
THE BULLETIN

November 2010

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Children from Christian homes: in the world but not of it

The challenges facing every Christian home have always been immense. The pressures bearing down upon those being raised to follow the Lord Jesus Christ have always been significant. The purposes of this article are to outline the particular aspects of 21st century western culture which seek to shape our children and adolescents, and then to propose an overall approach by which Christian parents can respond to these challenges.

In the world: the cultural 'norm'

Before looking at the detail it may be helpful to note what is now the 'given' or the 'norm' in our culture - the prevailing thought-pattern which is so strong that to question it is seen by our culture as being incredible. I want to suggest that the norm of our culture is the worship of the self. In one sense self-worship has always been with us, since it lies at the heart of sin. Yet it has uniquely modern out-workings.

- The individual self, enlightened by information, is the source and judge of real knowledge and behaviour.
- Self-fulfilment is the highest goal in life.
- Personal feelings are the ultimate court of appeal in any dispute.
- Religious satisfaction is defined in terms of personal comfort and self-realisation.

The extent and acceptance of this modern idolatry has been summed up by a leading sociologist who heads up the National Study of Youth and Religion in the US. He notes that the, "...assumptions [of] and commitments [to this 'norm'] infuse every level of the educational system; practices of courtship, marriage, family life, and divorce; some public social programs; key cultural elements of the economy, such as the advertising industry and the mass media, entertainment, and recreation; the health care sector and public health system; very many elements of religion; and, increasingly, the justice system and government itself."¹ On this matter what is true in America is very much the case in the rest of the western world.

In the world: cultural trends

Recent research by the Office for National Statistics revealed changes in the most popular names for boys and girls. Whereas in 1950 Mary was the first choice for girls, in 2010 the name most chosen is Olivia. For boys, in 1950 it was Michael, but in 2010 it is Jack. Language also reflects the fact that 'the times they are a' changin'. The word 'book' can now describe more than a piece of literature. According to an A to Z of teen terms the word 'book' is "an adjective to describe something that's really cool. That's because it's the first option given in predictive text when typing "c o o l"."²

Times change, trends develop and nowhere is this more the case than with the young in our society. When I studied for a post-graduate certificate in education in the early 1970s part of our training alerted us to the issues we might find in the lives of the youngsters we were going to teach. I imagine anyone undergoing such training today would have a very different set of information to deal with, most of it of a deeply distressing nature. There has been a veritable explosion of childhood pathologies. A brief perusal of popular and semi-academic book titles illustrates the tragedy affecting the young in our 21st century western culture:

¹ Christian Smith with Melinda Lundquist Denton, *Soul Searching: the Religious and Spiritual Lives of American Teenagers*, Oxford University Press, New York, 2005, ps. 174-175

² The Daily Telegraph. 3rd January 2008. The A to Z of Teen Terms.

Children at Risk, Video Violence and Children, Saving Childhood, The Disappearance of Childhood, The Plug-in Drug (TV, Computers and Family Life), The War Against Boys, The Miseducation of Women, Toxic Childhood, What's happening to our Girls?

Most of these are written not by Christians but by secular commentators expressing growing alarm at what is happening to children in the English-speaking western world. They are based on trends in the young that are deeply concerning.

One such trend is the unexpected result of better diet among the young: the earlier onset of puberty. The impact on girls when this is allied to greater mobility through employment or family breakdown is that “not only are they physically sexualised earlier ... emotionally they are more vulnerable than they were 20 years ago. When they used to stick with the same group of friends from nursery to secondary school, they had more support. Now they move more, and the extended family is not often around, we are seeing an increasing incidence of mental health issues.”³

Another is the damaging effect of consumerism. A range of serious medical conditions is now affecting the young, probably the best-publicised of which are eating disorders. At the same time it is alarming that suicide is on the rise among teens, alongside depression. Social commentators are now alerting the world to the damaging affects of consumerism on the immature and easily-influenced minds of children. In 2008 a report, conducted by The Children’s Society, noted that: “Rates of depression, anxiety and other mental illnesses have risen in the past two decades with one in 10 children now suffering from a diagnosable condition.”⁴

This same report concluded “that the consumer society and failure to protect children from commercial pressures is partly to blame for deteriorating mental health among young people.”⁵

In a culture trumpeting choice as the ultimate value, the young are quite literally becoming ‘stressed out.’ Christian academic Tom Sisemore comments: “The media has found a wonderful market in children and teens, and exploits their sinful desires to sell products, cleverly managing to wrestle money from the hands of disapproving parents.”⁶

A relatively recent trend is technology. According to figures on mobile ‘phone ownership, 24% of nine-year-olds have their own ‘phones, 51% of 10-year-olds and 94% of 12-year-olds.⁷ The wonderful gift of the internet has been harnessed to provide many children and young people with social networking. Figures here are just as startling, 49% of eight-17 year olds having an ‘online social networking profile.’ The pace of change here is breath-taking. In 2008 MySpace and Bebo featured as major networking sites alongside Facebook and MSN messenger. In 2010 the main sites are Facebook and Twitter.

Many say the primary reason they use these sites is to meet new friends. The worrying upshot is that 44% of teens have talked to strangers online. The negative impact on the ability of young people to learn the relational skills necessary to living in the real world is growing. Indeed the lure of this

³ <http://www.telegraph.co.uk/health/7827533/Why-are-girls-reaching-puberty-younger.html>
Accessed 15.06.10.

⁴ The Times, Feb.8th 2008. Pressures of consumerism make children depressed.

⁵ Ibid.

⁶ Tom Sisemore, *Of such is the Kingdom*. Christian Focus, Ross-shire. 2000.

⁷ All statistics are from *Totally Wired* –a talk delivered by Matt Summerfield (Urban Saints) and Chris Curtis (a Luton Schools worker) in 2008. This is an excellent starting place to consider the issues surrounding modern technology.

stunted form of intercourse is actually promoted. The creator of www.secondlife.com says: "We are competing with the real world to create a better place for your mind to live."⁸

A more long-term trend is family breakdown. At one time, concern about marital break-up used to be the preserve of the political right, but now left-wing commentators are decrying what is happening. One such, returning to the UK after a year away, noted: "Marriage, not so long ago the institution which defined the sacred union of human beings, governed by a myriad of rights and responsibilities, has become for many a temporary arrangement and, for even more, a commitment to be postponed or even avoided."⁹

Family breakdown contributes to a range of difficulties from poor educational achievement to addictive behaviours, as the young are left picking up the pieces of adult selfishness.

