EDITORIALS

Banning smoking

A welcome proposal

Smoking could be banned in offices and factories, restaurants and most pubs within four years under plans unveiled by the government. The plans form part of Health Secretary John Reid's White Paper on Public Health, and are expected to become part of the government's manifesto for next year's general election. The government is to be praised for adopting a bold and controversial position for the sake of potentially huge public health gains.

If the ban progresses as planned, government departments and the NHS will be smoke free by the end of 2006 and by 2008 the ban will be enforced in all workplaces, restaurants, cafes and pubs that serve food (currently 70% of the total). The ban has received a mixed response. Anti-smoking campaigners have complained that limiting the ban to pubs that serve food will lead to disputes over the definition of prepared meals, and mean that working class people who tend to drink in pubs that don't serve food will go on smoking while the middle classes are encouraged not to smoke. However, perhaps current perception of the response of bar landlords is questionable. Certainly after Ireland's ban, not only were profits not affected, but also more non-smokers ventured into pubs (*BBC News*, 31 May). And as far as who might quit, laws have never been the prime motivator for quitting, whereas societal taboos are. 'Redefinition of the unacceptable' has always been a powerful motivator for behavioural change. Perhaps a culture increasingly intolerant of smoking will be the biggest incentive for all smokers to quit. Observations on American trends illustrate this; smoking is increasingly perceived as socially unacceptable where bans are in force (*Tobacco Control*, December).

The announcements have also led to renewed claims from libertarians that Labour is 'nannying' the public. The Christian worldview, however, holds that the purpose of the state is to encourage what is right and to punish the wrongdoer (1 Peter 2:14; Romans 13:3-4), and so would naturally encourage the enforcement of the good in spite of public reticence. While smoking per se is arguably morally neutral (presuming one can do it without jeopardising the welfare of anyone else), addiction is certainly not, since anything that vies for dominance in our thoughts and desires with God is at best unhelpful and at worst idolatry. The potential health benefits are of course huge with billions spent each year on smoking related diseases.

As Polly Toynbee points out in the *Guardian* (17 November), with the once reviled seat belt laws, what once seemed a preposterous imposition, soon becomes accepted as common practice. And it may well prove that the most affected individuals are largely on side, since 70% of smokers want to give up anyway. Perhaps today's outrageous directive will prove to be tomorrow's shrewd decision.

Jason O'Neale Roach is on the editorial board of Triple Helix

The euthanasia bandwagon

Propelled by medical fence-sitting and indifference

The *Mental Capacity Bill*,[1] which gives full statutory force to advance refusals of food and fluids, passed its third reading in the House of Commons on 14 December 2004 by a majority of 354 to 118 amidst huge controversy about it bringing in 'back-door euthanasia'.[2] The government employed a three-line whip and the vast majority of supporting MPs did not attend the debate. 34 Labour MPs voted against the government and 100 abstained on grounds that they should have been allowed a conscience vote on such an important life and death matter. The bill now passes to the House of Lords. The medical profession has been largely silent throughout the proceedings.

Meanwhile, the Lords' Select Committee considering Lord Joffe's *Assisted Dying for the Terminally Ill Bill*,[3] has been hearing evidence and, according to sources close to proceedings, is now divided 8-5 in favour of the Bill. It will recommend a course of action to the House of Lords early in the New Year.

Both the Royal College of Physicians (RCP)[4] and the Royal College of General Practitioners (RCGP)[5] have chosen not to oppose the Bill in giving evidence to the Select committee. Furthermore the RCP spoke out on behalf of the Academy of Medical Royal Colleges apparently without actually consulting those colleges or its own membership. It is largely because of this that members of the Select Committee now believe that the medical profession is not opposed to the Bill.

This is despite the fact that the BMA, GMC, Royal College of Nursing (RCN), the Association of Palliative Care Specialists and CMF[6] all opposed the bill - although ironically three (unelected) members of the BMA Ethics committee - John Harris, Sheila McLean and Evan Harris - all appeared before the Select Committee representing the Voluntary Euthanasia Society which was supporting the bill.

