

conscientious objection under attack

Two years after the Council of Europe resolved to recognise abortion as a universal human right, the Council's British Socialist member and former Labour MP, Christine McCafferty, made a proposal to 'regulate' conscientious objection (a fundamental human right in international law). She argued, 'There is a need to balance the right of conscientious objection of an individual not to perform a certain medical procedure with the responsibility of the profession and the right of each patient to access lawful medical care in a timely manner'.

There are reported increases in the numbers of doctors objecting - in the Lazio region of Italy an estimated 86% of doctors refuse to deal with abortions. Backed by some politicians, she was concerned that 'unregulated use of conscientious objection disproportionately affects women, notably those having low incomes or living in rural areas'.

Her proposal was voted down in the Parliament Assembly of the Council of Europe with a vote of 56 to 51. An amended proposal was passed which affirmed the right of health professionals to object on conscientious grounds. The resolution finally passed states *'the Assembly invites Council of Europe member states to develop comprehensive and clear regulations that define and regulate conscientious objection with regard to health and medical services, which ... guarantee the right to conscientious objection'*.

Currently in Britain, those who object to abortion can refuse to become involved, and simply inform patients of their right to see another doctor. Although members of the Council of Europe retain their sovereign power to decide their own

policies, passing of the original resolution would have put them under pressure to abolish in law and practice conscientious objection within medicine. CMF Head of Communications Andrew Fergusson commented that clamping down on conscientious objection would 'drive out of medicine the very people we want to see there'. (*telegraph.co.uk*, 5 October, *lifesitenews.com*, 7 October, *assembly.coe.int*, Resolution 1763)

increased spending on locums

The Royal College of Surgeons has estimated that in the last financial year, NHS hospitals spent just over £750 million on locum doctors - a figure that has almost doubled since 2007. The dramatic rise in annual spending is thought to be due to hospitals working toward complying with the European Working Time Directive (EWTd) for junior doctors.

The EWTd's 48 hour weekly working limit has led to more unfilled shifts, and hospitals have been forced to 'fill the gaps' with expensive locum doctors. The rules mean that doctors already working at the hospital have often reached their hours limit, and cannot work such shifts. This leads to reliance on agencies, meaning that their fees must be paid as well as paying the doctor.

John Black, president of the Royal College of Surgeons, said: 'It seems ridiculous that at a time of economic crisis, with wide-ranging cuts to services across the board, we are seeing astronomical sums of money being thrown at locum doctors in order to prop up services that are only falling apart because of an ill-conceived European Law'.

With locums often unfamiliar with the hospital, staff and patient concerns have been raised over

the impact on care. Health Secretary Andrew Lansley said: 'The scale of increase in the cost of agency staff in the NHS is unacceptable. There is also a practical concern about continuity of care for patients. It is clear that the [EWTD] is having an impact on the number of locum doctors. The Coalition Government is committed to achieving greater flexibility of the Working Time Directive...' (*telegraph.co.uk* 10th November, *bbc.co.uk* 10th November)

cancer survival increasing ...

Research data for adults in England and Wales have shown an encouraging increase in cancer survival figures in some of the most common malignancies. Most survival rates have doubled since the 1970s, while for cancers like leukaemia survival is now four times as high. The ten year survival rate for breast cancer increased from less than 40% to around 77% over the 40 year period.

Commenting on this progress, Cancer Research UK's chief clinician, Professor Peter Johnson said, 'There are many reasons for our continuing success in the fight against cancer, including faster diagnosis, better surgery, more effective radiotherapy and many new drugs, all developed using the knowledge that our laboratory research has given us'. He expected this trend to continue, though emphasised the need for more research. (*bbc.co.uk* 12 July 2010)

... but worries about late detection remain

A recent report by the National Cancer Intelligence Network (NCIN) found that 23% of cancer cases in England in 2007 had been detected at a late stage, when patients attended hospital in an emergency.

At this critical stage, patients were more likely to die within a year than those diagnosed earlier. Cancer Research chief executive Harpal Kumar described the figures as 'way too high', and suggested that they could explain why the UK has lower cancer survival rates than some other countries in Europe.