Addictive behaviours are on the increase. In 2006 a left-wing think tank produced a report with the unwelcome findings that British teenagers are among the worst-behaved in Europe with alcohol featuring significantly.¹⁰ Alcohol and drug consumption are a rising issue along with the pernicious effects of pornography. Children can be exposed to this material even when not wishing to be so, 36% of nine-19-year-olds having accidentally found themselves on a pornographic website when looking for something else.¹¹ At the same time sexually-transmitted diseases are at record levels and those infected are getting younger and younger.

Increasing concern is being voiced at the sexualisation of children, particularly girls. Playboy T-shirts designed for 11-year-olds on sale in major chain stores are just a bit of fun, aren't they? In February of this year a government report identified a "drip-drip" exposure to sexual matters as "distorting young people's perceptions of themselves, encouraging boys to become fixated on being macho and dominant, while girls in turn presented themselves as sexually-available and permissive."¹²

Even voices from inside an industry that has been part of fuelling this tragedy are now being raised. In August this year, Mike Stock (of Stock, Aitken and Waterman – remember Pete Waterman in the early editions of Pop Idol?), who was behind the success of artists, including Kylie Minogue, declared: "Ninety-nine per cent of the charts is R'n'B and 99 per cent of that is soft pornography."¹³ No surprise that Britain is in the unenviable position of being top of the teen pregnancy 'chart' in Europe.¹⁴

The role of the media in the whole sorry saga is probably best illustrated by the highly popular and seemingly innocuous Tracy Beaker series on CBBC. The way adults are presented as well-meaning, but in the end hopeless, helpers in the various crises besetting poor Tracy gives a clear signal to the young: trust your peers rather than these inept adults.

⁸ Ibid.

⁹ The former editor of Marxism Today writing in [the Guardian](http://the-guardian.com) October 5th, 2002. The age of selfishness: rampant individualism is corroding our personal lives, politics and popular culture.

¹⁰ Daily Telegraph, 2nd November 2006. Britain's youths 'the worst behaved in Europe'.

¹¹ http://www.care.org.uk/Articles/110165/CARE/Care_Services/Internet_Misuse/Information_and_Advice/What_is_Pornography.aspx Accessed 18.10.10.

¹² <http://news.bbc.co.uk/1/hi/uk/8537734.stm> Accessed 26.02.10.

¹³ <http://www.telegraph.co.uk/culture/music/music-news/7938026/Children-being-sexualised-by-pop-music-porn-claims-Mike-Stock.html> Accessed 25.08.10.

¹⁴ From 2000 to 2007, there have been 17,626 pregnancies among under-15s - six every day. There were 268 pregnancies of 12 year-old girls, 2,527 of 13 year-olds, 14,777 of 14 year-olds and 45,861 of 15 year-olds. Source <http://www.telegraph.co.uk/education/educationnews/7186620/Primary-school-girls-getting-pregnant-aged-10.html> Accessed 25.02.10.

Of course, adults have often played second fiddle to children in older literature, but the difference is that children's stories in the past were often set in magical fantasy worlds unrelated to their own, and so were safe places in which to deal with fear. Even when this was not the case, the world of Enid Blyton is a far cry from the regular diet of fractured relationships, depression and sexual danger portrayed in some modern children's literature.

There is also growing concern over the impact on the genders of the cultural 'norm.' Besides the sexualisation of girls through the consumer-led media, there are also the messages from modern educational practice.¹⁵ In the vast majority of schools - whether state or independent - the themes of early feminism hold sway. Girls are taught that "independence and career are what are most important to a girl; that marriage, children and family are just so much domestic drudgery."¹⁶

There is also what has been termed the feminisation of education.¹⁷ The introduction of learning methods which favour girls has led to a growing achievement gap between boys and girls. From 1987-2000, girls outperformed boys by 20%, whereas in the previous 15 years there had been parity.¹⁸ As a result: "Boys dominate among the excluded, the remedial classes, the special needs classes and the temporarily excluded."¹⁹

The answers proposed by those who influence our culture vary. From an increasing number, wisdom is being expressed. World-wide research has established connections between TV and computer time and problems such as obesity, high cholesterol and blood pressure, inattentiveness, declining aptitude in maths and reading, sleep disorders and autism.²⁰ As a result, the government has been urged to limit TV time.²¹

A book called *Nurtureshock* has popularised research which demonstrates that the culture of praise underlying the self-esteem movement has damaged rather than enhanced children's attitudes and performance.²² At least one member of the psychiatric profession has recently gone on record challenging the received wisdom that children are innately good (which has its origins in the writings of philosophers such as Rousseau). This challenge to the supposed established wisdom brings us one step nearer to the biblical teaching of original sin.²³

¹⁵ The influence of feminism is but one of a group of things that go towards the creation of a worldview that is essentially antagonistic towards Christian values such as the family in educational theory and practice.

¹⁶ James Tooley, *The Miseducation of Women*, Continuum, London, 2002.

¹⁷ For more on this see James Tooley and a survey for 4 leading universities on gender-based learning reported in *The Times* April 9 1999.

¹⁸ For parents interested in pursuing this issue further see John Marks, *Girls know better*, Civitas, London. 2001.

¹⁹ The Leading Lads Survey quoted in Melanie Phillips, *All Must Have Prizes*, Little Brown, London, 1996.

²⁰ See Marie Wynne, *The Plug-in Drug*, Penguin, London, 2002.

²¹ France banned TV programmes aimed at under-threes in 2008.

²² A meta-analysis of 150 praise-studies by Stanford University in 2002 found that praised students become risk-averse, try less and are less self-motivated. In the same vein a study of 'Emotional Intelligence' showed that convicted prisoners had higher "EQ" than the rest of the population. Reported in http://women.timesonline.co.uk/tol/life_and_style/women/article7005175.ece Accessed 29.01.10.

The research behind the article was published in *The Journal of Personality and Social Psychology* in 1998 Vol. 75, No. 1, 33-52 Praise for Intelligence Can Undermine Children's Motivation and Performance. A less technical summary and development of this can be found in *The Best of Educational Leadership 2007-2008 Summer 2008 Volume 65 Pages 34-39 The Perils and Promises of Praise*.

