



Transgender Genesis *Incompatible with human dignity?*

Review by **Mark Pickering**
CMF Chief Executive

The current transgender environment presents Christians with many challenges as they seek to respond with an appropriate balance of care for vulnerable individuals, clarity over terms, and exposure of unhelpful, underlying ideologies.

In a highly significant legal ruling issued on 2 October 2019, belief in Genesis 1:27 ('God created man in his own image...male and female he created them.') was ruled as 'incompatible with human dignity' and in 'conflict with the fundamental rights of others; specifically here, transgender individuals'.¹

The case concerns Dr David Mackereth, a Christian, who after many years working in A&E, had been appointed as a Health and Disabilities Assessor. During initial training, he became aware he would be expected to refer to transgender patients by their preferred pronouns (eg 'she' for a male to female). He stated that he could not do this

in good conscience as a Christian, although he would be happy to use their chosen names.

After further discussions, an impasse was reached and Dr Mackereth's employment was ended. He went to tribunal, where the panel ruled against him, resulting in the above comments about the biblical foundations of his conscientious objection.

This is a delicate case. The current judgment is not binding beyond its immediate context, but decisions around an appeal are currently pending. Should an appeal confirm the findings of the original panel, this would be of wider relevance to future cases.

The details are also very relevant and have been lost in some of the media coverage. In the judgment, 'belief in Genesis 1:27' refers to a specific contextual application of the verse, rather than the verse itself. Furthermore, the original legal arguments that the panel considered use particularly polarising language, describing transgender

patients as 'impersonating the opposite sex'.

Christians draw different lines on their willingness to adapt their language to the deeply held beliefs of a vulnerable patient group. There seems little moral difference between using a name that is clearly for their chosen gender identity and using the pronoun that goes with the name. But these are difficult issues.

CMF is engaging with Dr Mackereth's legal team as they decide on their appeal options. Much discernment is needed to tread a path between caring for individuals whilst challenging the wave of ideology that is not only ripping up cultural and biblical norms, but also harming these same vulnerable people.

reference

1. Employment Tribunal decision. Dr David Mackereth v The Department for Work and Pensions and Advanced Personnel Management Group (UK) Ltd: 1304602/2018. bit.ly/32eXJFf [Accessed 5 November 2019]

Losing 'measles-free status' *No cause for compulsion*

Review by **Steve Fouch**
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In August it was reported that the UK, along with four other EU nations, had lost its 'measles-free' status.¹ The government response included calls for social media campaigns to counter the misinformation of so-called 'anti-vaxxers', greater public awareness and vaccine reminder campaigns. At one point, Health Secretary Matt Hancock even suggested mandatory vaccinations.²

The US faces a similar challenge to its measles-free status,³ despite measures such as school registration being dependent on vaccination. In New York, an exemption from compulsory vaccination for religious groups (particularly the Orthodox Jewish community) was withdrawn in June as the state has seen significant decreases in MMR vaccinations and a corresponding upswing in measles cases. The result has been an ongoing confrontation between religious groups and the state government.⁴

Overall confidence in vaccinations in the UK is high and above regional and global averages.⁵ A report from the National Audit

Office instead places the blame squarely on poor and inconsistent administration of vaccine reminders for pre-school children. It also notes that there are problems with getting reminders to marginalised groups such as travellers. In London, with a large, transient population, uptake is particularly low.⁶ Some blame NHS funding cuts for this, and it seems clear that this area of public health needs attention and resourcing.⁷

Vaccines do save lives globally. It is also clear that public trust in vaccinations is diminishing around the world. Some of this is due to misinformation from anti-vaccine campaigners, but the general decline of trust in institutions and science as well as failures of health infrastructure are equally at fault.

Rebuilding trust and truth-telling are going to be vital in reversing these trends, as is investment in health infrastructure. Furthermore, globalisation and the movement of people means that it is in all our interests to invest in good vaccine education worldwide.

This will take time – instant answers, like compulsory vaccinations are a distraction that could backfire badly.

references

1. The UK has lost its World Health Organization 'measles-free' status. *New Scientist Online* 19 August 2019. bit.ly/2Pqsq7y [Accessed 28 October 2019]
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4. New York bans religious exemptions for vaccines amid measles outbreak. *BBC News Online*. 14 June 2019. bbc.in/2NjXTWr [Accessed 28 October 2019]
5. Roberts M. Vaccines: Low trust in vaccination 'a global crisis'. *BBC News Online*. 19 June 2019. bbc.in/34etfVv [Accessed 28 October 2019]
6. Vaccine reminder system 'inconsistent', report concludes. *BBC News Online*. 25 October 2019. bbc.in/2Juz9tD [Accessed 28 October 2019]