There was considerable variation between different types of cancer, with breast cancers largely diagnosed by GPs or through screening, but with more than half of brain tumours or acute leukaemias being diagnosed after presenting as emergencies. Emergency presentations were also more common in under-25s, the elderly, and those from poorer socio-economic backgrounds.

Sarah Hiom, director of health information at Cancer Research UK said: 'We know that spotting cancer early can make all the difference to the outcome. And we're working hard to raise public awareness of the early signs and symptoms of cancer and to ensure that GPs have clear guidance on who and when to refer. It's also important that people take up their screening invitations.'

A Department of Health spokesperson said: 'We are committed to improving cancer outcomes. Earlier diagnosis is crucial to match the best survival rates in Europe.' (*bbc.co.uk* 13 November 2010, *cancerresearchuk.org* 15 November 2010)

organ donation - the solution of an 'opt-out' system?

There has been concerted effort over the past few years to try and increase the rate of organ donation in the UK. The number of deceased donors reached 959 last year - some donating several organs - and there were 1,061 living

donations. In the same year, the number of people volunteering to join the UK donor register also reached 17 million for the first time. 3,706 transplants (a 5% annual increase) were carried out - but nearly 8,000 people are still on the waiting lists. NHS Blood and Transplant (NHSBT) estimate that about three people die each day because of lack of a suitable organ; clearly the supply of organs is simply not meeting the demand.

In 2008 the government said it wanted to see the number of donations increase 50% by 2013 and NHSBT says it is on course to reach that target but the big question is, how? During the last Parliament ministers rejected a system of presumed consent, but some organisations believe this is still the best way to increase donation rates. The British Medical Association have renewed their call to consider the 'opt-out' system, which would 'transform the number of available organs in one fell swoop'. Meanwhile public health minister Anne Milton encouraged the public to sign the donor register and be aware of the great difference it can make.

CMF had previously commented in a submission to the House of Lords in 2007 that: 'We have not yet been able to hold a full debate within our membership about this difficult question ... However, in a preliminary discussion we placed much emphasis on the theological basis for our support for donation - namely that of altruistic free gift in a context of fully informed consent. A national opting-out policy would mean that at death the body effectively became the property of the state, and for many Christians this would conflict with the respect owed in biblical and church tradition to the dead body ... We recognise though the low rates of organ transplantation in

the UK We understand why an opting-out system seems attractive and if the UK is to continue opposing it, we must all do more to increase rates of donation.' (*bbc.co.uk*, 4 November, *cmf.org.uk*, 8 October 2007)

What do you think about the UK switching to the 'Opt-out' system - or any other article in *news review*? Send in your comments to the *Nucleus* editor - vongai@cmf.org.uk. We will publish a selection in the next edition.

student protest over fees

On 10 November 2010, a crowd estimated at about 50,000 people by organisers marched through Westminster in response to the government proposals which would potentially treble tuition fees and cut university funding in England. Hundreds of coach loads of students and lecturers came from everywhere across England, with 2,000 students also travelling from Wales.

The protest was largely a peaceful demonstration which was tarnished by a small minority who sparked some violence; storming into a building housing Conservative Party office, setting placards and banners alight as well as throwing missiles!

Some accused the Liberal Democrats of hypocrisy, stating that they did not stick to their pre-election promise to oppose a rise in tuition fees. Some protesters were also cleared outside their headquarters where a car window was smashed. 32 people were arrested and 14 injured as a result of this 'despicable' behaviour which was universally condemned by various authority figures.

From 2012, fees could rise to £6,000, with a higher £9,000 cap in some circumstances. With the exception of science and mathematics, all teaching grants will be wiped out and higher education funding cut by 40%. Labour Deputy Leader Harriet Harman claimed in Parliament that teaching grants would be cut by around 80%. Universities Minister David Willetts said the new system would be fairer than the present one, offering more help to the poorest students. (*bbc.co.uk*, 10 November)

cross-party group rejects Scottish assisted dying bill

Margo MacDonald's attempt to legalise assisted suicide in Scotland has suffered another setback. A key committee of the Scottish Parliament has stated that it 'was not persuaded the case had been made to decriminalise the law of homicide as it applies to assisted suicide and voluntary euthanasia, termed "end-of-life assistance" in the Bill'.

