

Missing midwives report

A global shortfall which also threatens the UK

Review by **Steve Fouch**

CMF Head of Allied Professions Ministries

According to a recent report,¹ there is a global shortage of midwives that is having a significant negative impact on maternal and child health, setting back progress towards Millennium Development Goals 4 and 5.² In most parts of the developing world, as few as 6% of women have access to a midwife or skilled birth attendant, let alone an obstetrician or hospital care. This lack of access to primary, secondary, antenatal and postnatal care costs about a million lives a year – mostly in infant deaths, although 350,000 mothers still lose their lives during pregnancy, child-birth and the immediate postnatal period.

As CMF highlighted in our submission to DFID's consultation on maternal health strategy,³ one of the key needs is the training, professional development and

funding to employ health professionals, build good multidisciplinary teams and focus on the intergration of community and secondary care services so that the delays in getting women with complicated labour to acute medical services are overcome. Single, 'magic bullet' solutions will not work here, but ensuring there are enough trained midwives is a key plank in any successful strategy.

Ironically, we face a shortfall of skilled midwives here in the UK – leading to over stretched labour wards, stressed and unmotivated staff, and a question mark about the impact this will have on our own maternal and neonatal health record.⁴ As we seek to address the maternal health needs of the world's poor, we also need to think about how we are providing for the care of mothers and children in our own nation.

Care for the vulnerable is a central duty for God's people – this is seen throughout scripture – and without a doubt, mothers and children are an increasingly vulnerable group who need our care, support and advocacy.⁵

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The BBC documentary 'Choosing to die'

Wasteful, dangerous and further evidence of a campaigning stance

Review by **Peter Saunders**

CMF Chief Executive

The BBC's decision to screen a man's dying moments at the Dignitas suicide facility in a documentary fronted by Terry Pratchett have come in for heavy criticism. Over 900 complaints were received by the BBC and a group of five peers wrote to *The Times* complaining of BBC bias.¹

A five-minute sequence in the BBC2 programme 'Choosing to die', screened on 13 June, showed fantasy novelist Pratchett witnessing a British man in his early 70s who had motor neurone disease, taking his own life at the controversial Swiss location. A second man with multiple sclerosis, who was interviewed but whose actual death was not filmed, apparently took 90 minutes to die.² It was strikingly obvious to viewers that neither of the two men was imminently dying, and the second almost certainly had a life expectancy of decades. Neither was typical either of the 60,000 MS and 5,000 MND patients in this country, the vast majority of whom want support in living, and not assisted suicide.

By putting their extensive public resources behind this campaign and by giving Terry Pratchett, who is both a patron of DID and key funder of the controversial Falconer Commission on Assisted Dying,³ a platform

to propagate his views, the BBC flouted its own guidelines on both suicide portrayal and impartiality.⁴

The BBC's own editorial guidelines on portrayal of suicide⁵ are very clear and call for 'great sensitivity'... 'Factual reporting and fictional portrayal of suicide, attempted suicide and self-harm have the potential to make such actions appear possible, and even appropriate, to the vulnerable.'

The WHO guidance on the media coverage of suicide⁶ is equally unambiguous: 'Don't publish photographs or suicide notes. Don't report specific details of the method used. Don't give simplistic reasons. Don't glorify or sensationalise suicide.' The phenomenon of suicide contagion (otherwise termed copycat suicide, suicide cluster or the 'Werther effect') is well known and the BBC programme ticked all the boxes of what broadcasters should not do.

The corporation has now produced five documentaries or docudramas⁷ since 2008 portraying assisted suicide in a positive light. There have by contrast been no balancing documentaries showing the benefits of palliative care, promoting investment in social support for vulnerable people or highlighting the great dangers

of legalisation which have convinced parliaments in Australia, France, Canada, Scotland and the US⁸ to resist any change in the law in the last twelve months alone.

This latest move by the BBC was a gross misuse of licence-payers' money and further evidence of a campaigning stance.

CMF spokespeople took part in over 40 media interviews about the programme in the days preceding and following it. Whether the public backlash will bring about any change in behaviour from our national broadcaster is presently unclear. But regardless, Christian doctors have a continuing responsibility to speak out in order to safeguard the vulnerable and to ensure that all have access to good palliative care.

