



## news reviews

### Mental Health Act amended

*Guiding principles welcomed but could the law be abused in future?*

Review by **Dominic Beer**

Consultant psychiatrist, Oxleas NHS Foundation Trust

**F**inally, the 1983 Mental Health Act has been amended.<sup>1</sup> Much stays the same. What is new? The two most noteworthy changes are that the definition of mental disorder has been significantly broadened to 'any disorder or disability of mind' and that Community Treatment Orders have been introduced.

Parliament's 'guiding principles' behind the Amendment are:<sup>2</sup>

- To treat and minimise the undesirable effects of mental disorder
- To provide the least restrictive treatment setting which is consistent with protection of the patient and the public
- To respect the rights of patients
- To involve patients and carers in care
- To provide effective, efficient and equitable care

Why has it taken so long to change apparently so little? The government was besieged by a coalition of professionals, civil liberty and patients' groups who saw

the widening of the definition of mental disorder and the introduction of Community Treatment Orders as gross infringements of liberty. However, after the murders committed by Michael Stone on the Russell family, the government wanted to ensure that those with personality disorder would not be ineligible for treatment, as long as 'treatment is available'. Community Treatment Orders will have greater power than the current 'supervised discharge', but it will still not be possible to enforce an injection while the patient is in the community – the patient must be brought back to hospital.

There are a number of other changes – no persons under 18 will be allowed admission to adult mental health wards after 2010; independent mental health advocates will be brought in; others, besides doctors, can be 'Responsible Clinicians' and those, besides social workers, can act as 'Approved Mental Health Professionals'; the 'Nearest Relative' can be a civil partner; and other than in an

emergency ECT cannot be given to an unwilling patient who retains capacity.

Christians welcome the following principles:

- Compassion – the basic purpose of the Act is to provide care for suffering people
- Justice – care should be provided for all, regardless of income, employment, race
- Truth – each case will be subject to independent review by a tribunal

The big unknown factor is whether any future government might abuse the wide definition of mental disorder. At this stage all one can say is that the stated principles of respecting and involving patients and the necessity to provide 'appropriate treatment' might act as a defence against any future abuse.

#### references

1. Mental Health Act 1983/2007. London: Department of Health/The Stationery Office
2. Code of Practice, Mental Health Act 1983/2007

### Healing miracles at Lakeland?

*'Gamaliel principle' effective again*

Review by **Andrew Fergusson**

CMF Head of Communications

**E**arlier this year supernatural phenomena were being reported in Lakeland, Florida at 'revival' events organised by Fresh Fire Ministries, and led by Todd Bentley.<sup>1</sup> Respected evangelical R T Kendall, now retired in Florida, was concerned but did not want to ignore a true work of God:<sup>2</sup>

'What complicated things most of all was that people were apparently being healed. At last count there were 37 resurrections from the dead. If only one of them had a coroner's death certificate it would be a very serious matter to say that what was going on there was not of God. The fact that ABC news could find no documentary evidence of a miracle was not enough to sway me one way or the other. I was even prepared – for a while – to overlook the claim that the angel Emma is the secret explanation for the special revelations and miracles. I believe in angels. What if Emma were a part of the 'yuk' factor?' He continued with a critique of what was not

happening at the meetings, as well as one of what was, and concluded 'I can only call this "another gospel" as in Galatians 1'.

CMF is a member of the Evangelical Alliance and was consulted informally about an appropriate response. In an open letter on 10 June<sup>3</sup> General Director Joel Edwards referred back to a 1994 EA statement about the 'Toronto Blessing' which ended with Jonathan Edwards' classic tests about a phenomenon:

- Does it raise people's estimation of Jesus Christ?
- Does it operate against the interests of Satan?
- Does it lead to a greater regard for Scripture and truth?
- Does it result in a greater awareness of and seriousness about the things of God?
- Does it lead to a greater love for God, for other Christians and for the wider world?

In the event, Todd Bentley stepped down from public ministry and things seem to

have gone quiet. CMF, EA and others had been advocating the 'Gamaliel principle'. In Acts 5 we read that because of healing miracles being performed daily through Peter and the apostles, they were brought before the Sanhedrin where Gamaliel recommended a principle which values evidence and accepts a God who does miracles: '...I advise you: Leave these men alone! Let them go! For if their purpose or activity is of human origin, it will fail. But if it is from God, you will not be able to stop these men; you will only find yourselves fighting against God.'<sup>4</sup>

#### references

1. Ashworth P. Hype or fact? US outpouring heads for Britain. *Church Times* 4 July 2008 [www.churchtimes.co.uk/content.asp?id=59184](http://www.churchtimes.co.uk/content.asp?id=59184)
2. Kendall R T. Lakeland? Leave It Alone! *Sorted* magazine, Sep/Oct 2008:8
3. Edwards J. Florida letter. [www.eauk.org/media/florida.cfm](http://www.eauk.org/media/florida.cfm)
4. Acts 5:38-39



## Top-up payments

*How do we deploy finite resources wisely?*

Review by **Helen Barratt**  
Academic Clinical Fellow in public health

**T**his autumn, debate about patients paying to 'top-up' NHS care has dominated the media. In West Sussex, Carole Simmons' family paid privately for the drug *Avastin*, not available on the NHS. They believed it would prolong her life. However, their NHS treatment was withdrawn as a consequence, leaving them with a £20,000 bill for her routine care.<sup>1</sup>

