

## when is a baby not a baby?

*changing the language of abortion*

Full story at [cmf.li/3yfMHIO](https://cmf.li/3yfMHIO)



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**O**n 27 February 2023, BBC's *Panorama* ran an 'investigation' into pregnancy advice centres, claiming that they give misleading information to pregnant women. They found 57 centres listed online, could find no fault with 34 of them and sent an undercover journalist in to investigate three. The journalist presenting it spoke only to women who were unhappy with the centres, and not the many who were satisfied with the support they had received. And while there were causes for concern in the practice and advice giving of the three centres visited, overall the piece was biased and very one-sided.

In 1968, when the abortion law came into effect, there were nearly 3,000 abortions each month. Just three years later, in 1971, that number had risen to 10,500 per month. It has never dropped below that rate since, reaching nearly 18,000 (17,906/month) in 2021 (the last year for which data is available).

That is a lot of women choosing to terminate their pregnancies – a lot of babies being killed. For context, there were just over 52,000 live births per month in 2021. In pregnancies where the mother had a choice, one in four chose to end it by abortion. Of course, many women and their partners suffer the tragedy of the miscarriage or stillbirth of their much-wanted babies. And there are, equally tragically, too many examples of women being forced or coerced into having an abortion against their will.

One quote from the commentators in the documentary (who all seemed to work for abortion providers or agencies referring to them) stood out. Jo Holmes, of the British Association for Counselling and Psychotherapy (BACP), proclaimed, 'It's not a baby when you've got a choice – it's a pregnancy, it's an unplanned pregnancy,

## 'podbabies' *who are they kidding?*

Full story at [cmf.li/3BylRY1](https://cmf.li/3BylRY1)



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**E**ctogenesis – the gestation of children in artificial wombs – has long been considered by many feminist writers as the ultimate liberation for women from the tyranny of reproduction. If a concept video, misleadingly entitled *Ectolife: The World's First Artificial Womb Facility* is anything to go by then ectogenesis is so superior to conventional pregnancy no one would ever think of carrying a child themselves ever again.

Ectogenesis of lambs for up to four weeks in a Biobag was first reported in 2017, and more recently, mouse embryos have been grown in an artificial womb for up to 12 days – half their gestational age. However, the headline writers cannot resist adding, '*humans could be next*'. They certainly won't be! A recent article, quoting Matt Kemp, who runs the perinatal lab at Western Australia's Women and Infants Research Foundation, clarifies, '*...clinical trials involving human babies are a long way off*'.

Some comment on the Ectolife vision has been highly critical, not primarily about the timescale of the project, but the wisdom of it. A recent, insightful blog entitled

*'Podbabies: coming to a womb facility near you'* concludes, '*A mother's devotion to her baby is the template for our (wavering) belief that all human life has value. When we stop making mothers, we hack at the foundations of that value. Pity the factory-made infants, newborn and helpless in such a world.*'

The God of the Bible alludes to the devotion of a mother as an analogy of his own dedication and commitment to his people. '*Can a mother forget the baby at her breast and have no compassion on the child she has borne? Though she may forget, I will not forget you!*' (Isaiah 49:15). In our secular age, a mother's love for her baby is rightly appealed to as an indicator of the intrinsic value and dignity of all human life. But the Scriptures reveal that even that love, for all its burning intensity, is but a reflection of divine love.

In future decades, we may eventually physiologically replicate gestation in a pod, but the maternal bonds wrought in a mother's womb never can be. They can, of course, be despised or dismissed, but it will be at the next generations' peril. ◦

an unexpected pregnancy, or an unwanted pregnancy'. Blatantly saying that unless you want it, what is growing inside you is not a baby. To show evidence to the contrary (eg from a fetal ultrasound) is 'misinformation'.

What was abundantly clear in the *Panorama* programme was that while Holmes and other commentators wanted women to be able to have a choice, they strongly objected to that being an informed choice. They didn't want women to be told that having a medical abortion at home meant that the pills would kill their baby and then cause them to pass it, usually into the toilet. They didn't want them to be offered ultrasounds in order to see the baby they were making choices about. They didn't want them to be told that many

women experience deep feelings of regret, guilt, and sadness, often for many years after an abortion.

Yes, these things are likely to be distressing for a woman with an unwanted pregnancy. Yes, they should be communicated sensitively and gently. No, they should not be exaggerated or shared in a pushy way, trying to scare women into keeping their babies. But as for any other medical procedure, the woman should be given sufficient evidence about the procedure, its outcome, and its possible side effects in order to enable her to make an informed choice.

Coercion and manipulation work both ways, and both should be stopped. ◦

## assisted suicide *learning from Canada's mistakes*



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**R**ecent months have seen a steady stream of alarming reports from Canada about the progress and implementation of their Medical Assistance in Dying (MAiD) programme.

In the wake of media stories, such as those of the disabled man who applied for MAiD out of fear of being made homeless,<sup>1</sup> the army veteran suffering from PTSD who was offered MAiD by an employee of Veterans Affairs Canada,<sup>2</sup> and the woman suffering from multiple chemical sensitivities who died by MAiD after her pleas for suitable accommodation went unheeded,<sup>3</sup> Professor Leonie Herx came to the UK in January to urge legislators, medics and campaigners to heed Canada's warning.