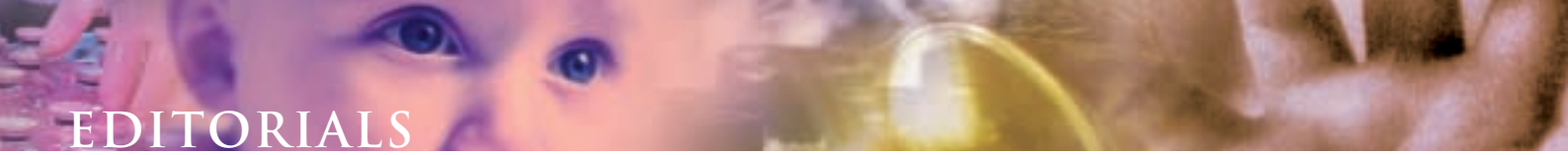
The decision as to whether euthanasia becomes law is now poised on a knife-edge. It is imperative that Christian doctors protest to the Presidents of their own Royal Colleges[7] urging them to make clear their positions and to oppose the Bill.

In urging that doctors will rise up in protest I am reminded of the judgment of the War Crimes Tribunal in 1949:

'Had the profession taken a strong stand against the mass killing of sick Germans before the war, it is conceivable that the entire idea and technique of death factories for genocide would not have materialized... but far from opposing the Nazi state militantly, part of the medical profession co-operated consciously and even willingly, while the remainder acquiesced in silence. Therefore our regretful but inevitable judgement must be that the responsibility for the inhumane perpetrations of Dr Brandt...and others, rests in large measure upon the bulk of the medical profession; because the profession without vigorous protest, permitted itself to be ruled by such men.'

Peter Saunders is General Secretary of Christian Medical Fellowship

1 Treloar A. The Mental Capacity Bill. *Triple Helix* 2004; Autumn:6-7
2 *The Times* 2004; 15 December
3 *www.publications.parliament.uk/pa/ld200304/ldbills/017/2004017.pdf*
4 *www.rcplondon.ac.uk/college/statements/statements_assisted_dying.htm*
5 *www.rcgp.org.uk/press/2004/9506.asp*
6 See CMF Website on *www.cmf.org.uk* for full review
7 Addresses can be found at *www.aomrc.org.uk/pages/members.html*



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Business as usual on the IAG

A report not to be mindlessly swallowed

The latest annual report of the Government's *Independent Advisory Group on Sexual Health*[1] was published in October 2004. The group was set up to monitor progress and advise the Government on the implementation of its sexual health strategy. It is chaired by the Labour peer Baroness Gould of Potternewton who is also the current president of the FPA (Family Planning Association). The vice-chair is Anne Weyman, the FPA's Chief Executive. Ian Jones, the Chief Executive of BPAS (British Pregnancy Advisory Service) is on the committee as 'abortion advisor' and Jan Barlow, the Chief Executive of Brook is also a member.

There are also eminent medical members of the committee, such as Dr Kevin Fenton, who have frequently stated that they consider that abstinence education has a part to play in good sex education. It is therefore disappointing to see that, along with some very helpful recommendations such as acceleration of the rolling out of the national chlamydia screening programme, the final 'groupthink' in the document contains much spin, distortion and patent lies about the role of abstinence. Early on the report states, 'there is clear evidence that abstinence-only education is ineffective. Abstinence-only approaches do not equip young people adequately to negotiate positive relationships… (they are) at higher risk of STIs and unplanned pregnancy because they have had little or no information about contraception and safer sex'. This assertion is unreferenced and untrue. The only research (as yet unpublished) to which this paragraph inaccurately alludes, is that of Bearman et al whose data[2] shows a very different picture from that painted in the report. This study examines the effect of pledging, not school-based abstinence education, and the pledging group were not at greater risk of STIs.

