# news reviews

## NIPT

*Eugenics by another name*

Review by **Peter Saunders**
CMF Chief Executive

The government, on 30 October, approved a new test for pregnant women that will make it much easier to detect and destroy babies with Down's syndrome (DS) in utero. According to the BBC, the non-invasive prenatal test (NIPT) will be rolled out by the NHS from 2018.[1]

It is claimed that NIPT will reduce the number of women who need invasive tests like amniocentesis and chorion villus biopsy, which carry a 1-2% risk of miscarriage.

The move to make NIPT available on the NHS is deeply controversial[2] and has led to the launch of the 'Don't Screen Us Out' (DSUO) campaign.[3] DSUO describes itself 'as a grass-roots initiative supported by a collection of people with Down's syndrome, families and Down's syndrome advocate groups led by Saving Downs Syndrome'.[4]

They say that, given the fact that 90% of babies who are prenatally diagnosed with Down's syndrome are currently aborted,[5] the result will be 'a profound increase in the number of children with Down's syndrome screened out by termination'.

A new study published in the *British Medical Journal* on 4 July 2016 backs up their concerns.[6]

The lead author professor Lyn Chitty and her colleagues calculate that in an annual UK screening population of 698,500, offering NIPT (as a contingent test to women with a Down's syndrome screening risk of at least one in 150) would increase detection by 195 cases with 3,368 fewer invasive tests but, crucially, only 17 *fewer* procedure related miscarriages.

If rolling out NIPT will result in 195 more babies with Down's syndrome being detected, then assuming that 90% will then be aborted, that means almost 180 more abortions for Down's syndrome each year. In total last year there were 3,213 babies with disabilities aborted in Britain, over 1,000 of them more than halfway through pregnancy. Of these, 689 had Down's syndrome.[7]

Sally Phillips drew attention to the issue dramatically in a BBC documentary *A World Without Down's Syndrome*,[8] which aired on 5 October. 'What's so dreadful, to the world, about Down's syndrome?' she asked. The *Bridget Jones* actress, who has a son with the condition, questioned the ethics of pregnancy screening and abortion and asked why affected babies are viewed as a 'burden' on society.

The real test of a society is in what it values and in particular how it treats its most vulnerable members, especially when it costs something emotionally and financially to do so.

Britain, by this reckoning, is not heading in a good direction.

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## The Sustainable Development Goals one year on

*A great opportunity for the church to grasp*

Review by **Steve Fouch**
CMF Head of Nursing

How do you transform the world? Marx thought it would be through the revolution of the proletariat, while Facebook expect it to be the ubiquity of their social network.

The United Nations have pinned their transformational agenda on 17 Sustainable Development Goals (SDGs).[1] The SDGs cover everything from ending poverty and hunger by 2030 to taking action on climate change and social inequality. There are 169 targets, and a complex system of standardised metrics to evaluate progress towards them. This is a truly ambitious and all-encompassing agenda. It is hard to think of many national governments, even with a strong electoral mandate, that would dare to have a manifesto laden with such high expectations.

At the heart of the Gospel is a God who redeemed a broken and hurting humanity through Jesus' death on the cross. He continues to work through the Holy Spirit and in the church around the world.[2]

While the SDGs echo some of the practical outworking of this biblical hope,[3] we have to be aware that the Bible also warns us that the powers and kingdoms of this world will, in time, all bow before Christ.[4]

So is there a case for a Christian engagement with the SDGs? The answer is a qualified 'yes'. For, while the UN system *does* seem to want to work with us at the moment, and there is room for partnership, we must be as 'wise as serpents yet innocent as doves'.[5] While much in the SDGs is admirable, the devil is always in the detail. We should never compromise the values of God's kingdom nor our mandate to proclaim the good news of Jesus to every corner of creation.[6] In cooperating with the UN and major donors and governments, we should always be upfront about our values and priorities. 'Co-belligerence' is good but it has its limits.[7]

The SDGs present a great opportunity for the church to fulfil its missionary calling. If that call currently happens to coincide with the agenda of the UN and secular funders, that is great – we will work together. God is bigger than the church and his kingdom is being worked out in the 'secular' as well as the 'sacred'. But if God's agenda and that of the wider world no longer coincide, then we will continue to do the work to which we have been called regardless, because in the end we serve the highest authority.

