

## Saved sex Getting increasing support

Review by **Trevor Stammers**  
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Contraception-focused sex education had an increasingly critical press this summer. In the UK, as latest figures showed the rate of pregnancies in under-16s in England and Wales increased by 1%, Beverley Hughes, the families and children's minister admitted that Government can do no more to reduce the UK's high teen pregnancy rate without the help of parents.<sup>1</sup> For a Government that has hitherto done all it can to prevent parents knowing whether their children are being provided with contraception or even an abortion, this is a perhaps a welcome beginning to seeing parents reinstated. A vast amount of research over at least the past decade has shown how vital parental input is in reducing teenage pregnancy rates<sup>2,3,4</sup> and it is encouraging to see this now acknowledged at ministerial level.

In the USA, a paper by Bearman and Bruckner<sup>5</sup> on STI rates in the early twenties of teen abstinence pledgers was widely misquoted in the UK as supporting the view that pledgers were more at risk. In fact this research showed that, pledgers' STI rates were lower (though not significantly so). However, the study, though heavily criticised

by the Heritage Foundation<sup>6</sup> will still be widely used by the liberal UK sex education lobby to discredit 'saved-sex' education. All CMF members with an interest in this field should study its findings at source.

The astounding effect of delayed sexual debut and increasing sexual faithfulness in reducing HIV rates in Uganda was again emphasised in a paper in the *PMJ*.<sup>7</sup> The article concluded, 'Given the apparent success of prevention strategies that address primary sexual behaviour, increased consideration and resources should be allocated to ABC STD prevention initiatives that include the promotion of risk avoidance through delayed sexual debut and reduced partner reduction as well as condom education.'

Finally, saved sex received a commendation from a most unlikely source. Though the declaration, 'One should propagandise total abstinence before marriage', might be assumed to come from an American right-wing fundamentalist, it actually was made by Ludmila Stebenkova of Moscow's parliamentary committee for health care, in an interview with *Pravda*.<sup>8</sup>

She criticised 'safe-sex programmes' as nothing more than opportunities for some agencies to steal from state coffers.

Commenting on a recent programme in the Ukraine, she asked, 'Could someone tell me what kind of class on how to put on condoms could cost \$300 000?' Though such stealing surely does not occur in the UK, one might well ask whether two decades of 'safer-sex' promotion has been cost-effective and why so few Christian doctors are active in promoting an alternative strategy.

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## AIDS in Russia Institutions are waking up to the churches' role

Review by **Steve Fouch**  
CMF Allied Professions Secretary

At a landmark conference in April,<sup>1</sup> a coalition of Christian churches, faith based organisations and UN bodies called upon Russian Society, government and the Christian community to respond to the escalating AIDS crisis in that country. Along with Ukraine and the Baltic States, Russia is seeing the most rapid growth in HIV infections not only in Europe, but in the whole world. Between 860,000 and a million Russians are now believed to be HIV positive, and the rate of growth is rapid – having started among IV Drug users, it is now spreading to the wider population.<sup>2</sup> This echoes a global pattern, and where there is poverty, poor education, lack of healthcare infrastructure and social support mechanisms, that spread is more rapid.

The conference report recognises that 'the primary driving forces of the epidemic

should be seen in corruption of the moral principles of society, destruction of fundamental spiritual values, growing indifference, cruelty and social alienation', and calls upon the churches to educate children and society as a whole in values of family life, fidelity, chastity and compassion. Russia needs the church in order to fight the pandemic.

What is striking about this report is that it was backed by the UNDP (one the United Nations development agencies). This is not unique – in 2004 UNAIDS called together the ever first trans-denominational gathering of Christian leaders in Africa to look at the theological implications of the AIDS pandemic,<sup>3</sup> and there are many more examples.

While it is easy to get too excited about this apparent acceptance of Christians in the fight against AIDS (in contrast, faith based responses to HIV prevention are still

regularly attacked by various sectors of the international AIDS community) there can be little doubt that we are in a *kairos*<sup>4</sup> moment. God seems to be waking up the world's institutions to the fact that his people around the globe are not only having an impact in tackling the epidemic, but have the potential to achieve so much more.

We need to seize the *kairos* and cooperate where we can but we must also go further and challenge the apathy that lies within the Christian community both here and in the western nations.

