

## A turning point in global health

### *The role of faith-based healthcare*

Review by **Steve Fouch**  
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In July, *The Lancet* launched a landmark series of papers on the role of faith groups in the delivery of healthcare worldwide.<sup>1</sup>

Three papers explore the breadth and impact of faith-based healthcare, the controversies that exist and both practical and positive examples of positive partnerships.

Evidence for the breadth and depth of religious organisations' engagement with healthcare is sketchy. Almost certainly in Sub-Saharan Africa faith groups play a significant role, but the evidence suggests it may not be quite as big or as effective as some estimate. However, there is evidence that Christian healthcare institutions and programmes are more prevalent in poor rural African communities and that the overall patient satisfaction is high.

Inevitably, controversies around sexual and reproductive health, abortion, sexuality, gender, violence against women, female genital mutilation, immunisation, harm reduction, HIV, stigma, and evangelism have all created tensions for secular bodies working

with faith groups. Engagement with faith practices and spirituality is something of a blind spot for many governments and NGOs. Yet there have been many instances where a constructive engagement has led to effective partnerships.<sup>2</sup> It is clear that we need greater faith literacy amongst secular bodies and greater health literacy by faith leaders.

We face a potentially significant turning point in global health and development, with the official launch of the Sustainable Development Goals (SDGs) in New York last September. Goal three – ensuring healthy lives and promoting well-being for all at all ages<sup>3</sup> – could see a significant increase in access to affordable, appropriate healthcare for the world's poorest people. Governments will need to engage with religious groups (to which nearly 80% of the world's population are adherents) to achieve this.

There will be some hard-core sceptics and secular ideologues who will decry this, but the evidence against their position is mounting.

Christians have engaged with health issues since the first century.<sup>4</sup> Care for the

sick, vulnerable and dying is an integral expression of our faith.<sup>5</sup> Churches and church hospitals are often the only local infrastructure in many poor communities. They were there long before the donors turned up. They will be there long, long after these donors have gone off after their next new priority or when the next set of goals are agreed. While the two sides may not always share the same agenda, on the whole they share the same concerns. It is important that we find common ground to work together in many areas, if we can only learn to talk to each other.

#### references

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3. The sustainable development goals and a healthier 2030: Goal 3 - Ensure healthy lives and promote well-being for all at all ages. UN Information Centre [bit.ly/1RSr1lk](http://bit.ly/1RSr1lk)
4. Ferngren GB. *Medicine and health care in early Christianity*. Johns Hopkins University Press, 2009
5. Matthew 25:31-46

## Down's screening

### *New test creates more problems than it solves*

Review by **Rick Thomas**  
CMF Public Policy Researcher

The UK National Screening Committee (NSC) is recommending a new test for pregnant women that will detect a higher proportion of fetuses with Down Syndrome.<sup>1</sup> The test is performed around ten weeks, is non-invasive and makes use of cell free DNA from the fetus (cfDNA) circulating in the mother's blood. It is far more accurate than present early pregnancy screening tests for Down's, meaning there would be far fewer false positives and far fewer women going forward for invasive tests to confirm the condition – procedures that may result in the inadvertent miscarriage of a healthy fetus.

So, at first sight, it looks like a good thing. But look closer and a very different picture emerges. First, the numbers. The number of inadvertent miscarriages saved would be far outnumbered by the predicted increase in detection and subsequent abortion of babies with Down's. And if, as seems likely, public demand eventually results in the new test being made available to all pregnant women

(and not just to those already shown to be at risk, as is being proposed) the rates of detection, confirmatory invasive testing, abortion and inadvertent miscarriage will all spiral upwards.

Second, international conventions, guidelines and UK law. The World Health Organisation screening guidelines require that 'there should be a treatment for the condition'.<sup>2</sup> Prenatal screening for Down's provides no benefit to the fetus – most will be aborted. The Convention on the Rights of Persons with Disabilities (CRPD),<sup>3</sup> signed by the UK in 2007, requires health policies to respect the inherent dignity of persons with disability. The UN International Bioethics Committee comments: 'The widespread use of genetic screening and in particular of [the new test] may foster a culture of "perfectionism" or "zero defect" and even renew some "eugenic trends", with the consequence that it could become more and more difficult to accept imperfection and disability as a part of normal human life and a component of the diversity we are

all called on to acknowledge and respect.'<sup>4</sup>

To assume Ground E provision of the UK Abortion Act<sup>5</sup> should automatically apply to Down Syndrome is to stretch the law to the point of completely misshaping it. Many people with Down's live into their 50s and 60s, finding fulfilment and contributing greatly to family and community life.

The Christian ethic calls the strong to make sacrifices for the weak, recognises and respects the value of every person, regardless of ability or disability, and energises the virtues of patience, perseverance and altruism. Caring for children and adults with special needs fosters compassion in the community and a more sacrificial society – a prize beyond price.