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# PrEP

*Big questions remain*

Review by **Peter Saunders**
CMF Chief Executive

The Court of Appeal ruled on 10 November that the NHS in England can fund a drug that can reduce the chance of people catching HIV whilst engaging in high-risk sexual activities.[1]

The once-a-day pill known as PrEP, trade-named *Truvada*, consists of two antiretroviral medications used for the treatment of HIV/AIDS (tenofovir and emtricitabine or TDF-FTC) and costs £400 a month per person. The total cost to the health service could be in the order of £10-20m.[2]

According to the CDC (Centers for Disease Control) PrEP is for people who do not have HIV but who are at substantial risk of getting it. It should be used in combination with other 'HIV prevention' methods, such as condoms, but even in these circumstances is not foolproof.[3]

The CDC reports studies that have shown PrEP reduces the risk of getting HIV from sex by more than 90% when used consistently.[4] Among people who inject drugs, PrEP reduces the risk of getting HIV by more than 70% when used consistently. But these figures are what is achievable with good adherence (consistent use), and many of those most at risk are very likely not to adhere to taking the pills regularly.

An authoritative Cochrane review is far less reassuring. Overall, results from four trials (Baeten 2012; Van Damme 2012; Grant 2010; Thigpen 2012) that compared TDF-FTC versus placebo showed a reduction in the risk of acquiring HIV infection by about 51%.[5] Marked differences between the studies were attributed to differences in levels of adherence.

Many will be shocked at the levels of promiscuity reported in these high-risk groups. In one study in the Cochrane database, during screening, participants reported an average of twelve coital acts per week with an average of 21 sexual partners in the previous 30 days.

It is only when these facts are known that the highly addictive nature of high-risk sexual activity, especially amongst male homosexuals, becomes evident. PrEP is not a prevention strategy at all. It is rather a harm reduction strategy aimed at lessening the damage that people addicted to high-risk sexual behaviours are doing to themselves. More akin to clean needles for drug addicts, filter cigarettes for smokers, protective gloves for compulsive burglars or seatbelts for habitual joy-riders.

NHS England was right to challenge this judgment which lumbers them with funding an unproven drug. The only effective way of preventing HIV infections, as opposed to *reducing the chance of catching them*, is by addressing the high-risk sexual behaviours that lead to them.

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# Sex education programmes are largely ineffectual

*Large new research review*

Review by **Philippa Taylor**
CMF Head of Public Policy

A recent Cochrane review of studies on school-based sex education, combining peer-reviewed data from more than 55,000 young people from Europe, Latin America and sub-Saharan Africa, has found that the mainstay of the current approach to sex education is not working.[1]

School-based sexual and reproductive health programmes are widely accepted and implemented as an approach to reducing high-risk sexual behaviour among adolescents, however when the Cochrane review looked at the impact of such programmes on pregnancy rates and sexually transmitted infections (STIs) they found no significant reductions in either among the young. Lead author of the review, Dr Mason-Jones said: '*As they are currently designed, sex education programmes alone probably have no effect on the number of young people infected with HIV, other STIs or the number of pregnancies…*'[2]

More positively, the review also found that a small cash payment, or free school uniform, can encourage students to remain at school, especially in places with financial barriers to attending, which helps to reduce pregnancy rates and STIs.

The authors say that previous reviews of sex education programmes are based on self-reported behaviours of young people, which are prone to bias and are notoriously unreliable, whereas the Cochrane review only included studies featuring objective measurable biological outcomes from records or tests of pregnancy and STIs. When the authors excluded studies that were at high-risk of bias, they found 'no effect' on long-term pregnancy prevalence in the remaining studies.

Clearly further objective measurable evidence is needed, because if current sex education programmes are not working to reduce pregnancy and STIs among the young, this is highly significant. It may be that current primary prevention strategies for STIs and unintended pregnancies need to be re-evaluated.

Dr Trevor Stammers in a 2007 BMJ editorial warned that promoting correct use of condoms will not lead to a reduction in STI rates and pregnancies because much teenage sex has little to do with sex itself but is connected with a search for meaning, identity and belonging.[3] The Cochrane review cites the need to address wider structural issues (in this case, educational achievement). Stammers would add parental influence as well. Certainly, a much more comprehensive approach is key to improving outcomes, incorporating parental involvement and opportunities for young people.

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