More general articles on concerns about self-esteem can be referenced at

<http://www.illinoisloop.org/selfesteem.html>

²³ <http://www.dailymail.co.uk/femail/article-1316391/Wicked-children-inadequate-parents-Are-children-born-bad.html#ixzz1113iS35b> Accessed 30.09.10. In the original New York Times article Dr. Friedman says that his professional experience of dealing with parents with unruly children has led him to question the commonly accepted mantra that, "there is no such thing as a bad person, just a sick one."
<http://www.nytimes.com/2010/07/13/health/13mind.html> Accessed 04.12.10.

However, blind dogma is still being pursued in many areas. A Freedom of Information Act request revealed that at least 58,000 15-year-olds were on the pill in 2009 – more than double the number in 1999 - while a staggering 1,000 11-year-olds were also prescribed it.²⁴ The same Home Office Report on Child Sexualisation which encouragingly expressed concerns about this matter had among its proposals that Personal, Social, and Health education along with Sex and Relationships education are made compulsory in schools. It's hard to break from the rhetoric which sees reason as king, where all that is needed is to 'empower' the young with 'right' information so that they make the 'right' choices.

To sum this up, our current culture offers children a small world view constrained by the false hope of happiness through material things, or greater contentment through raised self-esteem expressed through gender 'rights,' or the rescue of planet earth as the most worthy cause to live for. Such false gospels act like astringents on the soul of the young. Relationships, which are a mark of God's image, are undermined and attacked through many of the applications of modern technologies and pseudo-psychologies.

But not of the world: responses

Faced with such grim statistics and so long a catalogue of concerns, how should Christian parents respond? Thankfully, it must be noted, many youngsters from Christian homes have been preserved in the midst of all this, much as Daniel and his friends were kept in Babylon. Parents whose children have been deeply affected, who have very young children, or children about to enter adolescence, will, however, be rightly concerned.

There is one over-riding principle that will be mentioned now as a response to our culture and which will provide the basis for further articles. It is the principle of *fear versus faith*.²⁵

The danger for the many of us who are parents, grandparents or those working with the young is that fear is the dominant emotion as we look out on an increasingly unsafe world for our children and adolescents. Yet our justified concern must not evolve into raw fear.²⁶ Acting out of fear will diminish the precious fruit of faith, and the resultant joy derived from seeing God at work in our young.

The fruit of fear in parenting

Fear ignores God. This may seem surprising, but it is often the case. We believe in a sovereign God who rules his world with goodness. That means that he not only knows the evil of the times but he has also placed us and our children in these particular times. Fear can lead to our doctrinal convictions about God being divorced from our day-to-day circumstances.

Our eyes can be taken off a real trust in God's sovereignly good purposes, and instead become focused on 'the waves' that threaten to overwhelm us. The dangers posed by our culture become the dominant concern of our lives. Such a focus can lead to hyper-control, where the young are not enabled to grow up and make mature godly decisions. This can produce unhappy and unrelaxed relationships in the home. The dominance of fear can also cause parents to fail to be actively

²⁴ Source - the General Practice Research Database. Reported in <http://www.telegraph.co.uk/health/7921105/Huge-rise-in-11-year-olds-on-the-pill.html> Accessed 07.08.10.

²⁵ For a general biblical overview of this see John Piper's excellent *Battling Unbelief*, Multnomah, Colorado Springs, 2007.

²⁶ There is of course a right fear encouraged in the Bible and it is the fear of God. The following verses show how it works and what it produces: Ps.33:7-11; 52 (esp. v.6); 103:10-17; Pr.1:7; Luke 12:4-7.

involved in guiding our children, as some parents judge that too close an intervention might put them at risk of “losing” their children.

The message our children need is that the Bible shows us the greatness of God. Flowing from this, with their parents they need to experience the greatness of God in their lives. In many homes, this is not always the case in practice.

The fruit of faith in parenting

Faith on the other hand does look to God. It can face the reality of the evils of the times not only with grief and concern but also with bold trust in God, precisely because it knows God to be sovereign. His sovereignty is the shelter from the storm, the rock which prevents collapse, the hope that keeps Christian parents going. Quite simply, faith trusts God.

Consequently, faith looks for opportunities to build faith in our children. When they encounter heartache or confusion, faith seeks to use those occasions to provide appropriate shelter, and to encourage prayerful active dependence on their God.

Faith helps our children to engage lovingly with their world. It helps parents to explain the world rather than to dismiss it out of hand. It creates parents who spend time understanding the world so as to appreciate the good in society’s cultural forms while identifying the idolatrous features.

While it cannot guarantee the production of godly young people, parenting by faith is more likely to be the tool God uses to produce them than the adoption by parents of any other approach.

What does parenting by faith look like?

In any relationship, the area that needs the most careful attention is communication. The effectiveness of any practical suggestions will depend to a large degree on the quality of the communication involved.

Initially, when young, our children are keen to communicate. At this stage in their development, we need to take notice of their contribution to conversation. We also need to explain our decisions patiently, but without indulging them, and without creating in them an expectation that whenever they wish to talk everyone else must stop to listen.

As puberty begins and adolescence is entered, teens can allow other friendships to dominate their conversations, and parents will need to work actively to create moments for communication. Often teens will want to chat when it is least convenient – e.g. at bedtime. When such a moment occurs, then they should ask the Lord for strength and invite them to share whatever is on their hearts.

Where the communication relationship has been established, stressful issues which require conversation, such as dress sense, leisure activity or whatever else it may be, will be better able to be talked over.

Here is a ‘worked example’ of what parenting by faith might look like in one area of modern technology – access to the internet. The context is that parents may have allowed, or given in to pressure to allow, their children to have internet access in their bedrooms.

A fear-based attitude to this issue might lead parents not to address the problem at all in case the teen responds negatively. In effect this fear holds the parent in bondage to the threat of relational discord. In other words emotional blackmail is operating. Alternatively a fear-based response may lead to the right action, but with any explanation or discussion occurring in angry or impatient tones.

