news reviews

The revised Joffe Bill

May run out of time, but we need to remain vigilant

Review by **Peter Saunders**
CMF General Secretary

On 9 November 2005 Lord Joffe re-introduced his *Assisted Dying for the Terminally Ill Bill*,[1] the third 'assisted dying' bill he has tabled in the House of Lords in as many years. If passed it will enable 'an adult who has capacity and who is suffering unbearably as a result of a terminal illness to receive medical assistance to die at his own considered and persistent request'. Put simply it seeks to legalise physician assisted suicide (PAS), but not euthanasia, along the lines of the Oregon *Death with Dignity Act*.[2]

The House of Lords Select Committee Report on Joffe's last Bill,[3] which was the subject of a nine hour debate in the Lords on 10 October,[4] made ten recommendations for a new bill of which Joffe has taken on board only four; this bill is therefore essentially 'more of the same'. The major changes are as follows: The bill applies now only to Wales and England and not Scotland. Although a doctor must still prescribe the lethal drugs, another member of the healthcare team may now 'assist' him in helping the patient to commit suicide (so by implication the doctor need not be present). Terminal illness has now been redefined as 'likely to cause death within six months' rather than 'a few months'. The initial request for assisted suicide must now be made in writing and not just verbally, and dissenting doctors now have no legal obligation to refer the patient requesting PAS to another doctor (but must forward the case notes on request).

This Bill is likely to have its 'second reading', a debate on the principles of the Bill, early in the New Year. By convention there is no vote at second reading debates in the House of Lords. Next is the Committee stage (beginning two weeks or so later) where the House of Lords considers detailed amendments to the Bill. There is then a final report and third reading stage when the Bill, as amended in Committee, can be further amended and is then voted on by the House. This would most likely be in the late Spring of next year.

Even if the Bill were to pass all its stages in the House of Lords, it would still need to go through the House of Commons to become law. But because the Government has effectively taken a neutral position on the Bill, although we must remain vigilant, it seems unlikely that the Bill would be given time to be debated and progress through the House of Commons during the current session of Parliament which will end in the autumn of 2006.

Whatever happens it is imperative that Christian doctors ensure they are fully informed about the bill's progress and well rehearsed in the arguments against the legislation of euthanasia and physician assisted suicide.[5] This is an issue that will run and run and the price of freedom is eternal vigilance.

references

1. *www.publications.parliament.uk/pa/ld200506/ldbills/036/2006036.htm*
2. Fergusson A. Going West. *Triple Helix* 2005; Summer: 6-7
3. The report was published by The Stationery Office on 4 April 2005 as HL Paper 86
4. A transcript of the full debate is available from the CMF Office on request by email
5. See *www.cmf.org.uk/index/joffebill.htm*

WHO three by five initiative

The church is the missing ingredient

Review by **Steve Fouch**
CMF Allied Professions Secretary

In June 2005 the World Health Organisation released its final interim progress report on the 3 by 5 initiative.[1] Set up in 2003, this was an ambitious plan to get at least three million people in developing nations living with HIV & AIDS on to life-saving antiretroviral therapy (ART) by the end of 2005. By June, only 1 million were on treatment. In November 2005, Dr Jim Yong-Kim, the WHO Secretary General publicly apologised that the WHO had fallen so far behind target, admitting they simply had not done well enough.[2]

This is very bad news. Around six million people in the developing world need ART – many of them will die very soon without it, and many more will get ill and need therapy in the coming years. And this need is going to grow, not diminish. This failure has already costs many lives, and many more will die in the coming year.

WHO has increased by more than five times the number of poor people on ART since 2003. Lessons have been learnt, and they are getting better. However, they are a long long way from meeting the very real need that is out there.

The reasons are complex, but a lot is to do with a lack of basic infrastructure. Although more funding is needed for ART, nevertheless, many millions could be on ART now if money alone was the issue. The reality is that there are not enough doctors and nurses to deliver and monitor therapy. There are often not the mechanisms to train staff or volunteers, nor the correct the distribution or storage systems for these highly specialised drugs.

There is, however, a global network of organisations with local, national and international structures, able to help address some of these needs. It is called the Church, and WHO is desperate to engage with it. Churches can deliver drugs to people's homes through teams of trained volunteers, ensuring people are keeping to their regimes, ensuring distribution networks work, linking people to hospitals (especially church run institutions), and acting as advocates for those living with HIV & AIDS. This is already happening, but not nearly enough.

The Body of Christ has a huge potential and the opportunity to save lives, showing the compassionate love of Christ to millions. If the WHO and others can only learn how to work with us, and if we learn how not to distrust or ignore the UN system, this could be one of the greatest opportunities of recent times for the church truly to influence the world. This is a *kairos* moment we can choose to ignore.

references

1. *Progress on Global Access to HIV Antiretroviral Therapy: An update on 3 by 5, World Health Organization.* 29 June 2005. *www.who.int/3by5/fullreportJune2005.pdf*
2. Apology over missed AIDS target, Madeleine Morris. *BBC News Online 2005*; 28 November. *news.bbc.co.uk/1/hi/health/4476978.stm*