

a letter from the Church in Egypt

Recent developments in the Middle East have been followed closely by many. Events in Tunisia sparked a chain reaction of populist uprisings in countries that were previously thought by many to be powerless to change their governments.

During the uprising in Egypt, internet service and mobile networks were cut down by the government in an attempt to disrupt organised protests. During the darkest hours of the revolt, a letter was dictated over the phone from one of the elders at a church in Cairo. Here is an excerpt:

Over the last few months the Lord has clearly spoken to us many times to prepare ourselves for something to come... we could [never] have ever imagined the magnitude of the situation to come! I want to start first by giving thanks to the Lord that, despite being located right next to the hottest spot of confrontation between the security forces, the army and the largest demonstrations, the Church building remains unharmed. Even though two main government buildings only a few metres away from us were set on fire and heavily damaged.

Our prayer meetings had begun to intensify [during] the last three months, accompanied with forty days of fasting. We heard many prophetic messages about what is to come. On New Year's Eve, a clear word from Exodus 34:10 came to us, saying that he is going to do things that no one ever heard of before in our land. The feeling we had was similar to the feelings of Esther, a time of a great danger mixed with a time of great victory, and how the Lord put her in this position 'for such a time as this'.

...So, while we are going out onto the streets with our neighbours to protect our homes from

the mobs, we are still on our knees in prayer, praying in small groups all over the city. As a leadership team we are trying to form action groups in order to focus our efforts in responding to the medical needs, in cleaning up the city from the huge accumulation of rubbish and also to coordinate traffic control, since all the police traffic agents have deserted their positions, leaving the streets in total chaos.

In summary, our people are encouraged and courageously active in helping with practical needs, however, we need your prayerful support as the situation is not stable at all. Pray with us for:

- *The safety of the church and boldness of our people.*
- *The new relationships that are being made as members meet some of their neighbours for the first time.*
- *That each one of us would be a source of peace and hope, as the dominant feelings on the streets are anger and fear.*

Names and exact details of location have purposely been omitted

BMA expresses concerns over patient confidentiality

The BMA has expressed 'serious concerns' over clauses in the government's Health and Social Care Bill on information sharing in the NHS. They say that the Bill fails to guarantee patient confidentiality, and fear patients may withhold vital information because of this. Their concerns were also echoed by the Patients Association.

In light of these concerns, the BMA wrote to the Minister of State, Simon Burns, stating that

the bill gives very broad powers to a number of bodies 'to obtain and disclose confidential patient information for any number of unspecified health purposes'.

The letter continues: 'there is very little in the Bill relating to confidentiality and information governance controls, which are so fundamental to medical practice and the trust-based relationship between doctors and patients'. Dr Vivienne Nathanson, Head of Science and Ethics at the BMA, also expresses her concern that 'there is very little reference to rules on patient confidentiality that would ensure patients are asked before their information is shared, or guarantee that the patient's identity will not be revealed'.

A Department of Health spokesman responded to the BMA's concerns by stating that 'there is no question of the Health and Social Care Bill undermining the confidentiality of patients and their clinicians. The bill does not change any of the existing legal safeguards, which are set out in the Data Protection Act and the common law of confidence'. He also stated that the Department of Health is happy to work with the BMA in order to understand their concerns.

bbc.co.uk, 2011; 24 Feb

early abortions at home?

A recent attempt to allow women to undergo part of early medical abortion procedures at home has been rejected by the High Court. Current law stipulates that a woman must visit a clinic for administration of a set of pills which induce a miscarriage. These medications are given in two phases 48 hours

apart. This method of abortion can be used in the first nine weeks of pregnancy, with over 70,000 women in the UK each year undergoing abortion at this stage.

The British Pregnancy Advisory Service (BPAS) argued that allowing the women to take the pills in their own time will ensure that they have control over the circumstances of the abortion. BPAS stated that 'it is not morally right to subject a woman to the anxiety and symptoms starting on the journey home'.

BPAS also queried the definition of 'treatment'; whether the definition of the term included prescription and administration. Current abortion law restricts where 'treatment' for an abortion can be carried out. The High Court ruled that treatment also included administration. This challenge applies only to England, Wales, and Scotland, since abortion law remains different in Northern Ireland.

