

## Putting targets before patients

*Failures of care suggest a deeper problem*

Review by **Steve Fouch**  
CMF Head of Allied Professions Ministries

The recent report from the Care Quality Commission on Colchester General Hospital<sup>1</sup> adds to the depressing list of reports on failures in the NHS. This latest episode related to the falsification of appointment times and waiting list data in the Cancer Unit by senior managers to improve the hospital's league table standing. Furthermore, junior staff were bullied into silence and compliance. Some families are now claiming that loved ones may have suffered and died unnecessarily because they were kept on waiting lists longer than necessary, and the whole matter is now being looked at by the police.<sup>2</sup>

Following on in the same year as the Francis Report<sup>3</sup> into Mid Staffs, and mere weeks before the Government's response is finally published, it is a disturbing reminder of how easily the priorities of an organisation set up to care for the sick can be distorted.

Some will blame this (or the last) government's desire for targets; others, the increasing bullying culture within the NHS as a whole; others, cut backs in funding and services. In truth, all of these probably played a part in Colchester, Mid Staffs and the mounting number of other care failures being reported. Inevitably there will be renewed cries for the Government, the NHS Executive, the professional colleges and other NHS institutions to do something about this.

The concept of institutional sin is very relevant to the current state of the NHS. All human institutions are prone to a culture, a spiritual atmosphere, a groupthink, that can perpetuate either the best or the worst in human nature. It is clear that a focus on other priorities than the patient (funding, trust status, league table placing, meeting targets, etc), and failure to value the people that make up the living fabric of the institution (staff and patients) is not just wrong,

it is positively demonic and must be challenged, contested and transformed at every opportunity. It is hard for any one person to stand up and do this alone and impossible to tackle what is in many ways a spiritual malady by human power alone. But it is possible to challenge and change this culture in fellowship with others, believers and non-believers alike. But as followers of Christ we have an added strength, knowing that we have with us one greater than all the authorities and powers against which we must contend.<sup>4</sup> This is a spiritual as well as human struggle – but with Christ with us, we can begin to reclaim the NHS to be what it was meant to be.

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## Countering the threat of euthanasia

*New anti-euthanasia coalition launched*

Review by **Peter Saunders**  
CMF Chief Executive

A new coalition was launched in Brussels on Wednesday 13 November 2013 to combat the growing threat of euthanasia across Europe. The Euthanasia Prevention Coalition Europe (EPC-Europe)<sup>1</sup> draws together organisations and individuals from across the continent.

Dr Kevin Fitzpatrick OBE, Coordinator for the group, said, 'EPC-Europe brings people from a wide variety of backgrounds together to oppose the legalisation of euthanasia and assisted suicide, promote the best care and support for vulnerable people and to help people to find meaning, purpose and hope in the face of suffering and despair.' The move came in the same week that Margo MacDonald MSP launched her Assisted Suicide (Scotland) Bill in the Scottish Parliament.<sup>2</sup> Both this bill and Lord Falconer's Assisted Dying Bill,<sup>3</sup> which was introduced to the House of Lords on 15 May, have their debate stages in the Spring of 2014.

France and Germany are also currently considering legislation, but overwhelming evidence from jurisdictions where euthanasia and physician-assisted suicide is legal (such as Belgium and the Netherlands) demon-

strates beyond doubt how quickly and easily euthanasia is extended to others, especially disabled people and elderly people.

The number of euthanasia cases has increased by 10-20% per year in the Netherlands since 2006.<sup>4</sup> In Belgium, which is currently considering extending the law to children and those with dementia, there has been an increase of over 500% since 2003.<sup>5</sup>

High profile cases in Belgium have heightened concern: Mark and Eddy Verbessem, 45-year-old deaf identical twins, who were euthanised by the Belgian state after their eyesight began to fail; Nathan/Nancy Verhelst, whose life was ended in front of TV cameras after a series of botched sex-change operations; 'Ann G', who had anorexia and opted to have her life ended after being sexually abused by the psychiatrist who was supposed to be treating her for her life-threatening condition. Belgium also practises 'organ donation euthanasia', whereby organs are harvested from patients who have had their lives terminated.<sup>6</sup>

Under the 'Groningen Protocol', 22 babies with spina bifida were euthanised in the Netherlands over a seven year period to 2005.<sup>7</sup> This prompted Baroness Tanni Grey-

Thompson, Paralympic gold medallist and a member of the British House of Lords, to comment, 'If that had existed in the UK when I was born there is a possibility that I would not be alive now. I would never have been allowed to experience life and my daughter might never have been born.'<sup>8</sup>

The Care Not Killing Alliance,<sup>9</sup> of which CMF is a leading member, is fully involved in EPC-Europe and I currently chair the steering group which led to its formation. Christian doctors need to be involved in, and supporting, such initiatives.

