

is 'aid' always good?

Strings Attached¹ is a documentary film produced by Culture of Life Africa,² in association with Lux Lab under the presidency of Obianuju Ekeocha. She is a speaker, social activist and specialist biomedical scientist.

The film was launched at a preview event in the House of Commons in October 2018, hosted by the Society for the Protection of Unborn Children, and sponsored by Mary Glindon MP.³

The film aims to present the unheard story of women in Africa and how their life and health are affected by governmental aid coming from wealthier countries. The producer emphasises the need for basic resources such as water, food and an improved healthcare system over contraception and abortions. Yet a significant proportion of the money sent by Western governments as aid is set aside exclusively for sexual and reproductive health and rights. While this might represent one necessity, the producer asks why this particular concern is so prevalent among other nations and shares her views on the matter.

Though the content is not exclusively medical, watching the film could be a good exercise for critical thinking. It raises questions about whether or not 'aid' is always, without question, and in any circumstances in the service of good.

1. Strings Attached bit.ly/2E7oSCy
2. Culture of Life Africa bit.ly/1kbh0lo
3. Parliament launch for new film exposing UK funding of abortion industry in Africa. *Society for the Protection of Unborn Children* 19 October 2018 bit.ly/2Aj4U4o

illegal abortions

In November 2018, after the discovery that it was illegally performing abortions, Marie Stopes Kenya (MSK) was ordered to 'immediately cease and desist offering any form of abortion services' by the Kenya Medical Practitioners and Dentists Board (KMPDB). Shortly afterwards, Marie Stopes International (MSI, of

which MSK is a subsidiary) was instructed to close clinics in Niger for the same reason. In these countries, abortions may only be carried out if the mother's life is at risk. Statistics in Kenya show that this law is in accordance with the population, with 87% of Kenyans opposed to abortion.

Given that MSI is primarily funded by Western governments, including the UK, this implies that money provided by the UK government is being used to fund unlawful terminations. The UK government, via the Department for International Development (DfID), gave £163.01 million to MSI from 2012-2017; in addition, a further £200 million has been pledged to the 'Women's Integrated Sexual Health' (WISH) programme – MSI will receive £77 million of this.¹

DfID funds projects which aim to improve maternal health services overseas. However, a recent report carried out by the Independent Commission for Aid Impact (ACAI) found an 'intensive focus on family planning', to the detriment of other significant causes of maternal morbidity and mortality such as haemorrhage, hypertensive disorder and sepsis. It seems that funds are being diverted away from where they would have the greatest impact, in order to increase access to abortion. While maternal healthcare is an important and complex issue, the exposure of MSI's illegal practice in this area has raised concerns over where funds should be targeted.

1. Gulland A. UK to help poorest women around the world gain access to birth control. *The Telegraph* 30 August 2018 bit.ly/2ssoPtc

gene edited twins

Dr He Jiankui recently announced the birth of twin girls whose genes he had edited as embryos to make them HIV resistant. Just two months later the Chinese government put him under house arrest for his unauthorised research. His work raised alarm around the world: is it safe or ethical to alter the genome, especially when the

purpose is not to correct a significant defect? The government's reaction raised another ethical issue: are his actions worthy of the death penalty?¹

1. Rogue Chinese gene scientist He Jiankui who edited babies' genes under guard as work is probed. *The Straits Times* 11 January 2019. bit.ly/2sA18jp

PVS patient delivers baby

A woman who had been in a permanent vegetative state for over a decade has given birth in a hospital in the States. The staff apparently only realised she was pregnant when she went into labour, which itself may raise questions. The case is not unique, and highlights the vulnerability of cognitively impaired people in care. Staff suspected of abuse may be moved on rather than brought to justice, particularly as formal investigation brings an institution into disrepute and may impact business. But a pregnancy is impossible to ignore. Police are seeking DNA samples from all males who have recently worked at the facility.¹

1. Madani D. Panicked 911 call on woman in vegetative state giving birth: 'Baby's turning blue.' *NBC News* 11 January 2019 nbcnews.to/2sxGn75

transgender prescribing doctor fined

A GP has been convicted of running an illegal transgender clinic online, despite being refused a licence by the NHS regulator. The doctor provided hormones to children as young as twelve, many of whom had been denied treatment on the NHS. She said: 'The needs of this minority group of people must be recognised. We as a country can do better. The NHS waiting time of up to four years for a first appointment is unconstitutional.'¹

1. Ward V. GP convicted of running transgender clinic for children without licence. *The Telegraph* 3 December 2018 bit.ly/2Qz1gfQ

man becomes father without consent

A man has lost his appeal for damages to cover the cost of raising a child he did not consent to have. His ex-partner had forged his signature for the IVF clinic in Hammersmith which had stored his sperm for a previous procedure. But the court ruled that although the clinic had failed to gain informed consent, that the law sees having a healthy child as an incalculable benefit. The businessman spent £750,000 on legal fees, and likened the fertility sector to the 'Wild West'.¹

1. Smyth C. Father loses case over fake IVF consent. *The Times* 18 December 2018 bit.ly/2FCNZwZ

new guidelines on clinically assisted nutrition and hydration (CANH)

The Royal College of Physicians have released new guidance on withdrawing feeding and fluids from people in persistent vegetative (PVS) and minimally conscious states (MCS).¹ The guidance greatly expands the conditions for when nutrition can be withdrawn, including stroke, dementia and other neurological conditions with a 'downward trajectory'. The new guidance denies any distinction between turning off a ventilator and removing a feeding tube for food and water, as both are now regarded as 'forms of medical treatment'. Decisions will no longer need to be referred to the Court of Protection, but will be left in the hands of clinicians.

However, the latest peer reviewed research from the American Academy of Neurology (AAN) suggests that non-specialists are poor at predicting outcomes from these conditions.² It found 4 in 10 people who are thought to be unconscious are actually aware and that 1 in 5 people with severe brain injury from trauma will recover to the point that they can live at home and care for themselves without help. ■

1. Clinically-assisted nutrition and hydration guidance. *BMA* 4 January 2019 bit.ly/2SUusfm
2. New guideline released for managing vegetative and minimally conscious states. *American Academy of Neurology* 8 August 2018 bit.ly/2w90vho