A faith-based approach recognises that one of the greatest concerns a parent should have is for their children's godliness, over and above their happiness (as popularly understood). Godly wisdom knows that internet access needs to be restricted to 'public areas' in the home to protect from the influence of pornography and unwise social networking. Awareness of the human heart means that safety programmes²⁷ will be investigated and installed if appropriate.

Faith involves looking beyond the difficulties of the obvious action needed. It means that parents will not allow themselves to be manipulated away from the correct course of action. Faith then seeks God for wisdom in how to express this to the child in a firm but loving manner. Finally, faith looks to God to bless the child's heart as he is told that he is welcome to have his computer in a 'public space' in the home if he wants internet access.

In this and in every other issue of parental responsibility, the battle to parent our children effectively needs to be joined in a way which is consistent with the greatness of our sovereign God, and with the resources he makes available to us.

Ian Fry

The above is the first of a series of articles which will focus on the biblical principles and practical strategies and issues faced by Christian parents bringing up children against the background of the mindset and environment created by an increasingly secular society.

²⁷ In the case of pornography prevention or assistance in its defeat Covenant Eyes is a programme worth considering.

Abortion

Abortion and informed consent

The dual issue of abortion and informed consent has suddenly surfaced, with unexpected impetus. Whenever we are about to undergo any medical treatment, we should always be properly and fully informed of both real and potential risks. We can all agree with that. The same should apply to all women seeking an abortion.

There is growing evidence from the UK, and from around the world, that women's health (mental and otherwise) can be put at risk by abortion. Abortion agencies typically deny the existence of any such dangers, since to recognise them would obligate them to deal with the consequences of that recognition. Hence, women are often not fully informed. This issue has recently been highlighted from at least four quarters.

1] At the end of October, an opinion poll was conducted by ComRes for Christian Concern. Incidentally, it showed that only 2% of those questioned knew that the annual number of abortions in the UK was between 150,000 and 200,000. But more importantly in the current context, 90% of the women questioned agreed with the proposition that it should be “a woman's right, enshrined in law, to be informed of all the physical, psychological and emotional risks associated with abortion.”

2] Currently, there is an Early Day Motion (EDM) entitled, *Informed Consent For Abortion*, which has been tabled in the House of Commons by Therese Coffey, a new Conservative MP. The exact wording of EDM 834 is: ‘That this House notes that in its 14 March 2008 statement the Royal College of Psychiatrists advised that healthcare professionals who assess or refer women who are requesting an abortion should assess for mental disorder and for risk factors that may be associated with its subsequent development; further notes that the Royal College also states that informed consent must be on the basis of adequate and appropriate information on the potential risks to mental health associated with abortion; calls on the government to give its full backing to mental health assessments for women presenting for abortion as well as the provision of professional counselling where mental health issues are identified; and further calls on the government to make available information on the possible mental health risks to women of an induced abortion.’

EDMs rarely make much progress at Westminster, but if enough MPs sign, they can alert the government to a significant issue that needs further attention. It is important to understand that EDM 834 is NOT an anti-abortion statement; rather it is a pro-woman declaration, since it seeks to protect women's health. Perhaps your MP would sign it – have you asked him or her?

3] Late on the evening of 2 November 2010, Nadine Dorries, MP for Mid Bedfordshire, raised the same issue in an adjournment debate under the title *Termination of Pregnancy (Information Provided)*. Ms Dorries declared: “When it comes to a decision of such magnitude, it is vital for women to receive information that is absolutely accurate and is given calmly, without coercion or a principled bias and, in particular, without political ideology.”

For the government, Anne Milton, Parliamentary Under-Secretary of State for Health, replied: “Having in place informed consent, appropriate counselling and the right support for women at this vulnerable time will ensure that we do not fail them for the future.”

4] The very next day (3 November 2010), a letter, signed by six consultant psychiatrists, was published in *The Daily Telegraph*. They stated: “As consultant psychiatrists, we strongly urge

Parliament to introduce legislation ensuring that women seeking abortion are fully informed about the possible consequences of their abortion decision.”

This collision of concern has surfaced quite unexpectedly and spontaneously. The hope is that the momentum generated will eventually lead to a change in the law and practice of abortion. The Government has announced that it will publish a report on the mental health consequences of induced abortion in the Spring of 2011. We will be waiting and watching.

Marie Stopes International (MSI)

Of the 195,743 abortions carried out during 2009 in England and Wales, 38% were performed in NHS hospitals and 56% under NHS contracts in approved independent sector places. Thus 94% of these abortions were funded by the NHS, while the remaining 6% were funded privately. For private clients, the cost ranges from £510 for those up to 12 weeks pregnant, to £1,720 for pregnancies at 19-24 weeks.

One of the major NHS contractors providing abortions in the UK is Marie Stopes International (MSI). Last year it terminated over 65,000 UK pregnancies. And this is big business. Last year in the UK, MSI made in excess of £36 million – £30 million of which was financed by UK taxpayers for its NHS agency work. Profits from its UK business are invested in its overseas work. The ‘International’ part of its moniker encompasses 41 other countries, ranging from Afghanistan to Zimbabwe. In 2009, MSI performed 557,000 abortions worldwide.

MSI has come under heightened public scrutiny during the last few months. Some harsh, albeit well-deserved, criticism has been levelled at its operations.

During June 2010, MSI funded 30-second TV advertisements for its abortion clinics. If those commercials were effective, presumably the UK abortion numbers will rise. Is that what we want? Will girls (and boys) ever take sex seriously when the answer to a problem pregnancy is trivialised by an advert on TV claiming that the answer is just a phone call or a click away?

Over a thousand outraged viewers complained. During August, the Advertising Standards Authority dismissed the objections as groundless. MSI counter-complained that the ‘A’ word was never mentioned and that the commercials were for its ‘post-conception advice services’.

Nice lexical engineering, MSI. Despite its website claim that “We always support a woman's choice,” MSI can never be regarded as a genuine pregnancy advisory service. It is simply an abortion provider. What alternatives to abortion does MSI ever ‘advise,’ and how does it ‘support’ pregnant girls and women? Does it, for example, provide accommodation and practical help for the woman who makes the ‘choice’ to keep her baby?

MSI took another drubbing in August 2010. It was revealed that MSI’s 430 employees, or ‘team members’ as they prefer to call them, at any of its nine centres across the UK, (as well as their partners and children), are entitled to free abortions as part of their staff benefits package. Apparently this job ‘perk’ has been on offer for several years.