This story is not unique. Although the issue is not confined to cancer treatments, the government asked the National Clinical Director for Cancer to review this policy. He concluded<sup>2</sup> patients could continue with 'top-up' treatments administered in non-NHS settings, but this is unlikely to signal the end of the debate. Deeper issues still need to be explored:

- The 'fiction of the wonder drug': the media frequently describe drugs as 'lifesaving' when they may only prolong survival for a few weeks. Some argue

this detracts from open and constructive discussion about end of life care.<sup>3</sup>

- The increasing tension between the autonomy and demands of patient-consumers, and the role of the doctor as a service provider.
- The relationship between senior clinicians – focused on their patient – and the local PCT, making individual funding decisions, but responsible for the population's health.<sup>4</sup>
- The place of evidence in clinical judgment, and particularly the role of the National Institute of Health and Clinical Excellence, considered by some to be 'denying care to those who need it most'.<sup>5</sup>
- Whether we should be striving to provide NHS care free at the point of need to everyone, regardless of the cost or evidence, or looking at other ways to deploy finite resources wisely. The debate raises questions about ethical

principles such as fairness and equity.<sup>6</sup> We should be cautious about measures that would further marginalise those already disadvantaged, and must think about how Christians should make use of the resources God has entrusted to us,<sup>7</sup> as well as about our relationship to authority structures such as NICE. There may be no clear answers, but it is time we engaged in this debate logically, carefully and sensitively, avoiding the knee-jerk reactions that dog the media.

### references

1. Templeton S. Dying patient forced to pay £20,000 for NHS care. *Sunday Times* 2008, 5 October
2. Kmietowicz Z. Patients told they can combine private drugs with NHS care. *BMJ* 2008;337:a2418
3. Hitchen L. Primary trusts must 'challenge the fiction of the wonder drug'. *BMJ* 2008;337:a1970
4. See for example [www.doctorsforreform.com](http://www.doctorsforreform.com)
5. Hawkes N. Why is the press so nasty to NICE? *BMJ* 2008;337:a1906
6. *CMF File 17 on Resource Allocation*
7. Matthew 25:14-30

## HFE Bill

*Things could have been even worse*

Review by **Peter Saunders**  
CMF General Secretary

**T**he 1967 Abortion Act caused 6.8 million abortions. The 1990 Human Fertilisation and Embryology Act provided for various forms of assisted conception, but through allowing embryo freezing, research and disposal up to 14 days has also destroyed 2.2 million human embryos – a total of nine million early human lives in 40 years.

The 2008 Human Fertilisation and Embryology Bill<sup>1</sup> takes us several steps further by bringing in more liberal embryo research, saviour siblings, animal-human hybrids, fatherless IVF children, and by making legal without explicit consent the use of tissue from children, mentally incapacitated adults and people who have died in order to make cloned and hybrid embryos. CMF throughout has opposed the bill as an attack on human dignity, the family and life itself.<sup>2</sup>

All attempts to remove these provisions from the bill, or to legalise them only when alternative research routes do not exist, were defeated in both Lords and Commons as government Peers and MPs

faced a three line whip. Most would have voted this way regardless, due to a successful propaganda campaign by *The Times* backed by various scientific institutions, patient interest groups and MPs.

Key was the Prime Minister who wrote in May that 'embryonic stem cell therapy' gave us 'a profound opportunity to save and transform millions of lives' and that animal-human hybrid research is 'an inherently moral endeavour that can save and improve the lives of thousands and over time millions of people'.<sup>3</sup> The facts suggest otherwise. The PM, in thrall to research scientists and the biotechnology industry, has embraced this emperor's new clothes technology at the very time when scientists worldwide are turning to the ethical alternatives of adult and cord blood stem cells and iPS (induced pluripotent stem cells). In October the National Institute of Health website listed 2,170 clinical trials involving adult stem cells, 125 involving cord blood stem cells, but *not one clinical trial in humans* involving embryonic stem cells.<sup>4</sup>

The bill completed its eleven month journey through Parliament on 29 October

with a debate in the Lords and now needs only royal assent, a mere formality, to make it law. The only saving grace has been that the abortion law has not been further liberalised. It was a huge answer to prayer when liberalising amendments calling for abortion on request up to 24 weeks, nurse and GP surgery abortion, and extension to Northern Ireland fell. At the eleventh hour the government acted to prevent debate on these, apparently in response to pressure from the media, Northern Ireland MPs and cross-party back-benchers.<sup>5</sup> The new HFE Act is certainly bad, but could have been even worse.

### references

1. [services.parliament.uk/bills/2007-08/humanfertilisationandembryology.html](http://services.parliament.uk/bills/2007-08/humanfertilisationandembryology.html)
2. [www.cmf.org.uk/press\\_release/?id=97](http://www.cmf.org.uk/press_release/?id=97)
3. Gordon Brown: Why I believe stem cell researchers deserve our backing. *The Observer* 2008; 18 May. [www.guardian.co.uk/commentisfree/2008/may/18/stemcells.medicalresearch](http://www.guardian.co.uk/commentisfree/2008/may/18/stemcells.medicalresearch)
4. [www.clinicaltrials.gov](http://www.clinicaltrials.gov)
5. Anger over abortion debate halt. *BBC Online* 2008; 22 October. [news.bbc.co.uk/1/hi/england/oxfordshire/7683825.stm](http://news.bbc.co.uk/1/hi/england/oxfordshire/7683825.stm)