news reviews

BMA votes to decriminalise abortion

The profession betrays its ethics

Review by **Peter Saunders**
CMF Chief Executive

On Tuesday 27 June the British Medical Association (BMA) voted to support the decriminalisation of abortion throughout the UK. Delegates at the Annual Representative Meeting (ARM) in Bournemouth passed a six part motion by a two thirds majority.[1]

1,500 doctors and medical students signed an open letter[2] urging the BMA not to go ahead and five female doctors, including CMF members, spoke courageously against the measure at the ARM, but to no avail.

Currently, abortion is illegal in Britain under the Offences Against the Person Act 1861 (OAPA).[3] But under the Abortion Act 1967[4] doctors can authorise abortions on several grounds relating to the health of mother or baby.

Although the Abortion Act was intended to be restrictive, its provisions are liberally interpreted. One in every five pregnancies ends in abortion (190,406 in 2016)[5] and 98% of these are carried out on 'mental health' grounds.

Repealing sections 58 and 59 of the OAPA would render the Abortion Act null and void, dismantling its entire regulatory framework – including the need for two doctors' signatures, the 24 week upper limit, the need for approved premises, licensed drugs, conscientious objection, reporting and accountability. Abortions could then be done by anyone, for any reason, in any way and anywhere at any gestation up to 28 weeks.[6]

If the Infant Life (Preservation) Act 1929,[7] which makes it illegal to destroy a child 'capable of being born alive', also fell (the act defines this as 28 weeks although many babies born as early as 23-24 weeks now survive) abortion would be legal up to term.

At the time of writing a new private member's bill is expected to be tabled in parliament to this effect. The British Pregnancy Advisory Service (BPAS), the country's leading abortion provider, and the Royal College of Midwives (RCM) have campaigned heavily for a change in the law in recent months and have been specific that they are campaigning for the removal of all gestational time limits.[8]

The Hippocratic Oath forbids abortion and ironically the BMA in 1947 called abortion 'the greatest crime'.[9] Sadly doctors have now become its most ardent promoters and facilitators.

A recent ComRes poll showed that only 1% of women want the upper limit raised and 70% want it lowered to 20 weeks or below.[10] Let's pray that parliament shows more respect for women and unborn babies than the BMA.

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Charlie Gard

Care and compassion in every situation

Review by **Rachel Owusu-Ankomah**
CMF Head of Student Ministries

Charlie Gard was born in August last year and, after becoming unwell at eight-weeks-old, was diagnosed with MDDS (infantile onset encephalomyopathic mitochondrial DNA depletion syndrome), a rare and severe mitochondrial depletion disease. His condition is characterised by congenital deafness, severe epilepsy disorder and severe muscle weakness. His heart, liver and kidneys have also been affected and he is ventilator dependent. At the time of writing, Charlie is ventilated in intensive care at Great Ormond Street Hospital (GOSH).[1]

In February GOSH applied to the High Court, asking for an order stating that it would be 'lawful and in Charlie Gard's best interest' for artificial ventilation to be withdrawn. They additionally said that nucleoside therapy was not in Charlie's best interest but suggested the provision of palliative care.[2]

Clinicians had initially planned to administer nucleoside therapy in the UK but Charlie started suffering from brain seizures and was diagnosed with epileptic encephalopathy. Subsequently, nucleoside therapy was deemed to be 'futile' if undertaken.

Chris Gard and Connie Yates, Charlie's parents, opposed this application as they wished to travel to the US for experimental nucleoside treatment, which has never been tested on anyone with Charlie's form of MDDS or animal models. Through crowd-funding, they have raised £1.3million for treatment and found a clinician willing to do it.[3] Dr I, the neurologist in the US, would like to 'offer what we can', and argues that although 'it is unlikely to be of any benefit to Charlie's brain' he said the probability is 'low but not zero'.[2] Mr Justice Francis ruled in favour of GOSH.

Since the ruling, Charlie's parents have launched several legal challenges in the court of appeal and the Supreme Court, in addition to the latest challenge in the European Court of Human Rights (ECHR). On 27 June the ECHR refused to intervene in the case of Charlie Gard.[4]

Balancing treatment and withdrawal decisions, and acting in the best interests of children with complex medical histories, is extremely difficult and emotive for all involved.[5] As Christian healthcare professionals, regardless of legal decisions surrounding our patients' treatment, we must 'cloth ourselves with compassion'[6] for all those involved, our conversations should 'always be full of grace and seasoned with salt'.[7] Regardless of whether treatment is continued or withheld, caring must never stop – not only for a child, but also for their parents. We must also not forget that all human life is valuable regardless of severity of disability or prognosis.