Stem Cell Technology

Non-embryonic stem cells march on

For the last decade or so, a bioethical war has broken out among the users, about the usage, of embryonic versus adult stem cells. Then in 2006, a biological bombshell was lobbed into the conflict. Shinya Yamanaka of Kyoto University discovered how to induce ordinary, somatic adult cells (not adult *stem* cells, but skin cells from mice) to revert to an embryo-like state. He called them induced pluripotent stem cells (iPS cells). By November 2007, the same feat had been achieved with human skin cells.

This third way, this phenomenon of cellular reprogramming, is truly exciting. If it can be harnessed, these iPS cells could become the hottest 'hot-button' topic in regenerative medicine. Used in conjunction with current adult stem cell treatments, it appears that we already have a daunting therapeutic armoury. The writing must be on the wall for destroying human embryos to harvest those embryonic stem cells. Bioethically, we should rejoice!

However, we are not there yet. Routine and reliable therapies using adult stem cells plus iPS cells may still be several years away. Serious hurdles remain. Work, such as the translation from animal to human models, human clinical trials and safety tests, will have to be completed first. And one of the key areas still far from understood is that of directed differentiation, namely, how do stem cells become, for example, only neurons or only cardiac muscle cells, and then, how can this process be directed efficiently and with precision within the body? Until these pieces of the biological jigsaw are understood and controlled there will be no widespread cures for our recalcitrant diseases.

In addition, two major problems arise with the Yamanaka-type approach. First, the required transforming genes are introduced into the somatic adult cells by way of viruses as vectors, the genes 'hitch a ride'. But these viruses can hang around and maybe cause tumours and cancers. Second, the genes used, especially c-Myc, are known to be associated with various types of cancer. Several research groups have already attempted, with some success, to devise protocols to obviate these obstacles.

But in October 2010, Derrick Rossi and his group at Harvard published the details of a new technique that is apparently cleaner, safer, faster, and more efficient than any of these other methods for reprogramming adult cells. Instead of transforming the DNA of the cells, it uses messenger RNA (a cousin of DNA) to reprogram the cells, which Rossi has called RNA-iPS (RiPS) cells.

The use of mRNA should be safe in treating patients because while it carries genetic instructions, it does not penetrate the DNA of the target cells as do all other current procedures for creating iPS cells. On hearing of this novel development, Robert Lanza, the celebrated stem cell researcher at Advanced Cell Technology of Worcester, Massachusetts, exclaimed: "All I can say is 'wow' – this is a game changer. It would solve some of the most important problems in the field."

Who would dare guess what the next leap forward will be? Whatever it is and whenever it comes, it seems that non-embryonic stem cell technology is getting nearer and nearer to producing effective treatments for use in human regenerative medicine. That is good news for us and for human embryos.

Assisted Reproduction Technologies

Human Fertilisation and Embryology Authority axed

There will be no tears on these pages over the HFEA's forthcoming demise. It comes as part of the UK coalition government's 'bonfire of the quangos' policy. Since its inception in August 1991, as a consequence of the Human Fertilisation and Embryology Act 1990, the HFEA has been a thorn in the side of the pro-life movement and the morally-sensitive public.

Its unelected membership has consisted almost entirely of poachers-turned-gamekeepers, who either practise IVF and destructive human embryo research, or who approve of such activities. They have been like foxes guarding chickens. Where have been the dissenting or doubting members to challenge the HFEA's pro-experimentation ethos? In an age of enforced 'diversity,' the HFEA's composition has been signally lacking in this very attribute, its decisions having been typically liberal and utilitarian. When it has tried to play tough and prohibitive, it has often, within a few months, completed a bioethical U-turn. We remember, for example, the debacle over the issue of saviour siblings.

Neither has the HFEA been particularly good at listening to the public. In 1994, it issued a consultation paper to which most respondents expressed opposition to the creation of human embryos from the cadavers of adults or fetuses. The HFEA disregarded the public's opinion and approved the measure anyway. As for its so-called 'stringent control of research,' the truth is that the HFEA has never refused to grant a research licence. Moreover, its governance and accountability have been questionable. It has been plagued by internal staff and policy wrangles. And as for its record on publishing information and data, this has been confused and semi-secretive - anything but transparent.

The HFEA's fundamental flaw was that it lacked any clearly-thought out, coherent bioethical foundation. It was therefore incapable of making consistent judgements and applying commendable actions. It bobbed along like a cork on the sea. Its members were like the infants of Ephesians 4:14, "... tossed back and forth by the waves, and blown here and there by every wind of teaching and by the cunning and craftiness of men in their deceitful scheming."

So we say "Good riddance, HFEA." However, there is one obvious question hanging in the air - what is to replace it? The word is that its functions are to be split between the Health and Social Care Information Centre and a new research regulator, the Care Quality Commission. This would be a cause for concern, since the novel issues raised and the tight regulation needed to control the manipulation of human embryos are too important to be divided off into the turmoil of two other mega-committees.

The main argument for scrapping the HFEA had much to do with the now general acceptance of IVF and related practices by a once skeptical and nervous general public. In other words, it is now felt that human embryos do not need their own watchdog because researchers have proved themselves responsible, and can now largely be left alone to do whatever they please with such biological material. We certainly do not agree.

The landmark Warnock Report of 1984 examined the status of the human embryo and concluded: 'We recommend that the embryo of the human species should be afforded some protection in law.' Many still consider this statement to be both feeble and senseless. How can anyone profess respect and protection for something they are about to destroy? For that reason alone, we, and human embryos, need a watchdog with both bioethical teeth and a Parliamentary bark.

Robert Edwards, Nobel Laureate

Robert Geoffrey Edwards CBE, FRS is the physiologist whose work launched 4 million, and still counting, babies. His labours, together with those of the obstetrician Patrick Steptoe, resulted in the birth on 25 July 1978 of Louise Brown, the world's first test-tube baby. More than 30 years later, on 4 October this year, he was awarded the 2010 Nobel Prize for physiology or medicine for his part in the development of in vitro fertilisation (IVF).

