

'Diamond geezer' or ripe for retirement? *The NHS at 60*

Review by **Andrew Fergusson**
CMF Head of Communications

Where I was in general practice, a 'diamond geezer' was a respected, mature character, perhaps somewhat of a rough diamond, but a genuine survivor. Does this describe the National Health Service at 60, or, rather, should she now be pensioned off? Former Chancellor Nigel Lawson said the NHS was 'the nearest thing the English have to a religion'.¹ Its promise of care 'from the cradle to the grave' which (centrally funded from public taxation) was also free at the point of need, offered great relief for those who could not afford to pay, and for those who cared for them.

But as Rodney and Pearl Burnham note in their comprehensive review,² what cost £276 million in its first year is now costing £90 billion this year, and is set to rise. At a time of growing economic constraint, it may be the UK will have to review these grand plans. Financially and managerially, there are concerns about privatisation. Ministers recently caused controversy

when they announced that private firms could be drafted in to run struggling NHS hospitals and primary care trusts in England.³

Meanwhile, there is growing discontent among staff. On pay, members of Unison, Britain's biggest health union, voted (perhaps against expectation) to accept a three-year pay offer from the government,⁴ joining the Royal College of Nursing, but while these 1.1 million employees have settled, many midwives, cleaners and porters are still up for a fight.

Junior doctors are concerned about competition for jobs that means many face unemployment. Latest figures for England indicate that 18,000 doctors applied for around 8,800 training posts, with competition ratios as high as 25 to one in some specialties.⁵ In addition, there are nationwide protests by juniors and by medical students that because of reduced working hours, free accommodation is being withdrawn, amounting to a pay cut of around £5,000 per year. This threat

comes on top of fears of massive debts on graduation of more than £60,000, if the government raises the £3,000 cap on tuition fees to £7,000 when it reviews the system in 2009.⁶

There are tough times ahead and tough decisions to be taken that will never please all those involved, but it seems probable that the NHS will survive. CMF members may disagree about the best policies, but in the light of that key word 'service' we will surely want to do all we can to follow Jesus who said 'I am among you as one who serves'.⁷

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Abortion upper limit *We lost the vote but won the nation*

Review by **Peter Saunders**
CMF General Secretary

'Abortion fight "will go on after next election", as MPs defy public opinion to keep 24-week limit', thundered the *Daily Mail*. 'Abortion debate: MPs are out of touch', concluded the *Telegraph*. 'Widespread disappointment at vote on abortion', observed the *Times*. These front page headlines, accompanied by high resolution ultrasound images of babies in the womb gave their judgment on Parliament's rejection of amendments to the Human Fertilisation and Embryology Bill¹ aimed at lowering the upper limit for abortion from 24 weeks to 12, 16, 20 or 22 weeks.

Inside pages carried testimonies of mothers whose children were 'born before the 24-week limit...who prove the law is wrong' and called 'contemptible' the action of whips who intimidated fellow MPs and blockaded the lobbies to ensure a vote for the *status quo*.

The campaigns run by 'Alive and Kicking'² and 'the 20 Weeks Campaign'³ called for a modest change and resonated with the

public mood. Testimonies, ultrasound images, stories of babies born after botched abortions, European comparisons, and survival statistics from top neonatal units had won the battle in the nation's living rooms, whilst tired warnings about returning to the days of back-street abortions and denials of advances in neonatal care had failed to impress.

However, voting fell heavily along party lines. The 332 MPs opposing 20 weeks included 35 Conservative, 248 Labour, 42 Liberal Democrat and 8 others. By contrast the 190 MPs supporting 20 weeks included 120 Conservative, 43 Labour, 13 Liberal Democrat and 14 others. This reflected the huge majority of pro-choice MPs in Parliament and the lead of the Prime Minister who, opposed to reducing the present 24 week limit, ordered a three line whip to ensure that Labour MPs, who largely favour abortion, attended.

We now know where virtually every MP stands on the matter. Alive and Kicking, representing twelve organisations including

CMF, has produced an on-line database of MPs' views. But it may not be needed. If the composition of the next Parliament reflects voting in recent local elections and the Crewe and Nantwich by-election, then a 20 week vote will be won comfortably next time around.⁴

As *Triple Helix* went to press a backlash was in full swing, with a group of pro-choice MPs led by Liberal Democrat Evan Harris attempting to liberalise the law through a variety of legislative, regulatory and other measures: abortion on demand up to 24 weeks; nurse-led abortions in polyclinics, cottage hospitals and GP surgeries; exclusion of pro-life doctors from counselling; and extension of the Abortion Act to Northern Ireland. By the time you read this you should know the outcome.

