

nurse suspended for offering prayer to patient

A 45 year old community nurse was suspended in December 2008 simply for offering to pray for a patient. Caroline Petrie, a committed Christian, had finished attending to the patient's dressings at her home. The patient politely refused and was not offended, but mentioned the incident to another nurse in passing. Petrie was subsequently suspended. However, after much publicity and overwhelming public support, she was soon reinstated by North Somerset Primary Care Trust.

Petrie's case comes amidst the recent Department of Health publication of *Religion or belief: a practical guide for the NHS*. It contains much that is useful and welcome, but Christians may have concerns about the potential implications of certain sections. This may be a timely call to vigilance regarding the freedom to live out our faith in the NHS. (*telegraph.co.uk* 2009; 7 February, *ccfon.org* 2009; 6 February, *dailymail.co.uk* 2009; 2 February, *cmf.org.uk* 2009; January)

global conflict zones

More than 20 conflicts are currently taking place around the world. Of these, seven conflicts are each causing over 1,000 violent deaths per year. Most topical of the 'minor' conflicts (causing fewer fatalities) has been the resumption of sectarian killings in Northern Ireland. Meanwhile, the UK has been involved in wars for most of the last decade at least, including Bosnia, Kosovo, Iraq and Afghanistan.

One lesser known conflict is the Mexican drug war. Since 2006, it has led to around 10,000 deaths, 6,268 of them in 2008. For the most significant conflicts, look to Africa, South Asia and the Middle East. These include the two 'war on terror' fronts in Iraq and Afghanistan; the Israeli - Palestinian conflict; civil

wars in Sri Lanka, Somalia, Congo and Sudan; as well as the ongoing standoff between nuclear powers India and Pakistan over Kashmir.

The civil war in Congo alone has claimed an estimated three to four million lives (more than any other conflict since World War Two). Most are from disease, malnutrition and the collapse of health services rather than actual violence - therein lies the great health challenge that wars present: not just the initial death toll (in places like Gaza and northern Sri Lanka), but the need to stem deaths from waterborne illnesses, malnutrition, and lack of medical care (eg obstetric). However, that does not begin to cover the long-term mental health problems of people who have seen friends, family and whole communities slaughtered around them.

Few organisations are equipped to respond to these sorts of crises. High profile groups, like the Red Cross and Medecins Sans Frontieres, enter acute situations, but gaps emerge during post-conflict reconstruction and lulls in fighting. Medair is a Christian organisation that specialises in long term health and relief projects to help restore such traumatised communities.

Nevertheless, aid organisations can only operate with the blessing of the government in the conflict zone. In Sudan, 13 international aid groups were recently expelled by President Omar Hassan al-Bashir. They deny his allegations of aiding the International Criminal Court, which recently issued an arrest warrant for Bashir, holding him responsible for atrocities in Darfur. Reuters reports:

He wanted foreign aid groups to stop distributing aid in Sudan within a year... If carried out, the order will also create a dilemma for international donors, including the governments of the United States and

Britain, over whether they will be able to continue to pour millions into projects across the underdeveloped country without full control over how their aid is distributed.

The stakes for justice have been raised. If the international community (eg United Nations (UN) and African Union) does not act soon, civilians stand to suffer more. 300,000 lives have already been lost and 2.75 million displaced from homes. (*reuters.com* 2009; 16 March, *Economist* 2009; 7 March, *wikipedia.org* 2009; March, *globalsecurity.org* 2009; March)

rape - a weapon of war

Civilians in conflicts worldwide are being subjected to sexual, as well as physical, violence. Bosnia, Sierra Leone and Darfur are some of the countries that have witnessed mass rape of men, women and children. In a recent report by MSF in Darfur, nearly 300 women attended a health clinic in a five-month period having been raped, a third by more than one individual. The number of women raped is probably about 15 times higher than the 300 who attended the clinic. Many raped individuals were cast out from their families or even jailed by the police for having illegal pregnancies (unmarried women can be prosecuted for falling pregnant under Sudanese law).

Doctors and counsellors report being overwhelmed by the number of victims. New UN resolutions require more frequent updates on the fate of women and children in war. However, victims are now speaking out and trials are taking place. An arrest warrant (including charges of rape) was recently issued for the Sudanese president. It is the bravery of victims that is slowly bringing perpetrators to justice; that cannot happen a moment too soon. (*economist.com* 2009; 19 February, *news.bbc.co.uk*

2009; 4 March, *doctorswithoutborders.org* 2005, *globalization101.org* 2006; 12 December)

assisted dying update

Should doctors be required to assist the deaths of their patients? There is much action in Westminster, and Scotland where health matters are devolved.

Margo MacDonald, Member of the Scottish Parliament (MSP), has Parkinson's disease. She wants to change Scottish law to legalise voluntary euthanasia and physician assisted suicide, and has been holding a consultation. Her proposed bill needs 18 signatures (from the 129 MSPs) to be debated. If it were, the lengthy consideration needed would be completed before the next Scottish election in 2011.

In the UK Appeal Court, multiple sclerosis patient Debbie Purdy was refused any guarantee that her husband would not be prosecuted for assisting her suicide if he were to accompany her to the Dignitas facility in Switzerland.

The UK Coroners and Justice Bill includes a brief and laudable attempt to update the law on assisting suicide by changing the 1961 language of 'aid, abet, procure, counsel' to that of 'encourage or assist', to stop internet-inspired suicide clusters (eg in Bridgend, South Wales). We anticipate a last-minute amendment so that British relatives going to Dignitas could not be prosecuted. This might seem moderate, but it would establish a principle in UK law and launch us down a slippery slope. (*carenotkilling.org.uk* 2009, *www.cmf.org.uk* 2009)

cheaper drugs for poor countries

GlaxoSmithKline (GSK) has promised to cap drug costs for the world's 50 poorest countries at a quarter of their US and European prices. In addition, Andrew Witty, GSK's new chief executive, will reinvest

20% of the company's developing world profits into upgrading local health care infrastructure (eg improving clinics, drug distribution and training). GSK also renewed its commitment to research into neglected tropical diseases.