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Welsh morning-after pill scheme *Neither ethical nor evidence-based*

Review by **Peter Saunders**
CMF Chief Executive

Since April this year¹ the 'morning-after pill' has been available free from pharmacies across Wales, while still costing about £25 in the rest of the UK. Over 700 high street pharmacies can now provide it, even to girls as young as 13, without consent from a parent or guardian. But research into a pilot project in Bridgend has now questioned whether it is 'an appropriate use of NHS resources'.

According to BBC Wales 'Week In Week Out' programme, the paper, written by a specialty registrar working for NHS Trust Public Health Wales, said: 'Despite the increased uptake of EHC [morning-after pill] in Bridgend... the trend in conceptions for Bridgend was not significantly different to the rest of Wales.'²

Apart from ethical concerns we might have about the mechanism of action, bypassing parents and removing prescription from the safety of the doctor-patient relationship, this was a strategy based on no evidence at all.

A paper published in the *Journal of Health Economics*³ last December showed that

morning-after pills don't cut teen pregnancy and actually increase the risk of sexually transmitted disease.⁴

Sourafel Girma and David Paton of Nottingham University compared areas of England where the scheme was introduced with others that declined to provide the morning-after pill free from chemists and found that rates of pregnancy among girls under 16 remained the same, but that rates of sexually transmitted infections actually increased by 12%.

It seems that any effect on decreasing pregnancy rates had been cancelled out by rising levels of promiscuity, a phenomenon known as 'risk compensation'. I noted at the time⁵ that these findings were the latest nails in the coffin of the Labour government's teenage pregnancy strategy. This latest move is sadly yet another unfortunate, ill-thought out knee-jerk government response to Britain's spiraling epidemic of unplanned pregnancy, abortion and sexually transmitted disease amongst teenagers. Providing free morning-after pills through pharmacies, when fully rolled out, will cost up to

£300,000 a year, money that will be found from existing NHS budgets.

The best way to counter the epidemic of unplanned pregnancy and sexually transmitted disease is to promote real behaviour change through such programmes as Love for Life⁶ (Northern Ireland), Love2last⁷ (Sheffield) or Lovewise⁸ (Newcastle). These are initiatives in which CMF members are already involved. The government should be encouraging them.

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Southern Cross collapse *Capitalism crushes care and compassion?*

Review by **Steve Fouch**
CMF Head of Allied Professions Ministries

As Southern Cross, the country's biggest independent provider of care homes for the elderly collapsed, the 31,000 residents of its homes, their families and carers face a hugely uncertain future.¹

All this because of a mixture of bad management and market speculation.² But unlike the banks, which received billions in aid and low cost loans to bail them out, there was no bailout for Southern Cross.

It seems our banks are too big to fail. But a company that provides accommodation and care to tens of thousands of our elders is not significant enough to be considered for such support.

This story inevitably raises the question of where our priorities lie as a society. The links between banks and care homes are closer than they at first seem, because the major lenders to Southern Cross are the two banks nationalised in the great bailout – Lloyds TSB and RBS. So if Southern

Cross goes bankrupt, it will have a wider impact on the economy and in particular the publicly owned banks.

To be sure, no-one will be turned out on the streets, and there will be care home places found or maintained for all those affected, but the uncertainty must be a cause of great distress for thousands of elderly people. And the impact on the long-term health and well-being of elderly residents moved to new accommodation has, in my experience, often been pretty bad. I wonder if this constitutes a form of abuse?

The Care Quality Commission's recent report castigating 12 NHS trusts for poor nutritional care of the elderly³ shows that private and public institutions are equally fallible. Against that background the new patient charter for the care of people who are nearing the end of their life will go some way to reminding us of our need to protect the vulnerable.

Jesus once said that where our treasure is, there also will be our heart.⁴ Care and

compassion are not mainstays of the financial system, but these qualities are in danger of disappearing from the public sector. As we care for a growing elderly population with a dwindling tax base, the pressure to find more 'cost effective' alternatives to caring for the elderly long term will grow – among them assisted suicide and euthanasia. Do we not, instead, need to rediscover an ethic of care and compassion at the heart of our culture, and remember that we will be tomorrow's frail elderly, disabled or dying? What we sow today, we will reap tomorrow.

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