news reviews

World AIDS Day

A glimmer of hope on a dark plain

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

Another World AIDS Day passed on 1 December: but amidst the usual flurry of news stories and updates on the epidemic, and the predictable tables of statistics showing the mounting scale of the problem, there was a glimmer of hope.

At Saddleback Church in California, Rick Warren, author of *The Purpose Driven Life*, convened a second Global HIV Summit for church leaders at the end of November.[1] Warren emphasises that AIDS is a *kairos* opportunity for the church to re-engage with the world and show the love and mercy of God to a hurting creation.[2] Using the scriptural template laid down in Mark 10 and Luke 10, he advocates the engagement of ordinary Christians where they are and with what they have to bring Christ's hope and healing.

That he was also able to draw in people such as the head of the Global Fund and Senator Barack Obama is a sign of how influential Warren has become. But his profile does not detract from his central plea – for the church to get out and get its hands dirty.

Anglican Archbishop Rowan Williams also raised his voice on World AIDS Day,[3] echoing Warren's call for engagement, but reminding the worldwide church to look at the problem of AIDS not just in communities overseas, but also in our own, local communities, and even more, within our own churches. AIDS is not an 'out there' problem – it affects people inside and outside of the church, but we fear even to talk about it, let alone take action.

At the same time, ICMDA launched its HIV Initiative with an inaugural award for Christian clinicians that have pioneered work in fighting AIDS.[4] This year's winner is Dr Biangtung Langkham of Emmanuel Hospital Association in India, who was recognised for his pioneering work in prevention and treatment in several rural and urban communities over the last 20 years.[5]

There are increasing signs that the church is waking up and engaging more and more with the pandemic. There are some, like Dr Langkham, who have been working away quietly for decades, and others like Rick Warren who seem to have just woken to the challenge. There are many other ordinary Christians who have been involved in different ways and at different times in whatever manner they can, especially in Africa, a land replete with unsung heroines and heroes of faith.

AIDS is not the only scourge afflicting our world, but it is one of the biggest. It is also one where Christians have already contributed a huge amount, but we have so much more yet to give.

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Stem cells

Positive research outcomes show how useful adult stem cells could be

Review by **Rachael Pickering**
Triple Helix Associate Editor

The last few months have yielded much good news on the adult stem cell front. Several ground-breaking research projects have announced successful results.

There is hopeful news for diabetics. In New Orleans, human bone marrow stem cells have been shown to repair defective insulin-producing pancreatic cells in diabetic mice.[1] Three weeks after injection, the treated mice had lower blood sugar and were producing more insulin than untreated mice. Furthermore, glomerular damage in their kidneys was halted. The research team leader is optimistic that their success in using human stem cells to cure research mice can be successfully transferred to human diabetics. Dr Wilson, research director of Diabetes UK, said, 'This is interesting work…Theoretically, pancreatic beta cells produced from a patient's own bone marrow could be used to treat diabetes, overcoming the requirement for immunosuppression following islet transplantation'.

Funded by the Medical Research Council, a team from University College London and Moorfields Eye Hospital has successfully transplanted precursor cells (a type of more developed stem cell), taken from the retinas of three day old mice, into the eyes of partially sighted mice.[2] Once treated, these animals (which mimic human conditions such as age-related macular degeneration) showed light reactive pupils and optic nerve activity.[3] Unfortunately, unlike newborn mice, the equivalent type of human retinal precursor cell is found only in second trimester fetuses; but thankfully, in attempting to transfer their success to human eyes, the team is now looking at the potential of certain cells on the periphery of adult retinas.

Heart attack patients arriving at the London Chest Hospital and the Heart Hospital may soon be offered more than streptokinase and an angiogram.[4] Doctors are launching a trial to see whether injecting a patient's own bone marrow stem cells into recanalised coronary arteries during angioplasty reduces the risk of developing post-infarction cardiac failure.

So, with all these encouraging results from adult stem cell research, it is somewhat disappointing that Australia's parliament recently felt the need to lift its ban on the cloning of human embryos for the purpose of stem cell research.[5] Now that they have the legal go-ahead, Australian researchers are free to indulge in therapeutic cloning. It is sad that, in their pursuit of the admirable aim to cure serious adult diseases, many scientists prefer to create and sacrifice other human lives rather than use patients' own resources.

