news reviews

The End of Life Assistance (Scotland) Bill

Implications for physicians

2 May 2010 saw the close of the Scottish parliament's public consultation on the End of Life Assistance (Scotland) Bill, expected to be voted upon at the end of the year. This Bill was put forward by Margo MacDonald – Scotland's only independent MSP – who suffers from Parkinson's disease.

The overall aim, supposedly to legalise both euthanasia and assisted suicide, is based on a very strong understanding of autonomy. As Ms MacDonald herself acknowledges: 'The Bill and its motivation rests on respect for the ability of those with a progressive, irreversible condition and/or terminal illness to decide whether or not their lives have become intolerable and whether or not they would prefer to seek assistance to end their own lives'.²

It is clear the Bill is about (1) choosing whether or not to end one's life; (2) choosing when and where to do this; (3) choosing who should assist; and (4) choosing how to end one's life. Should this Bill eventually become law, however, worrying expectations arise for healthcare professionals. For example, they would

have to:

- Make judgments about the intolerability of someone else's life
- Agree with the person on the actual method of termination (the Bill assumes that doctors actually have the required expertise)
- Agree with them on who should actually conduct the life-terminating procedure (it does not necessarily have to be the doctor) and where this will happen
- Provide or administer appropriate means for the life to be terminated
- Be present at the actual life-terminating procedure, even if not conducting it
- Be obliged either to provide for assisted dying, or to refer the person to another doctor prepared to do it – there is no conscience clause permitting opt out

If euthanasia and assisted suicide become law, moreover, a numbing affect on both physicians and society regarding the inviolability of human life would take place.

The sanctity of life, historically a foundation stone for society in general and for medical practice in particular, would be

Review by **Calum MacKellar** Director of Research, Scottish Council on Human Bioethics ¹

compromised. A grave insult to Christian values could become unimportant and commonplace. The legislation would fundamentally change the role of the physician, change the doctor-patient relationship, and change the role of medicine in society.

The Committee released on 18 June a preliminary analysis of the consultation responses. Of 610 submissions, 521 were opposed, 39 supportive of the Bill or at least the principle behind it, and 41 had no position.³

To object, support Care Not Killing;⁴ Scots can contact their MSP; GPs in Scotland can sign the letter of opposition.⁵

references

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Common Call to world mission Incisive but lacks recognition of medicine, health and healing

n June 2010, mission leaders, theologians and church leaders from Protestant, Pentecostal, Catholic and Orthodox traditions met in Edinburgh at the Centenary of the historic 1910 Edinburgh Missions Conference.

They worked to forge new alliances and new vision for mission in the 21st century, to open up a new conversation between the mission movements of the North and the South and East, and to celebrate the last hundred years of global mission.

The 'Common Call' ¹ which resulted is a nine point joint statement, affirming the Gospel, the call of the church to be engaged in worldwide evangelism, a commitment to social justice and care for creation.

The statement is clear and incisive, although it may be lacking in a sense of urgency (there is only a brief reference to eschatology and finishing the Great Commission before the Lord's return).

However, from a Christian medical perspective there was almost nothing on the call to healing and caring for health which is part of the mission of God's people.

There is an affirmation in point 3 of the Common Call that 'we are called to become communities of compassion and healing'. However, this is couched in the language of social justice and reconciliation, and seems not to recognise the historic and current role of God's people in bringing physical, as well as spiritual and social health and wellbeing, as we share the Good News of Jesus.

Such declarations have a place, and can act as benchmarks to evaluate how we are engaging in the Great Commission,² but in October this year 4,000 evangelical leaders meet in Cape Town for Lausanne III,³ following on from the 1974 and 1989 CMF Head of Allied Professions Ministries

Review by Steve Fouch

meetings on world evangelisation in Lausanne and Manila which produced the Lausanne Covenant and the Manila Manifesto respectively.

We trust this Third Lausanne Congress on World Evangelisation will produce a more explicitly evangelical re-statement of current global mission priorities.

At that conference, we further hope that the health and healing ministries of God's people are not so neglected.

references

1

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- 3. www.lausanne.org/cape-town-2010



Abortion update Numbers down but troubling trends

n 24 May Marie Stopes International (MSI) broadcast for the first time on British TV an advertisement for its abortion services. However 'sensitive' *Are you late*? may or may not have been, British women surely are sufficiently aware of how to access abortion services. Television is a powerful medium for influencing decisions and its use was unnecessary, the advert seeking to normalise abortion as a part of life.