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## What we can learn from the BHA

*Faith is not disappearing*

Review by **John Martin**  
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The British Humanist Association used to be a bit of a joke. In recent years, however, its forays into the marketplace of ideas have become much more venomous. What we should never accuse it of is lack of courage. Who would have dared unsettle British sensibilities, as the BHA has done, by taking a swipe at Remembrance Day<sup>1</sup> or by launching a legal challenge to plans for a Christian coronation?<sup>2</sup>

We may not like the BHA very much but we can learn from observing them. Christians need to see off their arguments and point out the flaws in their assumptions. As well, we need to resist unconsciously adopting their rhetoric – like using the hackneyed phrase ‘our increasingly secular society’. It is a nonsense: faith is not fading away. The trend is moving in the opposite direction, much to the

chagrin of those who predicted otherwise.

We can learn from the BHA’s example. Firstly, we can learn from their persistence. They don’t give up. They don’t mind if they ruffle feathers in making a point. Secondly, they are honest about their motivation. They don’t dissemble or cloak their commitment to eradicate religion from public life.<sup>3</sup> Thirdly, they know how to use the media. It doesn’t matter that their membership would struggle to fill Lord’s cricket ground, or how many people agree with them. They know how to press the right buttons to achieve media attention so that they get people talking about their ideas. A clear example of this was the Atheist Bus Campaign,<sup>4</sup> where the BHA generated significant media attention by paying for London buses to carry the slogan ‘There’s probably no God. Now stop worrying and enjoy your life’. The BHA is an excellent example of what a

determined media-savvy minority can do.

This brings us to the issue of how Christians go about public witness. Lesslie Newbigin, missionary and strategist, observed on returning from service in India that a hallmark of British Christianity was timidity. The gospel, he often said, is *public truth*: the fact that Jesus is Lord will one day ensure that all human beings and systems of thought will face divine judgment. That is a mandate to engage confidently in debates about how our world is shaped – including refuting the BHA’s much touted untruth that faith is fading away in the 21st century.

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## Universal Health Coverage

*is this the way forward?*

Review by **Steve Fouch**  
CMF Head of Allied Professions Ministries

As international discussions move forward on the new round of global development goals due to come into effect after 2015,<sup>1</sup> the debate has become increasingly heated over the concept of Universal Health Coverage (UHC).<sup>2</sup> The principle – that everyone should have access to good quality, appropriate healthcare without it causing financial hardship – is hard to disagree with. In the UK we recognise this as a foundational concept behind the National Health Service.

Where is the controversy in that, you might ask? The questions arise over what we actually mean by: ‘universal’ (is it 100% of the population? If not 100%, who will be effectively excluded?); ‘healthcare’ (primary or secondary? What standard is acceptable? What is locally necessary, appropriate and realistic?); ‘coverage’ (what services need to be localised, what centralised? How do we make sure people have access to what they need?). Above all, how will it be paid for?<sup>3</sup>

Is UHC an end in itself, or a means to the end of better health outcomes? Historically social changes and civil engineering have done more to improve health than just

setting up hospitals and clinics.

A biblical view of health embraces the social, physical, environmental, political and spiritual dimensions of human existence. Most significant is the relational aspect – how we function together in families and communities, and how we relate to God and the world he created around us.<sup>4</sup> The NHS has not solved our health problems in the UK – and while we would be worse off without it, unless we address lifestyle (smoking, diet, sedentary lifestyles), environment (pollution, housing, sanitation), and social relationships (isolation, exclusion, family breakdown, chronic intergenerational unemployment, etc.) we cannot really expect to see major health improvements and inequalities overcome.

However, the biggest gap in all the thinking coming out of the post-2015 process is the exclusion of any dialogue around faith.<sup>5</sup> It is a purely secular agenda, but for most of the world faith is a central component of people’s lives. And faith shapes our health in so many ways that we cannot ignore it.<sup>6</sup> We have a duty to remind the world about this. As Christians, we know that ultimately what shapes our

health and wellbeing in all other areas is our relationship with Christ<sup>7</sup> – and this relationship is necessary to be truly healthy in body, mind, society and spirit.

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