

DFID and maternal health

Multi-level interventions and recognising faith are the real answers

Review by **Steve Fouch**

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After noting recently the appalling level of maternal mortality in the developing world¹ some good news was welcome. This August came a long term meta-analysis of global maternal mortality statistics that showed a nearly 30% drop over the past two decades.² The UN annual report likewise found the mortality rate had fallen from 500,000 to 350,000 maternal deaths per annum.³ Both surveys found these reductions were due to multi-level interventions, including addressing social attitudes, educating and empowering women and girls, good obstetric and midwifery care, and better birth spacing.

This coincided with a major consultation by the UK Department for International Development on their new strategy for maternal health. DFID states it wants to support evidence based, multi-level interventions,⁴ giving prominence to the provision of 'safe abortion' as an effective intervention. However, the two meta-surveys indicated that of all the interven-

tions, this had the least impact – in part at least because addressing the other issues minimises the demand for abortion. DFID have been criticised for tying overseas aid to legalised abortion for ideological reasons.⁵

Another major lacuna is the role of religion. Historically DFID has been criticised for marginalising faith,⁶ an issue they have sought to rectify.⁷ However their Western secular perspectives fail to understand that for most developing world communities, faith shapes values and choices as much as, or more than, poverty. Only by working from within religious traditions (in particular with faith based organisations) can we transform attitudes and values that devalue women and set their health needs low.

CMF has made a detailed submission challenging DFID on these two issues.⁸ Drafted by obstetricians, midwives and paediatricians with developing world experience, it shows that Christian health professionals have a great deal to contribute to global health policy, giving

a voice to the voiceless and standing up for the needs of the poor.⁹

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Human Fertilisation and Embryology Authority

HFEA to join the bonfire of the quangos?

Review by **Josephine Quintavalle**

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After 19 years of controversial existence there is a real possibility that the Human Fertilisation and Embryology Authority (HFEA) will be axed. It has rarely been remembered during two decades of relentless embryo destruction that the original HFE Act 1990 came into being with the primary objective of protecting the special status of early human life. Licences for treatment or research involving the human embryo could only be authorised if shown unequivocally to be necessary or desirable.

With the Authority in the hands of an unelected, unrepresentative committee overtly on the side of the fertility and libertarian scientific communities, it is hardly surprising that respect for the human embryo has rarely been upheld. Almost every licence application landing on the HFEA's desk gets approval. Human embryos can now be used as practice tools by embryologists simply to improve biopsy techniques.¹

So three cheers for the forthcoming 'bonfire of the quangos', a phrase used in 1995 by Gordon Brown, then Shadow Chancellor, in an attack on 'over-centralised, over-secretive and over-bureaucratic' government.² The present government's bonfire is principally aimed at increased efficiency and economy, but it is nevertheless a joy to find the HFEA high on its list of 177 doomed quangos, or 'Arm's Length Bodies' as they prefer to call them. If all goes well the HFEA's functions are to be parcelled out by the end of the current Parliament to the Care Quality Commission, the Health and Social Care Information Centre, and a new research regulator.³

Whether or not the HFEA will actually end up on the pyre is still cause for heated discussion. Some argue this is unlikely as it would require an Act of Parliament to rescind existing provisions in the Act which govern the HFEA. It is hard to imagine the current government not anticipating this problem. Experts suggest that a specific piece of overarching preliminary legislation

could govern the disbanding of all targeted quangos, and the necessary changes could then be effected without need for primary legislation.

At the last public meeting of the HFEA (8 October 2010), Chairman Lisa Jardine was taking possible closure very seriously. While bravely stating that in the interim they would 'carry on carrying on', it was anticipated that significant changes would be effected before the end of 2013. The demise of the HFEA is a possibility and there should be no tears. The ethical responsibility for unbiased defence of the human embryo must be entrusted to a competent representative body independent of the fertility industry, with final decisions determined democratically in Parliament.

