In the only peer-reviewed paper of which I am aware, the methodological flaws in the Alan Guttmacher Institute's own paper are systematically identified and corrected and this more recent research<sup>7</sup> attributes 67% of the decline in teen conceptions among single 15-19-year-olds to increased rates of abstinence.

It seems to me that, even without OTC emergency pills, the USA has a lot to teach the TPU about reducing teen conception rates.

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1. Tanne J. FDA rejects over the counter status for emergency contraception. *BMJ* 2004; 328:1219
2. [www.silverringthing.com](http://www.silverringthing.com)
3. [www.statistics.gov.uk/STATBASE/Expodata/Spreadsheets/D7966.xls](http://www.statistics.gov.uk/STATBASE/Expodata/Spreadsheets/D7966.xls)
4. [www.guttmacher.org/pubs/state\\_pregnancy\\_trends.pdf](http://www.guttmacher.org/pubs/state_pregnancy_trends.pdf)
5. [www.guttmacher.org/pubs/journals/lgr020306.html](http://www.guttmacher.org/pubs/journals/lgr020306.html)
6. [www.physconsortium.com/pdfs/teen\\_birthrate\\_01\\_07\\_99.pdf](http://www.physconsortium.com/pdfs/teen_birthrate_01_07_99.pdf)
7. Mohn J et al. *Adoles and Fam Health* 2003;3:39-47. [www.affjournal.org](http://www.affjournal.org)