As if IVF has not opened enough cans of bioethical worms, Edwards' research also opened the door that has led to the practice and general acceptance of destructive human embryo research, including of course, pre-implantation genetic diagnosis and embryonic stem-cell research. Humanly speaking, Professor Edwards is now a frail old man; biologically speaking, he was a persistent pioneer; experimentally speaking, he was a meticulous worker; bioethically speaking, he has been a tragedy.

Euthanasia

Britain still under threat

Euthanasia remains illegal in Britain, but for how much longer? *Dignity in Dying* is still planning and vigorously campaigning to permit euthanasia in England and Wales. It has recently launched a new specialist group called, *Dignity in Dying: Healthcare Professionals for Change*. Its aim is to challenge the BMA and a number of Royal Colleges in their stance against assisted dying for terminally ill people and to push for a change in the law.

There is a huge irony in these drives for the legalisation of euthanasia within the UK. A recent report, entitled, *The Quality of Death Index*, published by the Economist Intelligence Unit, found that the UK comes top of 40 countries in terms of its hospice care network and statutory involvement in end-of-life care.

St Christopher's Hospice in London, founded in 1967 by Dame Cecily Saunders, was the first dedicated palliative care hospice in the world. The work of that wonderful medical advance remains as a beacon. In other words, the UK's palliative care service, though far from perfect, is still the best in the world. Why then should we now adopt the defeatist position of prematurely killing our elderly and terminally-ill citizens?

To bolster opposition to the threat of euthanasia, a new public policy 'think tank' called, *Living and Dying Well*, has been launched by two members of the House of Lords, Lord Alex Carlile and Baroness Ilora Finlay. Its aim is 'to promote reasoned discussion and to publish evidence-based information on the laws relating to what is euphemistically called 'assisted dying' – i.e. euthanasia and assisted suicide.'

Living and Dying Well is neither 'neutral' nor 'a campaigning pressure group,' but will seek to present 'hard evidence, rather than spin ... to Parliament and the public in an objective and informative manner.' Welcome, new organisation!

One of its first reports, issued in October, warned of the implications if UK law was brought into line with Oregon's assisted suicide law. This law, introduced in 1997 as the *Oregon Death with Dignity Act*, is much admired by euthanasia proponents in the UK.

"We are convinced that changing the law to allow these practices would pose serious dangers to large numbers of seriously ill or disabled people."

Living and Dying Well believes that an annual total of 1,052 deaths in the UK would be likely to follow. Lord Carlile stated: 'We are convinced that changing the law to allow these practices would pose serious dangers to large numbers of seriously ill or disabled people.'

Baroness Finlay, professor of palliative medicine at Cardiff University, said: 'With the expert knowledge British doctors have to relieve suffering, there is no need for anyone in this country to die in pain or distress.' There is no place, and no need, for euthanasia here.

A new organisation has been set up by healthcare professionals to campaign for a change in the 1961 Suicide Act, which outlaws assisted suicide. The new group, Healthcare Professionals for Change, which was launched in October, will also be seeking to persuade the established

professional associations, such as the British Medical Association and the Royal College of Physicians, to end their current opposition to assisted suicide.

The Royal College of Nursing adopted a “neutral” position on assisted suicide in 2009, but none of the professional bodies in medicine in the UK supports either euthanasia or assisted suicide.

Dr John R Ling

The National Health Service - present blessings, future crisis

Rod Badams has recently been in hospital for major surgery to repair an aortic aneurysm. Here he considers the beneficial principles and practices which for centuries have so strongly motivate healthcare provision in the UK, and identifies some issues which could pose a significant future threat to them.

Life on a hospital ward is anything but dull. On some days, in such a procedure-dominated environment, the patient's "to do" list can be extensive, rendering him far too busy to meet the requirements of every passing paramedic. If the physiotherapist has already claimed a time slot, the phlebotomist will have to wait.

There are other days, however, when everything goes quiet, and there is time, mental energy permitting, to estimate how many thousands of bricks were used in the construction of the tall Victorian chimney visible from the ward window.

For a brief few days, a hospital stay parachutes the patient, entirely and in some instances unexpectedly, into an unfamiliar setting, in a state of some dependency. Such circumstances provide an ideal opportunity to observe and consider an area of national life which is interesting and important, and yet, during years when we are fit and well, may not find much of a place in our thoughts.

My own reflections led to three main conclusions:

[1] The National Health Service is more than a major industry. Every hospital site is a gargantuan combined operation of many major industries, relating closely with each other in pursuit of a complex common purpose.

Illustrating this, from morning till night a crocodile of trucks could be seen driving through the hospital grounds, carrying supplies and equipment, or removing waste. The management, administration and quarter-mastering required to keep just this delivery system on the road seemed immense. Quite apart from the efficiency it would demand of itself, it would require a similar efficiency of all the departments it served, in order to operate effectively. The same standard would need to be achieved by all the separate disciplines practised, and the individual services provided, in the hospital.

Throughout the NHS's countrywide hospital provision, though there are numerous incidents both of crass stupidity and tragic error, the surprise perhaps is not that so much goes wrong, but that hundreds of thousands more things go right.

Much of what goes right is dependent upon effective systems involving procedural exactitude. Meals, for instance, are ordered with box-ticking precision. Even gravy is a separate item, ordered by ticking its own box. The system is magnificent, except for when the patient orders the apple pie [separate box ticked for custard], but the tray arrives without the apple pie, and without the custard. The spoon is present, as a kind of proof that a dessert of some kind was certainly ordered. Wherever the apple pie ended up, it was obvious to the recipient (in this case the non-recipient) that no system existed, nor could reasonably exist, to find, retrieve or replace it. Even the querying by the patient of the apple pie's absence would have seemed a disproportionate intervention.

Where the big purpose is as immense as that of the NHS, little irritations have to be tolerated. To appreciate the achievements of the hospital service is far more realistic than to judge it by its many inefficiencies, however exasperating or blameworthy these may appear to be.

[2] The NHS is no longer a holistic care service. Rather, it now consists of a vast range of specific procedures, large or small, simple or intricate, modest or expensive, all of them designed to bring the recipient into a better state of health. How different from the early days of St Bartholomew's Hospital, founded in the city of London in 1123. As is made clear at the St Barts museum, for the first 130 years of its existence, the hospital did nothing which would nowadays be described as "medical."