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Psychological consequences of abortion

Time for the RCOG and RCPsych to review their guidance

Review by **Peter Saunders**
CMF General Secretary

Since 1967, more than six million abortions have been performed in Britain, over 95 percent on the grounds that abortion safeguards the mental health of women with unplanned pregnancies.

In a letter to the *Times*,[1] coinciding with the 39th anniversary of the Abortion Act on 27 October 2006, fifteen specialists in Psychiatry and Obstetrics and Gynaecology, including some CMF members, called upon both the Royal College of Psychiatrists (RCPsych) and the Royal College of Obstetricians and Gynaecologists (RCOG) to revise their guidance on the link between abortion and mental health. They quoted the strong evidence, recently reviewed in *Triple Helix*,[2] that women who choose abortion subsequently suffer from higher rates of depression, self-harm and psychiatric hospitalisation than those who carry their babies to term.

This evidence has recently been strengthened by the findings of a large longitudinal, methodologically robust study from New Zealand[3] which demonstrated that women who had abortions had twice the level of mental health problems and three times the risk of major depressive illness as those who had either given birth or never been pregnant. This research has set a new landmark, showing that even those without any past mental health problems are also at risk. As a consequence the American Psychological Association has withdrawn an official statement that denied a link between abortion and psychological harm.[4]

The Royal College of Obstetricians and Gynaecologists September 2004 guidance on abortion however, which predates this latest research, plays down a link between abortion and psychological harm:

Some studies suggest that rates of psychiatric illness or self-harm are higher among women who have had an abortion compared with women who give birth and to nonpregnant women of similar age. It must be borne in mind that these findings do not imply a causal association and may reflect continuation of pre-existing conditions.[5]

Similarly, the Royal College of Psychiatrists, in a 1993 statement, which does not appear to have been subsequently revised, has stated:

The Royal College of Psychiatrists finds that the risks to psychological health from the termination of pregnancy in the first trimester are much less than the risks associated with proceeding with a pregnancy which is clearly harming the mother's mental health. There is no evidence in such cases of an increased risk of major psychiatric disorder or of long-lasting psychological distress.[6]

Women considering an abortion have a right to know that that there may be long-term adverse psychological effects. Both these sets of guidance from Royal Colleges appear to be out of step with the latest evidence and now require revision. Christian doctors have a key role to play in encouraging this.

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A nasty challenge from NICE

Guidance on prescribing for Alzheimer's to be challenged

Review by **Dr Adrian Treloar**
Consultant in Old Age Psychiatry in London

'I do want to' said our blessed Lord when asked by a leper if he wanted to cure him.[1] As doctors, it is our huge privilege to participate in healing. The challenge of medicine has been to do well what works and to avoid ineffective treatments.

The National Institute for Clinical Excellence (NICE) was set up to appraise treatments and to promote effective care. Recently published NICE guidance states that anti-dementia drugs should not be provided to people with mild or severe dementia.[2] The appraisal *did* demonstrate that these drugs do help in all stages of dementia; however, it then used economic analysis to conclude that they were too expensive. The prescribing of acetylcholinesterase inhibitors donepezil, rivastigmine and galantamine was approved for moderate Alzheimer's, that is those achieving a Mini Mental State Examination (MMSE) of between ten and 20. However, despite evidence that it benefits patients who are distressed or behaviourally disturbed, the use of the NMDA-receptor antagonist memantine has been disallowed, except in research studies.

A person's MMSE is highly affected by language skills, deafness and blindness as well as intellectual ability. The guidance is therefore fundamentally discriminatory. Furthermore, following it may lead to increased nursing home costs and perhaps the use of more expensive, less effective drugs. The view that NICE has got this decision wrong is now widespread, and its guidance is now subject to judicial review. Should clinicians follow controversial guidance or treat the sick?

What should Christian doctors do with patients who may benefit from anti-dementia drugs? Obviously a good assessment is required. We should be honest and compassionate both to patients and their carers. We must tell them what treatments might help. We cannot avoid this problem by denying the existence of an effective treatment option. Inevitably, this will identify patients who may benefit from an affordable treatment, despite NICE not supporting this. In such circumstances we *must* remember our vocation – the *patient* is our first concern. As a result, we must be willing to risk criticism and even disciplinary action. Effective treatment should be prescribed, even if a guideline – and it's reassuring to note that NICE issues *guidance* not policy – has told us not to. The alternative will leave sick patients without effective treatment. We need to stand by our vocation. Our Lord wanted to heal and so must we.

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