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A perfect storm

Micah's challenge about justice in global health

Review by **Steve Fouch**
CMF Head of Member Services

In her opening address to the World Health Assembly in May,¹ Margaret Chan warned that five converging factors were leading to 'a perfect storm' of a global health crisis: global food price inflation; environmental degradation; the potential for another influenza pandemic; the spread to developing countries of the chronic diseases of affluence; and a staggering lack of progress in improving maternal and child health.

CMF members and many other Christians are at the forefront of caring for the sick, poor and vulnerable throughout the world. In some nations Christians provide as much as 60% of health care. However, care is only one response to the problems. These global health issues are a matter of justice, and of the rich honouring their commitments to the poor. At one level we are personally responsible – our lifestyles and purchasing choices have a big

impact on the poor, but it is not just about us in the West learning to live more appropriately and sustainably. As believers we should also speak prophetically to our leaders, requiring them to act justly.² If our lives are consistent with that prophetic voice we have even more impact.

Over the last two years many of us have engaged in lobbying government about pro-life issues,³ but as the American preacher and activist Jim Wallis pointed out recently, care for the unborn and care for vulnerable children in the developing world are not separate issues. They are both part of a scriptural mandate for us to speak up on behalf of those who have no voice. Who will speak up if we do not?

To equip Christians to do this, 'Micah Challenge' has launched two new resources. *Impact* is an online toolkit for individuals and churches to lobby our government for change.⁴ *Micah's Challenge*⁵ is written by

leading Christian authors including Jim Wallis, Tony Campolo, Tim Chester and René Padilla. The book explores the scriptural and practical basis for Christian engagement with global poverty, helping us to ensure we are on a good biblical foundation when we stand up.

This is a time when the Christian voice for the vulnerable and marginalised is needed more than ever. Will we speak out or remain silent?

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Advance decisions to refuse treatment

Ethical and practical concerns

Review by **Andrew Fergusson**
CMF Head of Communications

Salford City Council has begun promoting cards announcing 'Advance Decisions to Refuse Treatment'.¹ Christened ADRTs by the media, these wallet-sized cards display a prominent cartoon bubble saying 'Stop' and carry NHS and Council logos. They are attached to an explanatory leaflet and are being promoted extensively in GP surgeries, pubs and libraries. Salford claim² this promotion simply reflects their statutory obligation to respond to the Mental Capacity Act, which came into force in October 2007. They have 'trained' 2,500 staff in the principle of advance refusals, and other local authorities and bodies overseas have shown interest.

Advance directives³ are attempts to extend the decision-making capacity of autonomous patients into a period when they have lost mental capacity. They can be verbal or written, though as a safeguard against abuse, advance refusals of life-sustaining treatment must be written, signed and witnessed. Only refusals can be made; no patient can insist in advance that they receive any particular treatment.

CMF supports patient autonomy and

members wish to involve their patients as much as possible in decisions about their own treatment and care. However, individual autonomy must have limits and CMF therefore has both ethical and practical concerns about ADRTs. They could be a back door into euthanasia. Historically they have been promoted by the euthanasia movement around the world, with the campaign objective of securing suicidally ideated ADs. Once patients who have refused, say, food and fluids, are seen to be suffering for long periods before they die, then it is more likely society will legalise a lethal injection earlier in that process.

Further, there are many practical concerns about application. There are often uncertainties about diagnosis and always about prognosis; the healthy do not make their choices in the same way as the sick; a North American study⁴ showed that 61% of patients carrying an ADRT thought doctors should sometimes over-ride them; clinically, ADRTs may often achieve the opposite of what was intended; cards prominently saying 'Stop' might encourage negative or even nihilistic attitudes; doctors

might wrongly under-treat patients to avoid prosecution; and an ADRT may make patients vulnerable to exploitation by people or institutions with a financial or emotional interest in their deaths.

ADRTs have the force of statutory law and if valid and applicable it is a criminal offence not to abide by them. However, they may force health professionals to practise with one hand tied behind their back, and appointing proxies may be safer. CMF is currently working with other groups to produce alternative ADRTs which balance preserving autonomy with safeguards.

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