What St Barts provided, for the health and welfare of its clientele, was rest, good food, care and comfort – provisions which could all be defined as "hospitality," from which the term "hospital" is derived. The hospitality offered by Rahere and his 12th century team of carers would not have repaired aneurysms, removed cancers or by themselves neutralised infections; but the holistic care strategy it offered would have restored to health and strength many of those whose conditions could respond to natural routes to recovery.

This is a far cry from the nature of current healthcare. A holistic approach presupposes some kind of world-view and shared assumptions, which simply cannot exist in the social circumstances of present-day UK life. The pope, the druid and the secular humanist have diverse and mutually exclusive belief systems, but they can all agree when a tonsil is inflamed, or when a weak heart would benefit from a pacemaker. In a non-judgemental, non-prescriptive, individualistic and libertarian society, healthcare has become almost entirely clinical. This is not to under-estimate its achievements, nor to imply criticism. At that clinical level it brings huge quality of life gains to millions of people, for which we can all be immensely grateful. Any attempt to provide holistic healthcare would need to be championed from within the private or charitable sector.

[3] The compassion motive which underlies the NHS is a legacy of the Christian heritage and care ethic established in previous centuries. This compassion and care ethic can be demonstrated in four ways:

- (a) An individual presents symptoms and is referred to a hospital by his GP. In the case of an aortic aneurysm, a victim might, without treatment, survive on average for about five years. However, in addition to the loss of life expectancy, the victim would be suffering from a debilitating degree of uncertainty, and the prospect, whenever it occurred, of a sudden and distressing death.

In its compassion, the State does not leave the patient in this unenviable combination of circumstances, but is willing to carry out and pay for repair surgery which, in respect of the consultations, procedures, surgery and after-care involved, from diagnosis to discharge, would be likely to cost £50,000 in marginal and pro rata hospital costs. The oft-quoted NHS mantra - "free at the point of need" - has been devalued by tiresome repetition, but remains an impressive truth.

The treatment offered is motivated by sympathy, and a desire to heal, without reference to economic considerations. Although some of the recipients of treatment will for the rest of their lives be net contributors to the State, there are many who will continue to cost the State more than they contribute. The State's compassion is such that it does not choose between them.

- (b) The State's also shows its compassion by the fact that it offers its benefits unconditionally, which means that it doesn't matter what else is true about the patient. Clinical need is the only criterion on which service provision is based.
- (c) There are 231,000 doctors listed in the UK Medical Register. Thousands of these have devoted their time, intellect and enthusiasm to mastering specialist disciplines, enhancing their knowledge and abilities, and developing their techniques. There is still stiff competition to enter the medical profession, which means that for the time being there will be no shortage of highly-skilled physicians and surgeons.

By his common grace, God has given to sufficient capable people a desire to spend their working lives putting right those in medical need, when their intellectual capacity could certainly have taken them into a wide range of alternative spheres of work.

- (d) It is part of the instinctive British character to be compassionate. If told about the specific implications of an aneurysm in the life of a patient, there are not many people who would begrudge the State's paying £50,000 of taxpayer's money to alleviate that need, even though the person affected was a complete stranger.

Even in this more rationalistic age, there is still an underlying human sympathy which does not demand a cost-benefit analysis for every item of expenditure. The beneficial effect of this instinctive sympathy is that the government faces no popular demand to cut costs in this area of service provision. The latest *British Social Attitudes Survey* showed, even in the context of severe national economic restraint, "strong support for increased public spending on education and health."

Having identified the benefits of the present healthcare system in the UK, it is equally important to identify the factors which may in the near or medium-term future put them at risk.

- (a) It is likely that soon, the present scope, commitments and expectations of the NHS will become unaffordable. When it began in 1948, the NHS cost the present equivalent of £9 billion. In 2008-2009 it cost more than £100 billion, which means that for 60 years costs have been rising by 4% per annum over and above inflation. It now costs more than 7% of Britain's GNP, which is the equivalent of £1,980 for every man, woman and child in the UK.

Over the years, the annual budget increases have paid for the implementation of the steadily increasing number, range and intricacy of medical discoveries and innovations, successive governments having recognised the public expectation that these should all be freely and immediately available.

New treatments, procedures and technologies will continue to multiply at an increasing rate, but in the face of global as well as national pressures to restrain public expenditure, the financial assumptions which hitherto have shaped NHS service provision will eventually be challenged. When that point is reached, two results could be the imposition of stricter criteria in respect of which treatments are to be offered at all on the present NHS basis, and, where particular treatments will still be provided, a reduction in the categories of people eligible to receive them.

- (b) Although cost is sure to be a factor in the thinking surrounding all future healthcare strategies, financial factors are not the only influences which will put the compassionate healthcare rationale at risk. With the reduced influence, generation by generation, of the

Christian ethic, which has inspired present healthcare assumptions, society could become more at ease with decision-making based on more rational and practical considerations.

- (c) The pro-euthanasia lobby, though still a minority, has been active and vocal for a number of years, and will not be going away. An increasingly secular society world-view, coupled with a climate of financial stringency, would make its arguments more appealing. Euthanasia is considerably cheaper than palliative care, in the same way that an extraction is one of the least expensive of dental processes. The latter is not only cheaper in the immediate, but the offending tooth, once removed, costs nothing in the future either. This is an extremely disturbing parallel.

Finally, how may evangelical Christians most usefully respond to the present challenges facing the NHS:

- (a) Highlight and declare support for the compassionate principles and motivations which lie at the heart of the history of healthcare in Britain;
- (b) Identify and commend the many practices and achievements which have resulted from those principles and motivations;
- (c) Advocate and support the strategy and provision of palliative care, and urge that it should not only be the assumed healthcare strategy for those who require it, but that its provision, in spite of the high cost involved, should be regarded as a priority;
- (d) Oppose the pro-euthanasia lobby and its “culture of death,” not only on principle, as inimical to the sanctity of life, but also because it conflicts with the compassion, care and dignity which has characterised the last 900 years of Britain’s healthcare history;
- (e) As churches and as Christian individuals, demonstrate our own belief in a caring and compassionate approach to those in need by giving a sufficient proportion of our own time and money to the support needed by our own families, church members and friends;
- (f) As we move into a period in which society is likely to embrace, and depend upon, the concept of “volunteering,” consider how we can best help the State to provide the level and quality of care and support which demonstrates the highest possible regard for the value of the whole of natural life.

