

Life is the gift of God...
...but not according to the Royal College of Midwives

Review by **Steve Fouch**
 CMF Head of Nursing

In May it came to light that for many years the Royal College of Midwives (RCM) has been inextricably linked with the leading provider of abortions in the UK, the British Pregnancy Advisory Service (BPAS).¹ So much so that Cathy Warwick, the RCM's CEO is also the Chair of BPAS. This revelation followed on from the RCM's public support² for the BPAS led campaign to 'decriminalise' abortion – ie removing the few legal safeguards that still exist and allowing abortion up to birth for any reason.³

As this story came to light, so did the (very quiet) publication of the updated RCM Position Statement on Abortion.⁴ It made it clear that midwives were obliged to be involved in all aspects of the care of women undergoing a termination of pregnancy. They were only allowed to opt out of the specific clinical procedures related to the

abortion itself on conscience grounds. This directly follows on from the ruling of the Supreme Court in the Glasgow Midwives case last year.⁵

These positions by the RCM were taken with no reference to the membership or to the college's governing body. MPs, members of the public and midwives have all been incensed. They have been roundly criticised.^{6,7} Cathy Warwick has sought to defend this position. But, given that the body for the profession (most involved with ensuring the safe births of children) is so closely allied with pro-abortion lobby groups, this position is proving increasingly difficult to defend. There are calls for a reversal of the policy and for Warwick to step down from at least one of her posts.

That a body whose motto is *vita donum dei* (life is the gift of God) should be taking such a pro-abortion stance reflects the

widespread drift (and, increasingly, active departure) from Christian values. It is time for midwives and others to stand up and challenge this reversal of such fundamental values.

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Death of a 20-year-old
Assisted suicide's relentless advance

Review by **John Martin**
 CMF Head of Communications

What a tragedy. Another episode in the seemingly relentless advance of assisted suicide. This time a 20-year-old Dutch woman, a survivor of sexual abuse, persuaded doctors to administer a lethal injection. She reasoned that her life was untenable and death the only way out.

UK press reports said her symptoms included severe anorexia, chronic depression, hallucinations, and compulsions. It is claimed they left her *mostly* bedridden.¹ *The Daily Mail* quoted her psychiatrist who said 'there was no prospect or hope for her. The patient experienced her suffering as unbearable'.² To pronounce hope extinct is a frightening judgement.

Certainly, survivors of sexual abuse suffer from deep grief; was she offered the kind of support such a survivor needs? The first and obvious question to ask is whether a 20-year-old can claim sufficient knowledge of available treatment options to countenance death as the only viable path. Twenty is a very vulnerable age. My own personal memories of life at twenty might be relevant here. I faced the call up for service in Vietnam. The Australian government

conducted a lottery with birthdays drawn in a lottery ballot. My overwhelming sense was that I was seriously ill-equipped with knowledge and experience to think through the issues at stake.

'If death is sought/offered to escape the pain of sexual abuse, incest, rejection, loneliness, what kind of choice is that?' asks the Australian researcher Melinda Tankard Reist. She sees a 'slippery slope'. 'In the Netherlands and Belgium, the laws were originally very strict and limiting. But over time they have relaxed to include those people without a terminally ill condition: teens; children; babies; abused, lonely, isolated women.'³ Dr Yael Margolia Rice a sexual trauma counsellor comments: 'I would never say that, over the long term, anyone is absolutely untreatable.'⁴ The opinion of both Rice and Tankard Reist is that while the trauma suffered is excruciating and runs deep, people do recover even if it may require a couple of decades of help.

As Christians we have no choice but to believe that nothing is outside the scope of God's love and grace. Rick Warren once put it this way: 'What gives me the most hope every day is God's grace; knowing that his grace is going to give me the strength for

whatever I face, knowing that nothing is a surprise to God.' The tragedy here is that it's entirely possible that this young sufferer did not hear, or was not able to hear, the story of God's grace and may have entered a lost eternity.

Jesus said, 'Blessed are the poor in spirit.' The Catholic mystic St. John of the Cross once said, 'When you are burdened, you are close to God, your strength, who abides with the afflicted.'⁵ Our faith teaches us to discern the image of God in those who suffer; they are precious even if 'flawed masterpieces' (to borrow a phrase from John Wyatt).