If passed into law, the bill would allow anyone aged over 16 to request help to die, provided that they were diagnosed as terminally ill or permanently physically incapacitated, and finding life intolerable.

Commenting on a committee where she said five out of six members had previously voted against the bill, Dignity in Dying Chief Executive Sarah Wooton said 'This is almost a reverse proportion of support for assisted dying, compared to the general public'.

However, Dr Brian Keighley, chairman of the BMA in Scotland commented 'If doctors are authorised, by law, to kill or help kill, they are taking on an

additional role which we believe is alien to the one of care giver and healer'.

A day later, 47 GPs in Scotland wrote a letter to *The Scotsman* stating that 'Assisted suicide and euthanasia promote the idea that society should be given the power to end the lives of those who consider their own lives as worthless or meaningless.

But as healthcare professionals seeking to address the suffering of patients and their families, we will never accept that some human lives are unworthy of life.'

(*news.scotsman.com*, 19 and 20 November)

murder appeal lost

As reported in *Nucleus* in the spring, Frances Inglis was jailed for life with a minimum term of nine years in January for the murder of her brain damaged son. She had injected him with heroin, and denied the charge of murder, stating that ending her son's life was an act of mercy. Since our initial report, she has appealed against her conviction.

The appeal ruling did not overturn the conviction, but did reduce her minimum jail term to five years. Delivering the verdict, Lord Judge commented that 'We must underline that the law of murder does not distinguish between murder committed for malevolent reasons and murder motivated by familial love. Subject to well-established partial defences, like provocation or diminished responsibility, mercy killing is murder.' (*pressassociation.com*, 12 November)

Vongai Madanire, Colleen McGregor, Laurence Crutchlow

CBM physio back from Haiti

David Young was the first CBM physiotherapist to arrive in Haiti after the January 2010 earthquake hit. He helped in Port-au-Prince as part of CBM's Emergency Team, providing essential rehabilitation to those who had received crush and limb injuries or amputations as a result of the quake, or those already disabled needing support. In the community, David was also involved in setting up seven satellite centres for physiotherapy follow up.

On average he treated 20-25 patients daily and describing his experience, David remarks, 'Despite working 12 hours a day, working for CBM has been rewarding both professionally and personally. It's been a privilege to work on the ground with people who need care...My professional highlight was diagnosing a man with a spinal fracture, previously missed. He was then referred for x-ray.'

David was inspired to help the people of Haiti using his gifts and abilities by his faith in God. He explains, 'I'd seen the Haiti situation on TV and felt powerless but felt compelled to go. It's been a bit of an adventure going into the "unknown"'. David was born in Cambridge and graduated from Birmingham University in 2007. Since, he has also spent an 'awesome' year volunteering for a CBM-supported project in Dar-es-Salaam, Tanzania.

CBM has over 100 years of experience in working with people with disabilities and touches the lives of 16 million people annually. The Haiti *Centre d'Education Special* it supports was reduced to rubble during the earthquake, and sadly there were two casualties amongst its staff. This left a huge gap in the provision of essential education and rehabilitation for children and adults with



disabilities. Meanwhile, the partnership between CBM and other organisations (dating back to 1976) now aims to set up Day Care Centres to provide basic treatment and support. (cbmuk.org.uk)

write for Nucleus

Nucleus always needs writers. It only remains a student journal as long as students contribute! The submission deadline for the next issue (Easter 2011) will be **2 February 2011**. Content should normally have both a Christian and medical element. Authors have reasonable freedom of expression, but must be consistent with the Christian faith as expressed in the Bible. Overseas submissions are welcome, provided they fit the UK context of most of our readers. Submissions are reviewed by a student editorial team and the managing editor, who make the final decisions on publication. We're very happy to offer further guidance on writing for us. Please submit articles as MS Word documents. We don't consider paper submissions. For more information, or to submit articles contact the editor at vongai@cmf.org.uk.