

Swine flu

The global pandemic highlights the gap between rich and poor

Review by **Helen Barratt**

SpR in public health, working with swine flu

Reports of illness caused by the novel virus, influenza A/H1N1v, known as swine flu, first emerged in Mexico in April. On 11 June, the World Health Organisation (WHO) raised the worldwide pandemic alert to Phase 6, indicating that a global pandemic is underway. This reflects the fact there are now ongoing community level outbreaks, with person to person spread, in multiple countries. On 15 June, 76 countries had reported 35,928 cases and this may be a considerable underestimate.¹ The highest number of cases has been reported in the USA, followed by Mexico, Canada, Australia and Chile.

Globally, 163 deaths have been attributed to the illness.

At the time of writing, over 2,500 cases have been reported in the UK, with the West Midlands, Scotland and London being particularly badly affected. Much remains to be unravelled about the virus and its epidemiology, but the highest number of cases has been among males

aged 10-19. 39 people have been admitted to hospital, while one patient in Scotland is believed to have died as a consequence.

The UK was thought to be one of the countries best prepared to cope with a pandemic, although the source was not avian influenza from South East Asia, as many had been anticipating. The Health Protection Agency (HPA) in England, and equivalent bodies in Scotland, Wales and Northern Ireland, have taken a proactive approach to containing the virus. To date over 60 schools have been closed at some point due to confirmation of one or more cases in pupils or staff members.

There is much we still don't know about the behaviour of the virus, but there are concerns that countries in the northern hemisphere will see a second, potentially more devastating 'wave' of influenza activity during the normal autumnal flu season this year, as occurred during previous global pandemics. Even if symptoms remain mild, a flu-like illness affecting a large proportion of the working population could have a

detrimental economic impact in already troubled times. The consequences for healthcare delivery, of both staff illness and a potential sudden surge of patients, also warrant consideration.

Looking beyond our borders, the rapid inter-continental spread reflects globalisation and a culture of easy international travel. But the global spread of swine flu further highlights the yawning gap between rich and poor.² While Western countries invest considerable amounts in containment and mitigation policies, many developing countries will struggle to implement any such strategies in the face of limited healthcare resources.

references

Unless otherwise stated all figures were taken from the websites of the Health Protection Agency and US Centers for Disease Control and Prevention. Accessed 21 June

1. *The Times*, 8 June 2009
2. *BMJ* 2009;338:b1791

Abortion advertising on TV?

A BMA debate

Review by **Mark Pickering**

GP and CMF regional secretary in York

Back in March I went to a local BMA meeting to submit some motions for the ARM (annual representatives' meeting) on 29 June-2 July. At the time there was media coverage of a potential relaxation of advertising rules that could see abortion providers advertising on TV. So I wrote a motion against it, which was accepted, and forgot about it, until an *Observer* journalist called me during afternoon surgery a couple of weeks before the ARM. Then a few days later the *Mail on Sunday* wanted some quotes, then Radio 4 Woman's Hour. Only the *Mail* actually ran anything, and that with an unhelpful headline,¹ but it was generating interest!

The motion was based on the Broadcast Committee of Advertising Practice consultation, considering revisions to the code, which was out to public consultation until 19 June. It proposed relaxing the rules on 'post-conception advice services', which would include both abortion providers and crisis pregnancy counselling centres. It also

proposed forcing such services to be explicit about whether or not they referred directly for abortion.²

The motion was debated at the ARM on 1 July, just before a motion on assisted death. It was clearly going to be controversial. I put the case that the BMA should oppose the move, as it would be:

- *Unnecessary* – as information on abortion is readily available, and any woman who wants an abortion can find one already;
- *Discriminatory* – as only the big, government-funded abortion providers like BPAS and Marie Stopes would be able to afford TV advertising, and this would effectively exclude not-for-profit crisis pregnancy counselling centres;
- *Giving the wrong message* – as raising the profile of abortion services would further permeate the message that unwanted pregnancy is not such a big problem, because there's always a safety net.

Furthermore, I called for existing sex and

relationships education to be values-based, to counter the values-free messages coming from an oversexualised media. Sadly the motion fell. But it gave me some great conversations, including one with one of the speakers against the motion.

It left me with renewed optimism in the opportunities for effecting change through local BMA divisions, along with some valuable lessons about tightening up the wording for future attempts!