Having dismissed out-of-hand the possibly of changing primary sexual behaviours such as delaying first intercourse, the report falls back on the usual well-worn suggestions that confidentiality must be heightened so as not to frighten young people from accessing services (they do not mention the fact that 93% of girls with unplanned pregnancies have accessed services[3]) and that there should be an expansion of availability of free condoms through the NHS. No mention is made of the fact that Douglas Kirby, one of the doyens of sex education in the USA, considers that the 'jury is still out' on the effectiveness of condoms in schools.[4]

With regard to abortion, the only negative comment is about GPs who do not 'make their position clear on abortion and delay referral' (again unreferenced). They recommend that the NHS should carry out 90% of abortions. Perhaps this is just as well as the recent investigation of BPAS by the CMO must dent confidence in the probity of their service.

This report is as independent as one on passive smoking prepared by British American Tobacco and like the 'spring bubbling up with both fresh and bitter water'[5] should not be mindlessly swallowed.

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1. *www.dh.gov.uk/assetRoot/04/09/03/25/04090325.pdf*
2. *www.sociology.columbia.edu/people/faculty/bearman/papers/std_prevention.pdf*
3. Churchill D et al. Consultation patterns and provision of contraception in general practice before teenage pregnancy: case control study. *BMJ 2000; 321:486-9*
4. Kirby D. Making condoms available in schools. *West J Med* 2000; 172:149-151
5. James 3:11

'Choosing' our genetic future

A specious euphemism for prenatal eugenics?

The Human Genetics Commission's consultation *Choosing the Future: Genetics and reproductive decision-making*[1] closed on 15 November 2004. The consultation covers a variety of issues including designer babies, preimplantation diagnosis, prenatal screening and genetic counselling.

The HGC will report to ministers in 'late 2005'.[2]

CMF's full submission is available on our website.[3] The key points we made are as follows:

1. All people with congenital disability, genetic or otherwise, should be treated with the utmost respect at all stages of development. Resources for their treatment, care and support should be a top healthcare priority. Any policy that has the effect of identifying and eradicating groups of individuals with certain conditions from our community, whether based on expectation, coercion or free choice, is essentially eugenic.

2. Screening of embryos and fetuses as a prelude to disposal or termination, if it is to be allowed at all, should only be carried out for disorders qualifying under section 1(1)(d) of the Abortion Act 1967 (ie. 'there is a substantial risk that if the child were born it would suffer from physical or mental abnormalities as to be seriously handicapped'). In addition 'serious handicap' must be objectively defined.

3. Provision of screening tests for termination for any given condition should never be carried out at the expense of providing proper treatment, support and palliation for existing individuals with that condition.

4. No screening for any given condition should be offered unless there is proper provision for all parents being screened to give fully informed consent to screening, to discuss with a fully trained genetic counsellor the implications of the diagnosis, prognosis and intervention/treatment options, and to have the time and support to consider available options and come to a decision.

5. We believe that most antenatal screening currently being carried out in General practice and in antenatal clinics is being done without fully informed consent or adequate counselling and that a conveyor belt system of 'prenatal eugenics' already operates. This needs to be urgently addressed before genetic screening is made available for more parents or for a broader range of conditions.

6. We are gravely concerned that widely available prenatal screening for termination will lead to the eradication of whole categories of people with specific genetic disorders from our community and subsequent stigmatisation, discrimination against and inadequate support for individuals and families who are perceived as 'escaping through the net' and thereby creating an intolerable burden for society.

7. Primary prevention (ie. genetic screening of sperm and eggs or advising parents not to have children), encouragement of adoption, and tertiary prevention (treatment of handicapped individuals prenatally or postnatally) are ethical alternatives to so-called secondary prevention (prenatal diagnosis and disposal/abortion) that should be vigorously promoted and adequately resourced.

Peter Saunders is General Secretary of Christian Medical Fellowship

1. *www.hgc.gov.uk/choosingthefuture/index.htm*
2. *www.hgc.gov.uk/choosingthefuture/ChooseFuturefull.pdf*
3. *www.cmf.org.uk/ethics/submissions/hgc_nov04.htm*