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Reforming the WHO

Can the new General Secretary really be an agent for positive change?

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

Overshadowed by the coverage of the horrific terrorist attack in Manchester in May, the British media largely missed the election of the new General Secretary of the World Health Organisation, Dr Tedros Adhanom Ghebreyesus (or Dr Tedros as he now styles himself). The former Ethiopian health minister became the first African Head of the WHO on 30 June.[1]

Why is this significant? Many question whether the WHO is still relevant or useful.[2] After failing to respond swiftly to the West African Ebola outbreak in 2014-2015, 11,000 lives were lost. Some have subsequently argued for it to be stripped of its role in responding to future global health crises.[3]

Dr Tedros has a track record, as a health minister in Ethiopia, for cutting through bureaucracy, increasing the health workforce, improving universal access and seeing significant progress in many global health indicators.[4]

However, his appointment is not without controversy. Many have pointed out his involvement in a less than transparent Ethiopian regime with a bad human rights record, and which has been accused of covering up several cholera outbreaks.[5]

He is also accused of being an advocate for abortion, and many pro-life organisations in the global health community are concerned that he may further liberalise the WHO stance on this issue.[6]

It remains to be seen if the WHO's current openness to working with faith-based organisations and faith communities will continue under Dr Tedros' leadership. The Ethiopian government has had a mixed record in its dealings with faith communities.[7] While the WHO has a more positive recent relationship, we wait to see how Dr Tedros takes this forward.

If the WHO is to have a role in the challenges of the coming decades, it will need inspired and credible leadership. It is too early to tell if Dr Tedros can supply this but, as Richard Horton has pointed out, it is not down to just one man. It is the whole leadership team that he develops at the WHO who will drive and implement these changes.[8]

The next few years will therefore show if the WHO can reform, regain its relevance, and be a friend to faith-based health work.

We should pray for Dr Tedros as he takes up his post later this month, for the team forming around him, and for the direction he takes the WHO in the coming years.

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Revised General Pharmaceutical Council Guidelines

Good news for freedom of conscience in the UK

Review by **Peter Saunders**
CMF Chief Executive

In the Spring 2017 *Triple Helix* editorial[1] I reviewed the attempt by the pharmacists' regulator to force pharmacists to dispense drugs for what they consider to be unethical practices – such as emergency contraception, gender reassignment, abortion and assisted suicide.

In December 2016 the pharmacy regulator, the General Pharmaceutical Council (GPhC), issued new draft standards and guidance[2] that changed the emphasis from a 'right to refer' to a 'duty to dispense', admitting that this represented 'a significant change'.

During a consultation on this draft guidance, CMF and others had meetings with the GPhC and expressed concern about the limiting effect of this new wording on conscience rights. We argued that the draft proposal to remove pharmacists' conscience rights was 'disproportionate, unethical, unnecessary and quite possibly illegal'. We were concerned that this move could also have repercussions for freedom of conscience for doctors and nurses in the longer term.

So, as Philippa Taylor notes in a detailed review on the *CMF Blog*,[3] we were relieved to see the final guidance issued on 22 June 2017: *In practice: Guidance on religion, personal values and beliefs*.[4]

The standards for pharmacy professionals require that they must ensure that 'person-centred care' is not 'compromised because of personal values and beliefs'. But the guidance now makes it clear that: 'Pharmacy professionals have the right to practise in line with their religion, personal values or beliefs' (p7) and clarifies that under Article 9 of the European Convention on Human Rights (ECHR) a pharmacist's right to freedom of thought, conscience and religion is protected.

Crucially, there is now clear recognition that referral to another service provider is still 'an appropriate option' with an emphasis on the importance of openness and sensitive communication with colleagues and employers.

Encouragingly, in a statement accompanying the publication of the new guidance, the Chief Executive of the GPhC, Duncan Rudkin, highlighted the positive contribution pharmacists' faith can make in their position of care: 'We recognise and respect that a pharmacy professional's religion, personal values and beliefs are often central to their lives and can make a positive contribution to their providing safe and effective care to a diverse population.'[5]

Why did they revise it? It appears that they took note of CMF's submission and those of others. But a strong letter from the Christian Institute warning that the draft guidance was in breach of the law and that a judicial review was imminent no doubt also helped. It's a reminder that the price of freedom is eternal vigilance.

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