In the meantime, let's pray that the ongoing deliberations on advertising rules won't result in abortion TV ads – we expect the decision in the autumn.

references

1. Ban these 'sexy' abortion clinic adverts, say doctors. *Mail on Sunday* 2009; 21 June:16
2. See further details in CMF's submission to the consultation - www.cmf.org.uk/publicpolicy/submissions/?id=61



Spirituality in the NHS

Still belongs at the frontline of healthcare

Review by **Steve Fouch**

CMF Head of Allied Professions Ministries

The case of Caroline Petrie, a community nurse suspended for asking a patient if she wanted prayer, hit the headlines in January and created a national and international storm.¹ It prompted Bernadette Birtwhistle and others to table motions at the BMA ARM recognising the importance of spiritual care,² and that doctors and other health professionals should not face censure for offering prayer and other spiritual support. While the meeting supported the former it rejected the latter, although as ARM Chair Peter Bennie reminded the meeting, even if they did not pass a motion, it did not mean that the opposite held. We hold that spiritual matters still belong at the frontline of healthcare.³

This January, the Department of Health quietly issued equality and diversity guidelines for NHS trusts on religion and belief.⁴ While containing much of use, they are also extremely vague and open to interpretation on issues to do with expressing faith in the workplace.⁵ At the same time the Employment Equality (Religion or

Belief) Regulations (2003)⁶ make it unlawful to discriminate against people on the grounds of their faith. The legislation and the guidelines differ, and are open to wide and often contradictory interpretations, so creating ambiguity and confusion for NHS staff and management.

There is a major gap in health policy on spiritual care, in England in particular. While the Scottish Executive has required all Health Boards to develop policy since 2002,⁷ and similar guidelines have been developed by the Welsh Assembly, there is nothing comparable in England. Some centres, such as Southampton,⁸ have developed spiritual care policies and staff training programmes, but the overall picture is poor. A recent *Nursing Times* survey showed that although most nurses saw spiritual care as an appropriate role, most felt there were inadequate guidelines and a lack of training and support.⁹

Caroline Petrie's case was not unique. She and others we know of admit that professional bodies and trade unions are just as unclear about the rights and wrongs of these situations. CMF, Christian Nurses and

Midwives¹⁰ and the Christian Legal Centre¹¹ are supporting those who have been affected. Caroline sees her case as catalysing the debate on the wider issues of the place of Christian faith, prayer and spiritual care in the NHS.¹² It is important we do not ignore this challenge, but see it as an opportunity to speak up for Christ in the NHS.¹³

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2. A good day at the BMA. www.cmf.org.uk/news/?id=141
3. CMF Press Release 1 July 2009. is.gd/1mcSD
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7. Scottish Executive Health Department & Directorate of Nursing, 28 October 2002. is.gd/m7UO
8. *Nursing Times*, 6 March 2009. is.gd/m7Yr
9. *Nursing Times*, 24 February 2009. is.gd/kGiJ
10. www.cnm.org.uk
11. www.christianlegalcentre.com
12. *CNM News*, Spring 2009
13. Colossians 4:4-6

Organ Donor Campaign

Mobilising faith communities

Review by **Andrew Fergusson**

CMF Head of Communications

In polls, 90% of the public say they support organ donation, but far fewer are actually on the NHS Organ Donor Register – by this July the number was only 27% of those eligible (although up from 20% in the last year).¹ The Organ Donation Task Force concluded in 2008 against a national policy of presumed consent, that people should have to 'opt out' rather than 'opt in', thus agreeing with the recommendation CMF made as we endorsed organ donation when it is an altruistic free gift in a context of fully informed consent.²

The Department of Health has redoubled efforts to increase donation rates, and there are to be 197 new clinical leads and 197 new 'lay champions', one for every acute trust, as well as 63 new transplant co-ordinators. (It is this approach utilising better communication and co-ordination on the ground, rather than their presumed consent policy, which probably accounts for the higher transplant rates in Spain.)

'Black and minority ethnic' (BME) communities in the UK have a higher prevalence of the diseases requiring transplantation, but also a much lower proportion of their members on the register, meaning that appropriate tissue matches are less likely. The Organ Donor Campaign (ODC) has come into existence largely to fill this BME gap.³ It seeks to reach BME groups through their respective faith communities, and began at the grassroots in the north west, after several highly motivated young people separately lost close friends who died while on a transplant waiting list, and was launched with a fanfare in Parliament in January.

CMF has been in contact since the beginning, and is advising about reaching the Christian community. At a meeting in Manchester this July, CMF along with senior denominational figures took part in a workshop to explore these issues. Other faith-specific workshops will involve the five other major religions in the UK. Working

with the Department of Health, the ODC have already trained 60 Manchester students to go out across the north west to raise awareness (without any hard sell) of the gap between supporting the concept of donation and actually going onto the register. Their slogan is 'Have you talked about it?'

The Manchester students mainly come from Hindu and Muslim backgrounds, and their campaign further challenges Christians to consider for themselves whether they should register. CMF acknowledges some ethical controversies but believes Christians should support organ donation.⁴

references

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3. Organ Donor Campaign. www.organdonorcampaign.co.uk
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