Some have questioned any change, claiming that it may create the assumption that abortion can be used as a method of contraception. Concern has also been expressed over the fact that young girls may end up going through the entire process on their own, without the medical supervision they may also need if anything went wrong. Nevertheless, the BPAS chief executive has said that this is a change in the law that the organisation will keep pressing for.

bbc.co.uk 2011; 14 February

the US Healthcare Reform Bill

The United States Healthcare Reform Bill is facing a few hurdles since it was passed by congress in March 2010 by a vote of 219 to

212, just about meeting the required 216. In January 2011, a Florida judge (under whom thirteen states filed a lawsuit), struck down the entire Act, ruling it unconstitutional. One reporter described his language as 'colourful', such as when it compared the Bill to a requirement for people to buy broccoli at regular intervals for its benefit to commerce and health.

Attorneys general, on behalf of twenty-six states, filed lawsuits against the Federal government, some on the same day the Bill was signed by the President. The main bone of contention has been the 'individual mandate' requiring most Americans to have health insurance cover by 2014 or pay a federal penalty. The lawsuit reads, 'The Constitution nowhere authorizes the United States to mandate, either directly or under threat of penalty, that all citizens and legal residents have qualifying health care coverage'. It accuses the bill of being too expensive, unattainable and exceeding the 'powers of the United States'. Judge Roger Vinson said, 'Because the individual mandate is unconstitutional and not severable, the entire act must be declared void. This has been a difficult decision to reach, and I am aware that it will have indeterminable implications.'

The Federal government argues that the taxpayer often picks up medical costs incurred by the uninsured, and Democrats in support of the Bill also celebrate points such as its inclusion of protection for those who would otherwise be denied medical cover because of pre-existing medical conditions, children being allowed to remain on their parent's policy until age 26 and tax relief for small businesses to provide employee cover. The Bill also bars insurer-imposed lifetime limits on healthcare costs.

The Department of Justice has expressed its confidence that the Bill is in fact constitutional and intends to appeal against the ruling. If implemented, the legislation is intended to provide cover to more than 30 million uninsured Americans.

guardian.co.uk, 2010; 22 March, *cnn.com*, *foxnews.com*, 2011; 31 January, *nytimes.com*, 2011; 19 January, *bbc.co.uk* 2011; 31 January

radiation following disaster in Japan endangers health

On 11 March 2011, the north-eastern part of Japan was hit by the most powerful earthquake since records began (measuring 9.0 in magnitude), which also caused a gigantic Tsunami. The devastating impact it has caused continues to become apparent, but upon going to press more than 9,079 people are known to have been killed and 12,645 are still missing. Millions have been left without water, electricity, fuel or enough food and hundreds of thousands more are homeless and facing harsh conditions with sub-zero temperatures overnight, and snow and rain are forecast.

Whole cities have been swept away. Four explosions have occurred at the Fukushima nuclear plant over four days, causing fire and releasing harmful radiation. In the capital, Tokyo, radiation levels higher than normal have been detected although these have been said to be 'unharmful' at present.

The prime minister, Naoto Kan, and other leaders have encouraged the panicking citizens 'to react calmly' and advised those living up to 10km beyond a 20km exclusion zone around the nuclear plant to stay indoors. A no-fly zone has

also been established in a 30 km radius over the Fukushima plant. The crisis at the ageing nuclear plant has worsened daily since the earthquake and tsunami knocked out cooling systems. Four out of six nuclear reactors have exploded and temperatures are believed to be rising in the other two.

Japanese Chief of the UN International Atomic Energy Agency, Yukiya Amano, has moved to calm global fears that the situation could escalate to rival the world's worst nuclear accident at Chernobyl in Ukraine in 1986.

bbc.co.uk 2011; 15,22 March, *english.aljazeera.net* 2011; 15 March

government 'responsibility deal' shunned by health groups

More than 170 companies have signed a deal described as a 'significant development' by Andrew Opie of the British Retail Consortium. 19 core pledges were agreed by companies including Mars, Unilever, McDonald's, and seven major supermarkets.