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## Scottish Assisted Suicide Bill

*An opportunity to show that sanctity of life trumps autonomy*

Review by **Calum MacKellar**

Director of the Scottish Council of Human Bioethics

When the Scottish Parliament was re-established in 1999 (having been united to the UK parliament since 1707), the *Scotland Act 1998* restored responsibility for all biomedical matters north of the border except in matters relating to abortion, xenotransplantation (but not transplantation), surrogacy arrangements, human fertilisation and embryology, human genetics and medicines for human use.

Although a number of Scottish voices can still be heard complaining about the extent of this list, these reservations to the UK parliament were prepared in order to avoid risks of bioethical tourism within the UK (such as with abortion) or issues which were deemed too complex to consider on a non-UK level (such as xenotransplantation, genetics and embryology).

In this context, it was also not long before a young Scottish Liberal Democrat MSP, Jeremy Purvis, noticed that end-of-life issues were the remit of the Scottish Parliament. As a result, he decided in 2004 to make assisted suicide his defining

campaign based on the *Death with Dignity Act* (1997) of Oregon, USA.

Mr Purvis' reasons for wanting to legalise assisted suicide were presented in an interview he gave to the Scottish press in which he indicated that 'for some, the sanctity of life is absolute. Only God can take life, in all circumstances and with no exceptions. I respect this view, but I do not hold to it. Important as the sanctity of life is, it has to take second place to personal autonomy - the right of self determination.'<sup>1</sup>

The first shots of Mr Purvis' campaign were fired in at the beginning of 2005 when he published a consultation entitled 'Dying with Dignity'. This outlined his proposal to give a competent adult suffering from a terminal illness, who makes a persistent and considered request to die, the right to receive medical help to bring about his or her death.<sup>2</sup>

On a deeper reading, however, the consultation document is a 'Scotch broth' of different issues including human dignity, quality of life, dying/killing, autonomy and suffering. These are then all 'stewed' together into a sort of indistinguishable mush of

arguments with no real logical consistency. The resulting mixture then tries to prop-up the main autonomy argument.

There are indeed many shortcomings with Mr Purvis' ill-prepared campaign but he does seem to genuinely encourage debate on the issues. This gives Christians an opportunity, which CMF in Scotland has already taken,<sup>3</sup> to define what the arguments actually are and to address the key issues while demonstrating the dangerous consequences of assisted suicide. In addition, it gives us the chance to remind the Scottish public that the sanctity of human life is indeed absolute and must not take second place to personal autonomy. Only then can we continue living in a society that believes in human dignity, a dignity that ultimately comes from God.

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## The brain drain

*A multilateral problem requiring a global response*

Review by **Steve Fouch**

CMF Allied Professions Secretary

As we approach the Millennium Summit this November, at which the world's leaders will look again at the progress being made towards the *Millennium Development Goals*, it is salient to remember that there are still many obstacles to seeing global poverty halved, major gains in reducing infant and maternal mortality and the elimination of major infectious disease epidemics (including HIV and malaria).

One obstacle is the continual haemorrhaging of doctors, nurses and others from Africa and Asia to Europe and North America. This exodus is depleting already fragile health services at a time of great need. As has been highlighted in *Triple Helix* before,<sup>1,2</sup> this is a multilateral problem and one that cannot be solved by blanket bans on immigration or clamp-downs on active recruitment. It takes a global response, not just a national one.

At the recent G8 Summit in Gleneagles,

CMF was signatory to a petition from the Washington based group, *Physicians for Human Rights*,<sup>3</sup> who are advocating for the leaders of the world's richest nations to address this crisis multilaterally. This includes stepping up multilateral aid to support health services in poor nations and helping those nations fund the training of their health professionals (in particular post-graduate training), as well as investing into the training, pay and conditions of health professionals in wealthy nations.

The UK is not alone in not training enough of home-grown doctors, nurses or dentists. The US has a projected shortfall of nigh on one million health professionals (around 800,000 nurses and 200,000 doctors)<sup>4</sup> between now and 2010. If that is only addressed by recruiting from overseas, the brain drain can only get worse.

The developed world is facing a number of genuine crises of our own - a dwindling health workforce, an ageing

population and greater expectations of healthcare.<sup>5</sup> But rather than address this crisis, we have merely exported it to the poorest nations.

As Christians, we should not only be speaking out about this, but supporting the many Christian brothers and sisters from the developing world in medicine and other professions who are working alongside us. We should be looking at how we can help give back to their home countries the skilled health workforce that is so desperately needed.

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