

Gene screening for insurance

Both necessary and reasonable

Gene testing is set to become routine for all large insurance policy applications. Lessons learned from HIV-related fraud suggest it as the way forward however undesirable the risks of creating a genetic underclass. Both the Genetics Advisory Commission and the Association of British Insurers support gene test results being given to insurance companies (*BMJ* 2000; 321:977). This has become both necessary and reasonable.

We have been here before with HIV. Insurance companies were defenceless against people who had secret positive HIV test results and then took out huge policies, while their GPs gave them a clean bill of health. After a number of high profile fraud cases most companies insisted that everyone taking out large policies should be tested. The alternative would be a jump in premiums.

The equivalent of a private HIV test is already upon us for gene screening, using swabs of saliva. Expect gene testing to be widely available by e-mail order within three years.

We cannot have a situation where applicants know they are a terrible risk and the insurance company does not. It is vital that applicants are asked to disclose any information they possess, including gene test results, which might significantly alter their risk rating. But, as we have seen with HIV, without proper testing this requirement alone will not protect against active deception.

The only alternative will be for insurance companies to start excluding illnesses which can be predicted easily using gene tests. That is what happened with HIV where some companies decided not to go down the testing route. But every day that list of gene exclusions is likely to grow, until testing becomes the more palatable option.

Urgent thought will need to be given to the plight of growing numbers of people who then find themselves unable to get life, health or mortgage cover. Christian doctors should respond by being informed, being truthful in documentation, acting as advocates for patients and encouraging the church to care and provide for those marginalised by the system.

Patrick Dixon

Director of Global Change

RU-486

Deception and corruption we haven't heard the last of

The US Food and Drugs Administration has recently approved the use of Mifepristone (RU-486) to procure abortions up to 49 days gestation (*BMJ* 2000; 321:851). RU-486 was developed by the French drug company Roussel Uclaf, a subsidiary of Hoechst. Hoechst was itself derived from IG Farben, the chemical giant who made the stabiliser for Zyklon B gas used to kill millions of Jews during the holocaust.

In response to boycotts of Hoechst products by the American pro-life community, Roussel announced in 1994 that it was giving up its patent rights to RU-486 and would cease manufacture even though pressurised by the FDA to apply for a product licence. The FDA broke its own rules repeatedly and facilitated transfer of the patent rights to the strongly anti-natalist Population Council (www.nrlc.org).

RU-486 is not very effective unless used with prostaglandins or analogues such as Misoprostol. Searle Laboratories, the manufacturers of Misoprostol, have objected to its use as an abortifacient and in their literature they advise against its use in pregnancy. There have also been isolated reports of possible teratogenicity. In a series of 2121 women given the Mifepristone/Misoprostol regime, 106 failed to attend follow up

(*N Eng J Med* 1998; 338 (18): 1241-7). It is possible that some of these may have had continuing pregnancies. The population control lobby like Misoprostol because it doesn't have to be refrigerated, a major advantage (to them) in the developing world.

The Population Council could not find a source for RU-486. Recent reports mention a contract with the Hua Lian company in Shanghai. This is a source of much of the Mifepristone used in China where coerced abortion is widespread (www.nrlc.org). Some of the other drugs made at this plant were found to be contaminated with the cytotoxic agent Fluorouracil. Despite this and other serious issues, the FDA rescinded earlier advice on safety and granted the product licence.

In the UK, RU-486 is being promoted by the RCOG in their abortion 'guidelines' but hasn't found favour with the private sector. It is not very profitable because of the need for three visits, placing it in a different category from traditional assembly line abortion. The history of this drug is a long tale of deception and corruption on several continents. We haven't heard the last of it.

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European Employment Directive

Erodes Christian liberties

The European Employment Directive, proposed under Article 13 of the Treaty of Amsterdam, was signed on 17 October 2000. The Directive prohibits any discrimination on the grounds of a person's religion or belief, disability, age, sexual orientation or racial or ethnic origin. The proposals are wide ranging in their application and deal with issues including employment, access to promotion and training.

The original draft of the Directive protected only 'occupational activities' which 'pursue directly and essentially the aim of ideological guidance in the field of religion or belief...' (clause 4.2). Under this wording a church could have insisted its pastor was a Christian, but this would not have applied to other posts such as secretary. There were also fears that Christian GP practices and hospices would have had difficulty employing only Christians, because most of their staff are not primarily involved in giving 'ideological guidance'. However, the Government responded to the protests of concerned Christians (10,500 letters were received), and reached a compromise that should now permit Christian GP surgeries and hospices to employ people who share the same ethos.

This concession is welcome but we must still be vigilant to ensure that strong protections are retained as the Directive is incorporated into British law over the next few years. The Directive remains ambiguous over the issue of 'sexual orientation'. If a practising homosexual claiming to be a Christian was refused employment, he could claim discrimination on the grounds of his 'sexual orientation'. Could a secular court be expected to understand that Christian faith involves lifestyle as well as belief?

There is uncertainty, too, as to whom the Directive really covers; whereas it may be possible for Christian GP practices and hospices to employ Christian doctors, what about nurses, receptionists, and ancillary staff?