#### references

1. The UK NSC recommendation on fetal anomaly screening in pregnancy. [legacy.screening.nhs.uk/fetalanomalies](http://legacy.screening.nhs.uk/fetalanomalies)
2. Principles and practice of screening for disease. WHO [bit.ly/1QfHHS3](http://bit.ly/1QfHHS3)
3. United Nations Convention on the rights of persons with disabilities. [un.org/disabilities/convention/conventionfull.shtml](http://un.org/disabilities/convention/conventionfull.shtml)
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## Marris bill defeated

*Vote should settle the matter for a decade*

Review by **Peter Saunders**  
CMF Chief Executive

**T**he Assisted Dying (No 2) Bill<sup>1</sup> tabled by Labour MP Rob Marris was the eleventh attempt in twelve years to legalise assisted suicide through British Parliaments. But its overwhelming defeat on 11 September 2015 by a margin of 212 votes (330 to 118) should settle this matter for a decade.<sup>2</sup>

It is striking (and indeed fitting) that this happened the very day after World Suicide Prevention Day.<sup>3</sup>

Given the margin of defeat there is clearly no chance of a similar bill passing through the Commons in the current parliament and even in the event of a Labour victory in 2020 it is virtually inconceivable that the views of MPs will change enough to make it likely in the next parliament either. Overall 74% of MPs voted against the bill, a proportion almost identical to the 72% who opposed the last bill of its kind in the House of Commons in 1997. So there has been essentially no shift in parliamentary opinion in the last 20 years.

Conservative MPs opposed the bill by

210–27 with 16 cabinet ministers voting against. Labour MPs opposed it by 91–72 and Liberal Democrats and Scottish Nationalists were more or less evenly split. This is hugely significant as it signals that assisted suicide is no longer seen as a simple left/right political issue. Suicide prevention and protection of vulnerable people from exploitation and abuse also resonate strongly with left wing politicians.

Marris's bill would have allowed assisted suicide for mentally competent adults (>18) deemed to have less than six months to live, subject to a series of 'safeguards' including a final decision by a High Court judge.

In a robust Commons debate<sup>4</sup> in which over 80 spoke, MPs were clearly driven by concerns about the risks it posed to vulnerable people who would have felt under pressure to end their lives so as not to be a burden to family, relatives, caregivers or a society short of resources.

The Care Not Killing Alliance (CNK) published two excellent guides<sup>5</sup> on the bill which were circulated to neutral and opposed MPs. CMF, both through CNK

and in its own right, participated in a comprehensive campaign from the end of May along with other key groups (especially Not Dead Yet UK, Living and Dying Well, Christian Institute, Christian Concern, LIFE, SPUC, CARE, and No to Assisted Suicide) involving letter writing, media articles, media interviews, MP briefings and culminating in a powerful rally outside Parliament.

The result was a wonderful answer to prayer and a powerful testimony to God's grace, good strategy, excellent collaboration and hard work on the part of many organisations and individuals.

### references

1. Assisted Dying (No. 2) Bill 2015-16, Westminster Parliament [bit.ly/1LxCW1o](http://bit.ly/1LxCW1o)
2. Defeat of the Marris Assisted Dying Bill - some reflections on how MPs voted. *Christian Medical Comment*, 12 September 2015 [bit.ly/1O84Q91](http://bit.ly/1O84Q91)
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4. Assisted Dying (No 2) Bill, Hansard, 11 September 2015 [bit.ly/1YjnT3y](http://bit.ly/1YjnT3y)
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## Atheism, science and liberal values

*Why new atheists need to know more of atheism's history*

Review by **John Martin**  
CMF Head of Communications

**W**e owe a great debt to the philosopher John Gray,<sup>1</sup> a former professor of European Thought at LSE and himself an atheist. Gray wants this generation to learn lessons of history. He confronts us with the disturbing reality that several atheists of the early decades of the twentieth century, notably Julian Huxley and HG Wells as well as Friedrich Nietzsche, publically associated themselves with eugenics and the belief that some races were superior.

In 1931, Huxley wrote that there was 'a certain amount of evidence that the Negro is an earlier product of human evolution than the Mongolian or the European, and as such might be expected to have advanced less, both in body and mind'. This was no isolated statement. It was commonplace among members of the secularist intelligentsia to look forward to an epoch when 'backward' peoples 'would be remade in a western mould or else vanish from the

world' (as Gray puts it). Huxley, says Gray, admitted that the concept of race was 'hardly definable in scientific terms'. He never renounced eugenics but his tone changed. This was not because his science changed but because the application in Germany gradually became known.

Of course, present-day new atheists would recoil if confronted with the charge that they support racial superiority. Gray points out that secular thinkers look to science for a foundation for their values. The new atheists 'have not renounced the conviction that human values must be based in science'. This position is philosophically flawed, buying into what is termed 'the naturalistic fallacy' – deriving 'ought' from 'is'. 'There are no reliable connections – whether in logic or history – between atheism, science and liberal values,' Gray insists.

But this is not just an abstract argument. Where political systems have attempted to assert they have a basis in science, the

results have been disastrous, producing oppressive, authoritarian regimes. As we know all too well, the Soviet Union, driven by this logic, perpetrated a legion of abuses as it imposed its will on citizens.

Atheist movements of today have still not learnt their lesson. As Gray says, 'it's probably just as well that the current generation of atheists seems to know so little of the longer history of atheist movements. When they assert that science can bridge fact and value, they overlook the many incompatible value-systems that have been defended in this way.'

### references

1. Gray J. What scares the new atheists. *Guardian*, 3 March 2015 [bit.ly/1ATRrHt](http://bit.ly/1ATRrHt) - all quotes cited there.