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More quangos for the bonfire? Time for some truly independent advisors

Review by **Trevor Stammers**
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Among the quangos due for dissolution are the Teenage Pregnancy Independent Advisory Group (TPIAG) and the Independent Advisory Group on Sexual Health and HIV (IAGSH). Since TPIAG was set up in 1998 to halve the national under-18 conception rate by 2010, it has put most of its efforts into the promotion and provision to teenagers of the very contraceptives which, when they fail, then constitute the commonest reason for requesting abortion. The IAGSH (March 2003) equally adopted an ideological approach which consistently ignored evidence-based practice, such as studies indicating that abstinence-only education programmes can reduce both teenage conception, abortion and STI rates.^{1,2}

The IAGSH published many inaccuracies. In September 2003, they claimed those who took a US 'abstinence pledge' were 'at higher risk of STIs...because they have often had little or no information about contraception and safer sex'.³ Not only was no evidence presented to support the reason given, but even the

purported 'higher risk' of STIs was not shown by the actual research which consistently showed lower rates of STIs (though not statistically significantly so) among pledgers.⁴ A more recent study has since confirmed the lower STI rates in another type of abstinence programme.²

The membership of both TPIAG and IAGSH raises questions about their independence from the contraceptive and abortion industries. The vast majority of members had declared interests in these fields. Baroness Gould, the chair of both, was President of the fpa and chaired a pro-abortion lobby group in Parliament. Like Baroness Gould, many of the members of one of these 'independent' groups were also members of the other;⁵ whereas there were no representatives at all with any experience of alternative strategies such as the highly successful ABC programmes in Uganda⁶ or *Love for Life*⁷ programmes in Northern Ireland, where teenage pregnancy and STI rates are far lower than in England, Wales and Scotland.

If indeed 'wisdom is vindicated by its

outcomes'⁸ Christians need to pray that those bodies taking over from these two failed quangos will indeed be independent and have some fresh approaches. We might see some improvements by investing in encouraging primary behavioural changes such as later age of first intercourse and greater parental involvement with teenage sex education. Let's start introducing what we know actually works, instead of wasting yet more millions on what does not.

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New medical group advocates assisted suicide But doctors supporting a change in the law still constitute a minority

Review by **Peter Saunders**
CMF Chief Executive

A new group of 'health professionals' has recently joined the growing number of 'societies' and 'forums' seeking legal permission for doctors to assist with suicide.¹

Healthcare Professionals for Change² follows Libby Wilson's FATE³ (Friends at the End), Michael Irwin's SOARS⁴ (Society for Old Age Rational Suicide), Philip Nitschke's EXIT International⁵ and the Secular Medical Forum⁶ (also founded by Irwin) in pushing for a change in the law. Perhaps not surprisingly, HPCF is sponsored by the pressure group Dignity in Dying (formerly the Voluntary Euthanasia Society).

Prominent among the group's supporters are several well known medically qualified campaigners for liberalising the law on assisted suicide and abortion, including former MP Evan Harris, Simon Kenwright, Wendy Savage (who leads a similar doctors' pressure group on abortion⁷), David Paintin and Ray Tallis.

Evan Harris has campaigned for the

legalisation of assisted suicide both through the British Medical Association and also as a Liberal Democrat backbencher in Parliament, but without success. Interestingly, he lost his Oxford West and Abingdon seat on a large swing in the general election this year to a candidate who opposed his views on a number of ethical issues.

Ray Tallis held the influential Chair of the Ethics Committee of the Royal College of Physicians (RCP) when that organisation briefly went neutral on the issue in 2005. After he had vacated the chair, and just before the debate on Lord Joffe's Assisted Dying for the Terminally Ill Bill in May 2006, the RCP reverted to opposing any change in the law after seeking the opinions of its members, a position it has held ever since. Responding to the launch, Sir Richard Thompson,⁸ currently RCP President, recently outlined eloquently the reasons why a clear majority of the College's members still do not support a change.

They are in good company. Other official

doctors' bodies opposing any change include the British Medical Association (BMA), the Association for Palliative Medicine (APM), the British Geriatric Society (BGS), the Royal College of General Practitioners (RCGP) and every other Medical Royal College that has expressed an opinion on the matter. The BGS earlier this year issued a strong statement⁹ on assisted suicide about how a change to the law would remove protection from vulnerable elderly people. Christian doctors, in continuing to promote palliative care and oppose any change in the law, need to remember that those doctors who support so-called 'assisted dying' remain only a minority.

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