The purpose of the European Employment Directive was to ensure freedoms, but it erodes the religious liberties that this country has enjoyed for centuries. Christian organisations should be free to employ people whose belief and lifestyle commends the Christian gospel.

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EDITORIALS

Virginity

Government's rediscovery of its value is welcome

It's official! '£60m MESSAGE: VIRGINS ARE OK' proclaimed the *Evening Standard* recently, reporting on the Government's latest advertising offensive to try and reduce the number of teenage pregnancies in Britain (which currently exceeds 90,000 per annum).

'There is nothing embarrassing about being a virgin' one sixteen year-old claimed in the *Daily Telegraph*. However the Department of Health seemed a little more embarrassed about it than the headlines initially implied. The message that 'It's cool to be a virgin' was thought to be too unrealistic to lead the campaign and the more ambivalent slogan 'Sex, are you thinking enough about it?' was finally adopted instead.

Ambivalence often seems to sum up the general establishment attitude toward virginity. Delaying the onset of sexual intercourse is widely seen as a key objective for sex education programmes and is often used in research as an outcome measure of their effectiveness. The July 2000 DfEE guidelines on sex education emphasise its importance. Yet some major providers of sex education see it as a lost cause. Several leading sex educators have expressed to me their incredulity about encouraging abstinence. Neither 'abstinence' nor 'virgin' appear in the glossary of the FPA workbook for first schools!

The press also betrayed their cynicism in much of their coverage. *The Sun* in pronouncing that Katy Hill 'the super-cool star of *Live and Kicking* reveals today that she stayed a virgin until her wedding night' could not resist adding 'after making her boyfriend wait 13 years for sex'. The idea that any couple could freely and joyously agree together not to have sex before marriage is one that passes Fleet Street's understanding.

Sadly virginity, fidelity and indeed any concept of the importance of sexual purity seem to pass many Christians' understanding too. In writing about the pragmatic arguments for encouraging abstinence,^{1,2} I have expected and received much attack. However the opposition I have encountered from Christians has surprised me. When in the scriptures Paul writes 'I am jealous for you with a godly jealousy. I promised you to one husband, to Christ, so that I might present you as a pure virgin to him',³ he is surely drawing an analogy between our sexual union and the exclusive intimacy God desires with his people. This is a thread that runs through from Genesis to Revelation.⁴ Both content and context of our sex-lives have the most profound implications about the nature of our relationship to Christ.⁵

The Government's rediscovery of the value of virginity is welcome. Christians should have the strongest motivation to help teenagers resist pressure to become sexually active. We have the spiritual dimensions of sex revealed to us and the power of the Holy Spirit within us to enable us to 'flee sexual immorality'⁵ and honour God with our bodies.

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- 1 Stammers T. Sexual spin. *Postgrad Med J* 1999; 75:641-2
- 2 Stammers T. The case for virginity. *BMJ* (In press)
- 3 2 Corinthians 11:2
- 4 Genesis 1:27-28; Isaiah 57:7,8; 62:5; Jeremiah 2:2, 23-25; Ephesians 5:25-32; 1 Thessalonians 4:3-8; Revelation 21:2
- 5 1 Corinthians 6:13-20



The Human Rights Act and PVS

Not a blind bit of difference

The Human Rights Act 1998 came into force in England, Wales and Northern Ireland on 2 October 2000, having had effect in Scotland before. Article 2 states: 'Everyone's right to life shall be protected by law. No one shall be deprived of his life intentionally...' and then makes well-recognised exceptions for capital punishment and self defence. This right is the most fundamental of all, and ethicists were waiting to see its impact on medical law. We did not have to wait long.

On 5 October two cases of women in permanent vegetative state came before Dame Butler-Sloss, president of the High Court family division. The question was whether tube-feeding could still lawfully be withdrawn, as it has been occasionally since the landmark verdicts on 'Tony Bland' which controversially established that treatment that confers no benefit on a patient, including artificial nutrition and hydration, may be stopped. Would the new Human Rights Act affect this?

A mere day later, after evidence and legal submissions (and significantly the Official Solicitor did not oppose the applications) the declaration came that artificial feeding was not in the patients' best interests and could be withdrawn.² The 'Right to Life' law has thus made not a blind bit of difference.

However, the two patients remind us every case is different. Pro-life observers in court said that in Mrs H the surgery needed to replace her blocked tube would indeed have been a disproportionate burden, and they therefore did not think there was any intention to kill. Mrs M was typical of court cases post-Bland, but in the eight years since that verdict, only about 20 cases of PVS have come before the British courts out of the several thousand who have entered PVS and left it by natural death. The intuitions of 99% of professional and family carers are that tube-feeding in PVS should be continued, and so far there have been few deaths due to withdrawing food and fluid.

'Hard cases make bad law' and CMF members may disagree about the management of PVS, but this verdict at least reminds us of the clear and present danger of backdoor euthanasia. The risk is that if we end patients' lives intentionally by deliberate omissions of basic care, we will come to end them by deliberate acts of commission.

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- 1 Fergusson A. Should Tube-feeding be withdrawn in PVS? A brief review of the issues. *JCMF* 1993; April: 4-8
- 2 Dyer C. Human Rights Act does not affect the law on PVS. *BMJ* 2000; 321:916 (14 October)

Photo: John Worrell