Speaking at public and private events in Jersey, Scotland and the Isle of Man, Herx highlighted these and many other stories of MAiD being sought or offered for conditions far outside the strict boundaries of the original legislation. At an event hosted by CMF, Herx noted that MAiD must be funded from within existing healthcare budgets, which most often means drawing from the already-stretched palliative care sector.

Herx is also one of dozens of signatories to a response to February's Report of the Special Joint Committee on Medical Assistance in Dying.<sup>4</sup> The letter states that the committee '*ignored much of the input of the ... experts and individuals with lived experience who expressed concern and caution. ... [T]hese invited witnesses were routinely talked over, ignored, argued with, and at times, openly disparaged by committee members*', and the resulting report reflects this bias in favour of MAiD's expansion.<sup>5</sup>

Canada is the 'canary in the coalmine', alerting the world to the sobering reality of the inevitable expansion of assisted suicide laws once introduced. We hope and pray that Scotland, the Isle of Man and Jersey will heed the warning. ◉

### references (accessed 15/03/2023)

1. Mulligan C, Bond M. Ontario man applying for medically-assisted death as alternative to being homeless. *Toronto City News*. 13 October 2022. [bit.ly/428SPtP](https://www.torontocitynews.com/428SPtP)
2. Lee M. Canadian soldier suffering with PTSD offered euthanasia by Veterans Affairs. *Fox News*. 22 August 2022. [fxn.ws/3Lkgh18](https://www.foxnews.com/3Lkgh18)
3. Favaro A. Woman with chemical sensitivities chose medically-assisted death after failed bid to get better housing. *CTV News*. 24 August 2022. [bit.ly/37TipiQM](https://www.ctvnews.com/37TipiQM)
4. Garneau M, Martin Y. Medical Assistance in Dying in Canada: Choices for Canadians. *Parliament of Canada*. February 2023. [bit.ly/42recqr](https://www.parliament.ca/42recqr)
5. Chochinov H *et al.* Expert Witnesses Speak Out Against Bias in Medical Assistance in Dying Report. March 2023. [bit.ly/3GMZZr](https://www.parliament.ca/3GMZZr)

## desperate for organs *how Christians can challenge the global crime of organ trafficking*

Full story at [cmf.li/3lIX3NM](https://cmf.li/3lIX3NM)



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**'W**hat can a man give in return for his life?' asks Jesus rhetorically of his disciples and the crowds following him (Mark 8:37, RSV). In doing so, he implicitly acknowledges that people will go to almost any lengths to save their own skins. They will also do the same for those they love. If the threat of death to your own children comes from incipient organ failure, parents will understandably be prepared to do everything they can to obtain a suitable donor organ for transplantation for their child.

A Nigerian couple have recently been convicted of organ trafficking under the Modern Slavery Act, having allegedly brought over to the UK a young Lagos street trader to donate his kidney to their daughter, Sonia, in a transplant operation privately arranged at the Royal Free Hospital for £80,000. Organ trafficking was a worldwide organised crime well before the Covid pandemic, but post-pandemic, the situation is far worse. There was a global reduction of 17.6 per cent in the number of organs transplanted in 2020 compared with the previous year, and the numbers have still not returned to pre-pandemic levels.

In such a climate, for those desperate enough and able to pay, the market for

human organs is a tempting alternative. And there are plenty willing to source human body parts for a price to meet that need.

At the other end of the 'supply chain', a worsening global economic situation means the poorest in the world will be increasingly vulnerable to the lure of promises of work and a few thousand pounds in exchange for a kidney.

Whilst the Scriptures obviously do not refer to organ donation per se, they do specifically refer to the giving of one's life for another (John 15:13). Live kidney donation, though not without some risks, rarely results in the loss of the donor's life. Deceased donation should surely not be problematic for those who know that the eternal destiny of their souls is not dependent on the state of the 'earthly tent' (2 Corinthians 5:1) that we leave behind at our death.

The more general principles of kindness (Ephesians 4:32), love towards our neighbour (Matthew 22:35-40, Mark 12:28-34, and Luke 10:27), bearing one another's burdens (Galatians 6:2), and preferring one another in honour (Romans 12:10), all surely point towards an attitude of being open to deceased donation as a minimum moral requirement. Living donation should also be something that Christians ought to be at least raising from time to time in their fellowships and churches.

Tackling organ trafficking is a massively complex task, but reducing the demand for organs by all ethical means has to be a part of that solution. I have been a regularly worshipping Christian for over a half a century, and not once have I ever heard reference made to organ donation at any church event. While some Christians advocate for altruistic organ donation (ie not for gain and to a stranger – as in John 15:3 – giving one's life (or kidney) for another), deceased donation is far more common.

Faith in Operation is a network for Christians in the UK interested in donating organs altruistically. Their founder, Joe Walsh, shared his story on the *CMF blogs* back in 2020. We need to share more stories and see more responses like this across the global church. ◉

### reference (accessed 15/03/2023)

1. Walsh J. How Christians can end the waiting list for a kidney. *CMF Blogs*. 7 September 2020. [cmf.li/2ZcGhZ](https://cmf.li/2ZcGhZ)