Promises include an increase in the number of drinks labelled with their alcohol unit content, and introducing calorie counts on menus in fast food outlets. Heineken promised to cut the alcohol content of one of its major brands, and Morrison's supermarket promised at least 50 fresh fruit and vegetable promotions each week.

But very few health groups have signed up to the deal. Alcohol Concern and the British Medical Association have pulled out, along with the British Heart Foundation and Diabetes UK. All had previously been involved. Barbara

Young, Chief Executive of Diabetes UK said: 'We are disappointed that the responsibility deal is not more ambitious in its vision as many of the pledges replicate existing standards.'

Health secretary Andrew Lansley said 'We know regulation is costly, can take years and is often only determined at an EU-wide level anyway. That's why we have to introduce new ways of achieving better results. The deals demonstrate the effectiveness of our radical partnership approach to deliver more and sooner.'

The public health budget is expected to be ring-fenced from 2013.

bbc.co.uk 2011; 15 March

doctors oppose proposed NHS changes

Delegates at an emergency meeting of the British Medical Association have voted in favour of calling for ministers to withdraw the Health and Social Care Bill. The union has described the plans of the Bill, which is currently going through Parliament, as 'dangerous and risky'. This meeting was conducted following the findings from a major online survey of BMA members carried out in January by Ipsos MORI.

The survey showed that 89% of doctors agreed that increased competition in the NHS would lead to fragmentation of services and 65% also agreed that this increased competition would compromise the quality of patient care. 66% concurred with the concern that if all NHS providers became, or were part of foundation trusts, NHS values would be undermined and clinician led commissioning

would increase health inequalities. Further results at tinyurl.com/5uyfp53.

BMA chairman Dr Hamish Meldrum has said that 'we want to put more pressure on the government to change what are flawed and very risky proposals for the NHS'. The union fears increased competition from the private sector could also harm hospitals, perhaps even forcing some to close.

Although the Liberal Democrats have also rejected the overhaul of the NHS at a recent conference, the government is generally committed to the changes. The Bill is already well on its way through Parliament and pilots are starting across the country – it remains to be seen what effect these concerns will have.

bbc.co.uk 2011, 15 March

'three-parent IVF' to be assessed by HFEA

A technique developed in Newcastle would involve transfer of genetic material between two eggs. The procedure aims to prevent the transfer of rare diseases carried in mitochondrial DNA.

These are transmitted purely from mother to baby, since it is only the mitochondria from the ovum that become part of the embryo. This raises the possibility of taking the nucleus from a fertilised egg which may be affected, and implanting the genetic material in a donor egg from a different woman, with unaffected mitochondrial DNA. The nuclear DNA would be that of the mother and father, but the

mitochondrial DNA that of the donor, leading to the 'three-parent' label.

Mitochondrial DNA contains only 13 genes, compared with more than 23,000 in nuclear DNA, so that amounts are undoubtedly small. Alison Murdoch, Head of Reproductive Medicine at Newcastle University said: 'As doctors we have a duty to treat disease and where possible to prevent disease. With diseases for which there are no treatments the imperative to develop new treatments is even greater. Of course no treatment is ever risk free and if there are risks we will need to quantify these so that doctors can discuss the relative risks and benefits with patients and their families.'

A change in the law would be needed before such treatment could be carried out legally. But concerns have been raised about both ethics and safety. David King, head of Human Genetics Alert, said: 'The more you manipulate embryos, the more risk there is.'

Peter Saunders, CEO of CMF, commented on his blog 'I have a great sense of *déjà vu* here. There is always in this country huge media hype about supposed breakthroughs in biotechnology ...But we have been here before with human reproductive cloning (the Korean debacle), so-called therapeutic cloning for embryonic stem cell research (which has thus far failed to deliver) and animal hybrids (now a farcical footnote in history) ...So I'm not letting myself be carried away by the hype and spin. And I'm not holding my breath about the promises of therapies.'

bbc.co.uk, 2011, 11 March, www.cmfblog.org.uk
2011, 11 March