The price cap entails a sacrifice of five million pounds in annual sales, though shareholders will be reassured that this is a small proportion of GSK's total revenues of £22.7 billion (2007). *The Lancet* estimates that 'the money to be reinvested locally will be less than 0.1% of overall profits.' Despite Witty's generosity, Medecins Sans Frontieres (MSF) criticises the company for not sharing its HIV patents with other researchers.

'Other companies have taken some similar steps to stimulate research and strengthen health infrastructure - for example, Pfizer in Bangladesh', reports *BMJ*. (*BMJ* 2009;338:b686, *Lancet* 2009;373:693)

too many teenage pregnancies

At 13 years of age, Alfie may be Britain's youngest father. Chantelle (the mother) is reported to have had numerous other boyfriends, so the fatherhood of baby Maisie is in question. Their story is another milestone in the disintegration of our society's moral stance on sex outside marriage.

Journalist Melanie Phillips criticises the opposition against anything that may be remotely perceived as moralising or passing judgment. Those who urge self-restraint and behavioural boundaries are dismissed as out of touch with reality. Alfie and Chantelle demonstrate that children are not mini-adults capable of responsible and well-informed decisions, but they are not alone.

There were 8,196 pregnancies among girls under 16

(legal age of consent) in 2007, compared with 7,826 in 2006. The government is likely to miss its target of halving teenage pregnancies amongst girls under 18 by next year.

'The Government's teenage pregnancy strategy has been a disaster for young people... The expansion of confidential contraceptive services for young people under the age of 16 is making it more difficult for girls to resist the advances of their boyfriends and is giving the green light for boys to pressurise girls into sexual activity', said Norman Wells, director of the Family Education Trust. (*timesonline.co.uk* 2009; 26 February, *telegraph.co.uk* 2009; 17 February, *dailymail.co.uk* 2009; 16 February)

let down by hybrid embryo hype

Due to a shortage of human ova for embryonic stem cell research, animal-human hybrid embryos were portrayed as vital to finding cures for conditions like Alzheimer's disease. Recent research cast serious doubt on this assertion from last year's Human Fertilisation and Embryology Bill debate.

Scientists inserted human DNA into egg cells from cows, mice and rabbits. But the hybrid embryos did not correctly express genes vital for pluripotency (capacity to develop into different cell types).

'For those trained in the science, this is not news, but instead a completed fate that was known from the beginning', commented leading US stem cell scientist James Sherley. Sir Ian Wilmut, who cloned Dolly the sheep, moved from animal-hybrid embryos in favour of induced pluripotent stem cells. These adult stem cells, 'made to act like embryonic ones', avoid compromising human dignity.

Funding has also been a problem in the UK. Two of the three licensed labs failed to secure finance; the

third has not yet tried. Stephen Minger (King's College London), who has held a licence for over a year, said, 'What we have to work out now is whether it's a good use of our scant resources to put our efforts into resubmitting a proposal - which is incredibly time-consuming.' (*nature.com* 2009; 3 February, *cmf.org.uk* 2009; 3 February, *news.bbc.co.uk* 2009; 13 January)

gender reassignment for transsexual teens?

Transsexual children should be given puberty-blockers from the age of twelve, say controversial draft guidelines from the International Endocrine Society. Preventing early pubertal changes would give children, who express a wish to change sex, time to make a decision.

The guidelines come amid news of the world's youngest person to undergo a successful sex change. Kim Petras began treatment (in Germany under national health insurance) with hormone replacement therapy at the age of twelve, completing it with gender reassignment surgery at the legal age of 16.

Puberty-blocking treatment for this indication has not been approved in the UK for under-16s, although it is offered by some clinics in Canada, Australia, Germany and the US. Some doctors believe that children do not have the emotional maturity or understanding to make such a permanent life changing decision. Also, little is known about the long term affects of puberty-blockers if patients were to change their mind about therapy. Some teenagers with such feelings may find puberty repellent if they believe they are becoming the wrong sex. However studies show that 80% of boys who experience transsexual feelings as children change their mind in adulthood. (*newscientist.com*

2008; 10 December, *dailymail.co.uk* 2009; 5 February)

non-invasive fetal tests - coming soon

The NHS should prepare for advances in non-invasive fetal DNA tests, recommends the Foundation for Genomics and Population Health. With no risk of miscarriage, these are safer than current invasive methods (such as amniocentesis), and can be used much earlier in pregnancy. The technology uses cell-free fetal DNA in maternal blood. They can potentially detect Y chromosomes for those at risk of sex-linked disease, or an abnormal ratio of chromosomes (eg Down's syndrome).

A working group from the Foundation examined ethical and social issues raised; particularly the potential for sex selective abortions and determining paternity. They concluded, 'Implementation of non-invasive prenatal diagnosis for clinically significant genetic disorders is desirable, both to improve the quality and management of antenatal care and to facilitate parental reproductive choice.' Nevertheless, the greater ease with which abnormalities can be detected - and embryos discarded - is concerning for those who believe life to begin at conception.

The report recommends education of the public and healthcare professionals, to ensure that individuals are adequately informed. It cautions the NHS to ensure that the tests are thoroughly evaluated for reliability and effectiveness, as well as calling for auditing processes and best practice guidelines. Will these be enough? (*BMJ* 2009;338:b618)

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