The Broadcast Committee of Advertising Practice (BCAP) has reviewed its 2009 public consultation on abortion ads (to which CMF contributed¹) and on 1 March revealed the draft code, enforced from September: 'Advertisements for commercial postconception advice services offering individual advice on personal problems are not acceptable'.² However, BCAP says 'commercial' does not include not-for-profit organisations. While Marie Stopes is a charity, it has an income of some £100m pa, much from contracting with the NHS for abortions. MSI may have followed the letter of the law but certainly not the spirit.

MSI has courted further controversy by using UK taxpayers' money to fund the opening of abortion clinics in China, money left over from NHS abortions being used internationally. Five clinics have been opened in Jiangsu and there are plans to open three more.³

2009 statistics just published⁴ show the total number of abortions in England and Wales fell slightly on 2008's, to 189,100. This is down 3.2% on the 195,296 recorded in 2008. Of these, 63,390 of the woman had previously ended a pregnancy, compared with 51,987 a decade ago – a rise of 22%. Some 18,000 abortions were carried out on girls under 18, including more than 1,000 on girls aged 14 or under, and around half of all teenage pregnancies now end in abortion. Peter Saunders commented 'Abortion is simply being used as a form of contraception by a growing percentage of girls and women, and tired policies of values-free sex education, condoms and

The Resistance Campaign A new direction in the assisted dying debate

isabled people's leaders launched a new campaign in Westminster on 3 June calling for better support and opposing any change in the law to allow 'assisted dying'. Not Dead Yet UK's¹ 'Resistance' campaign² has been prompted by fears that calls to legalise assisted suicide and euthanasia are likely to intensify. These fears have grown with current economic difficulties and calls from politicians from all parties for cuts in public services.

The campaign is backed by three of the UK's largest disabled people's organisations (Radar, UKDPC and NCIL). It calls on the country's 650 MPs to sign a seven point charter recognising that disabled and terminally ill people should have the same legal protection as everyone else, and committing themselves to supporting access to health and social services and to opposing attempts to legalise assisted suicide.

Campaigners argue that high profile cases of disabled people who want the law changed to make assisted suicide easier are the exception rather than the rule. They are particularly concerned about recent attempts to change the law. These include Lord Falconer's amendment to the Coroners and Justice Bill, which was aimed at decriminalising taking 'loved ones' abroad for assisted suicide; and Margo MacDonald MSP's End of Life Assistance (Scotland) Bill, ³ presently before the Scottish Parliament, which includes in its catchment people who are 'permanently physically incapacitated to such an extent as not to be able to live independently and find life intolerable'.

The Falconer amendment was defeated in July 2009, at least in part because of a passionate speech by Not Dead Yet's convenor, disabled peer Baroness Jane Campbell of Surbiton. This was accompanied by a letter from over 30 disabled people's leaders from both sides of the Atlantic, urging Britain's upper House to reject the amendment.⁴

Director of Public Prosecutions Keir Starmer removed from his definitive guidance this February a clause making Review by **Andrew Fergusson** CMF Head of Communications

morning-after pills are not working'.⁵

Further concerns arise after figures published by the Human Fertilisation and Embryology Authority (HFEA) show that about 80 abortions are performed in England and Wales each year on women pregnant after IVF treatment, some of it funded by the NHS.⁶ Although an HFEA spokesman commented 'I had no idea there were so many post-IVF abortions and each one is a tragedy', Infertility Network UK explained 'There may be serious problems with the child, or someone's individual circumstances may have changed so profoundly that they no longer feel it is right to have that baby'.

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Review by **Peter Saunders** CMF Chief Executive

disability a mitigating factor for assisted suicide prosecutions after an outcry from disabled people claiming that the measure was profoundly discriminatory.

The launch of the 'Resistance' campaign has been supported by the Care Not Killing Alliance, ⁵ who at the same time have launched a new DVD featuring disabled people arguing for the right to life. Members of the new coalition government may be reluctant to sign a charter committing themselves to maintain spending at a time of national financial belt-tightening but, if nothing else, the Resistance Campaign has created a fascinating new division in the debate. One cannot now easily be both pro-disabled people and pro-euthanasia.

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