Rod Badams

What's in a word?

A single word can influence the way in which a society conducts itself. A powerful example of this is the inclusion of the word “insulting” in Section 5 (1) of the Public Order Act 1986. This one word is currently having a chilling effect on free speech.

The intention of the 1986 Act, which applies in England and Wales, was to address the problem of hooliganism, but in the intervening years it has been regularly used by police in response to incidents in which people have done no more than to express a viewpoint, in an unthreatening way, with which others might disagree. Some of these incidents have involved street preachers.

In order to protect freedom of speech, The Christian Institute has urged the government to use the promised Freedom Bill, due to be published by the end of February, to remove the word “insulting” from the 1986 Act.

5 Harassment, alarm or distress.

(1) A person is guilty of an offence if he—

(a) uses threatening, abusive or insulting words or behaviour, or disorderly behaviour, or

(b) displays any writing, sign or other visible representation which is threatening, abusive or insulting,

within the hearing or sight of a person likely to be caused harassment, alarm or distress thereby.

The above is the wording of Section 5(1) of the Public Order Act 1986

Section 5 (1) can bear the loss of the word “insulting,” since it would retain the words “threatening,” “abusive” and “disorderly” – words sufficient to enable police to deal with all offenders whose conduct presents a genuine threat to public order.

The Freedom Bill is expected to repeal some existing legislation and restore some of the freedoms and civil liberties unnecessarily taken away in the course of other enactments.

There is still time for churches and individuals to contact the Home Office (write to 2 Marsham Street, London SW1P 4DF or telephone 020 7035 4848), or to their own MP, to support the removal of the word “insulting” from the 1986 Act.

House of Lords to debate Christianity's public role

The role of Christianity in British public life is to be debated for 2½ hours in the House of Lords on 13 January 2011.

The debate will be introduced by Lord Bhikhu Parekh, emeritus fellow of political theory at the University of Hull and a fellow of the British Academy and of the Royal Society of Arts.

Lord Parekh, who achieved this debate by being successful in a ballot, is remembered for posing three questions pertinent to the theme of the forthcoming Lords debate during a Religion and Society conference on Faith and Policy held in July this year:

- (a) In the name of equality, are all religions equal or can one be privileged?
- (b) Is the State right to co-operate with religious bodies in the delivery of services?
- (c) What is the proper relationship between religion and education, and can we continue publicly to fund religious schools?

It will be interesting to see whether the Lords debate answers any of Lord Parekh's questions.

Vicar jailed for sham marriage conspiracy

A Church of England vicar was jailed for four years at Lewes Crown Court in September for conducting hundreds of "sham" marriages in a conspiracy to circumvent immigration laws.

By these marriages, the conspirators were attempting to gain permanent residence in the UK for African men who were fraudulently marrying Eastern European women.

In a significant crackdown on sham marriages, Home office officials have this year broken up several wedding ceremonies, arresting a number of couples on the point of making their vows. Evangelical Christians will welcome this crackdown, not only because immigration law, like any law, ought to be honoured, but because of the abuse of the institution of marriage which any such conspiracy represents. Marriage is the strength of a nation's social order, and its abuse weakens both the institution and the fabric of society as a whole.

Vetting and barring scheme review to be "fundamental"

The government's promised review of the previous government's vetting and barring scheme will re-consider "the fundamental principles and objectives behind the vetting and barring regime."

Launching the review in October, the government said that it would aim to balance a respect for civil liberties and the protection of the public, and, where vetting systems are still felt to be necessary, will consider whether they can be applied in a more proportionate and less burdensome way.

There will be two strands to the review – one looking at the provisions of the vetting and barring scheme, and the other the role in the process of the Criminal Records Bureau (CRB) and the use of the information it holds.

After considering the conclusions of the review, the government expects to announce revised proposals within a few months. The precise timetable will depend on what fresh legislation the proposals require.

The impact of any revised scheme on the voluntary sector is likely to be much lighter than the vetting and barring scheme originally drawn up by the previous government, which would have involved nine million people registering with the new Independent Safeguarding Authority (ISA).

At the review's launch, children's minister Tim Loughton indicated the need for a lighter touch: "The pendulum has swung too far and threatens to drive a wedge between children and well-meaning adults. Such individuals should be welcomed and encouraged as much as possible."

Pending revised proposals, the fairly minor existing legal requirements remain in force, including the obligation to report to the ISA cases in which organisations have taken action in respect of an

employee (which includes volunteers) on the basis that harm has been caused, or there was considered to be a risk of harm, by that person, to a vulnerable group.

One less box to be ticked

A legal obligation requiring public authorities to pay particular attention to the potential for inequalities of outcome when making strategic decisions is to be abandoned.

The requirement was included in the Equality Act 2010 – the last measure enacted by the previous government prior to the General Election - but has now been dismissed by the Home Secretary, Mrs Theresa May, MP, as “just another bureaucratic box to be ticked.”

Its abandonment means that public authorities will not have to examine the potential effects of their plans and policies on minorities, judge whether these effects represent inequality, and decide whether to vary the plans accordingly. Had this obligation remained, it could have led to legal complaints against authorities if an aggrieved minority felt that the outcome of a public strategy was unequal, and that the inequality had resulted from the authority not having had sufficient regard, at the policy planning stage, for the potential inequality of outcome.

Contributors to this issue of The Bulletin

Rod Badams is a former journalist (1964-1976) specialising in local government, and was General Secretary of Christians at Work from 1979-1998. He has been FIEC Administrator since 1998 and editor of *The Bulletin* since 2006.

Ian Fry was the first Director of Youth and Children’s Ministry Training at Oak Hill College, Southgate, London. He is now the Pastor of Christ Church, Fetcham, Surrey, and also lectures on the Cornhill Youth Stream and on the FIEC’s *Prepared for Service* course.

Dr John R Ling is a freelance speaker, writer and consultant bioethicist. His two books on bioethical issues – *Responding to the Culture of Death* and *The Edge of Life* – are published by Day One. His personal website is www.johnling.co.uk

The Bulletin is published by the Social Issues Team of Affinity,
PO Box 246, Bridgend CF31 9FD and edited by Rod Badams
(Tel. 01858 411554; Email: rod@fiec.org.uk)

The Bulletin ISSN 1751-5947