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A call to arms

Church's role in care is underestimated

Review by **Steve Fouch**
CMF Head of Nursing

A recent report from the Oasis Trust¹ presented a challenge to the government, public sector and the church to work more closely and creatively together on providing services. A report from the Cinnamon Trust last year² showed that faith groups make a major contribution to all aspects of society, from education to healthcare, foodbanks to debt counselling, befriending and housing. Yet, the reality is that the church in the UK is still not able to be as significant a part of the 'Big Society' as it could, and should, be.

Interestingly, Theos did an analysis of some of the data from Oasis Trust's research that showed that the general public do not believe that the church has the capability to do this.³ This is mostly because they see churches and Christian charities as lacking the skills and capacity. Moreover they are

suspicious of any organisation taking over what is still perceived as government work. Very little of the suspicion is around concerns that Christian organisations would be discriminatory or proselytising.

These reports all suggest that the scale of what the church is doing is underestimated, but also that we have a lot of work to do. While we are good at education (the Church of England alone runs over 5,000 schools), we are less experienced in healthcare, with huge gaps appearing in the ability of state-run services to provide in certain areas (such as adolescent mental health or care for the elderly and disabled). The challenge for the church is to think about what needs we are uniquely placed to address and for the government and wider civil society to actually work with us, and we with them. The reality is that the so-called 'Big Society' never really got the attention and

investment needed to make it happen. With austerity biting into vulnerable communities, the need for strong church engagement is greater than it has been in decades.

This is not to take the church away from its primary role in sharing the good news. Rather, it is reclaiming a role we always had, as the major source of care and social support, given in the name of Jesus to a hurting world. In showing his love in deed, as well as proclaiming his truth in word, we will be fulfilling our calling to be his witnesses.⁴

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BMA retains opposition to assisted suicide

Neutrality is worst of all positions

Review by **Peter Saunders**
CMF Chief Executive

On 21 June the Annual Representative Meeting (ARM) of the British Medical Association (BMA) in Belfast voted against going neutral on assisted suicide by a two to one majority.¹

Delegates rejected motion 80, 'that this meeting believes that the BMA should adopt a neutral stance on assisted dying', by 198 to 115 (63% to 37%). The debate took place after a previous motion affirming that 'it is not appropriate at this time to debate whether or not to change existing BMA policy' was defeated by 164 to 160.

Fifteen doctors spoke during an impassioned debate on the two motions but the final vote was decisive, and reflected the 65% opposition to legalising assisted suicide shown in most opinion polls.

The Royal College of Physicians, Royal College of General Practitioners and British Geriatrics Society are all officially opposed to a change in the law along with 82% of Association for Palliative Medicine members.² Amongst all doctors, this latter group carries the greatest weight in this debate due to their understanding of the vulnerability of dying patients and their knowledge of treatments to alleviate their

symptoms. Assisted suicide and euthanasia are contrary to all historic codes of medical ethics, including the Hippocratic Oath, the Declaration of Geneva, the International Code of Medical Ethics and the Statement of Marbella.³

Neutrality on this particular issue would have given assisted suicide a status that no other issue enjoys. Furthermore, to drop medical opposition to the legalisation of assisted suicide and euthanasia at a time of economic austerity would have been highly dangerous. Many families, and the NHS itself, are under huge financial strain and the pressure vulnerable people might face to end their lives so as not to be a financial (or emotional) burden on others is potentially immense.

In rejecting a previous attempt to move to neutral at its ARM in 2012, the BMA said that neutrality was the worst of all positions.⁴ This was based on bitter experience. When the BMA took a neutral position for a year in 2005-2006 we saw huge pressure to change the law by way of the Joffe Bill. Throughout that crucial debate, which had the potential of changing the shape of medicine in this country, the BMA was forced to remain silent and took no part in

the discussions. Were it to go neutral again it would be similarly gagged and doctors would have no collective voice.

Going neutral would instead have played into the hands of a longstanding campaign led by a small pressure group with a strong political agenda.⁵ Healthcare Professionals for Assisted Dying (HPAD), which is affiliated to the pressure group 'Dignity in Dying' (formerly the Voluntary Euthanasia Society), at last count had just over 500 supporters, representing fewer than 0.25% of Britain's 240,000 doctors.⁶

Instead the BMA ARM wisely gave short shrift to this latest neutrality proposal and signalled by the margin of defeat that this matter should now be settled for the foreseeable future.

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