THE BULLETIN

News and Reports from the Social issues Team

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Affirming the uniqueness of marriage

As evangelical churches and Christians we have a responsibility to act as salt and light in our society. In recent years politicians of all parties, and special interest groups, have been systematically dismantling the foundations of our society, which for centuries had been based on Christian truths and values. The latest target is the institution of marriage. The Prime Minister has announced that a consultation process will take place in 2012, with a view to redefining marriage by 2015. The implications of redefining marriage are far-reaching and potentially disastrous for our nation.

The Social Issues Team has prepared a statement on Marriage. We hope the statement will be helpful to churches and Christians as they make representations to their MPs. The statement can also be downloaded from the Affinity website.

We are committed to affirming and defending marriage and are determined to oppose any attempt in the United Kingdom to redefine marriage.

A. We affirm the essential and unique characteristics of marriage.

1. Marriage is fundamental to all human beings and is the basis for a stable society.

2. Marriage is a heterosexual relationship. The Bible and nature teach us that marriage is the bringing together of one man and one woman in a complementary union. Throughout history the laws of marriage have recognised this obvious and unchangeable fact.

3. Marriage involves a lifelong commitment. We are sad that an increasing number of marriages break down. We are committed to helping married couples who find themselves in difficulty and also those who have experienced the pain of divorce.

4. Marriage provides a context in which the natural affection and desire between man and woman can be expressed so that they may live in purity and honour.

5. Marriage is the natural context into which children are born and lovingly nurtured in the security of the family. Both fathers and mothers play a vital role in the healthy development of children and young people.

B. The uniqueness of marriage must be unambiguously affirmed to avoid serious consequences.

1. Marriage has played a vital role in the social stability enjoyed by the people of Britain for many centuries. The recognition of the importance of marriage and family has provided a moral framework for social stability, both in good times and bad times, throughout our nation's history.

2. Children and young people need to be helped to see the uniqueness of marriage as a model for adult relationships and the appropriate context for the expression of our God-given sexual desires. Schools must be free to teach this. It is especially important that children and young people are enabled to see the fundamental importance of marriage because an increasing number of them have experienced the pain and sadness of marital breakdown.

3. Marriage is one of God's gifts to all people and is not a human invention. It is the cornerstone of society, and any rejection or undermining of its uniqueness will inevitably lead to an increase in

social disintegration and breakdown, with disastrous personal and economic consequences. The destruction of its special status would be likely to reduce significantly the number of young people entering into marriage. To prevent a social catastrophe, therefore, the place of marriage within our society needs to be affirmed unambiguously.

4. In promoting and defending marriage we are, therefore, acting out of love for our neighbour and for the sake of the long-term well-being of our society. This is an issue of the greatest significance.

We appeal to Christians and to all people of any faith or none to speak out lovingly and firmly, and to stand up for the uniqueness of marriage. We urge politicians of all parties to do the same, recognising the importance of these widely-held concerns.

November 2011

Scotland for Marriage

A campaign has been initiated, entitled Scotland for Marriage, aimed at defending the existing definition of marriage. It was launched outside the Scottish Parliament building in Edinburgh on 30 November – St Andrew's Day.

The Scottish government is currently running a Consultation in Scotland seeking public opinion about same-sex marriage and about whether to allow civil partnership ceremonies to take place on church premises. The Consultation closes on 9 December. In its consideration of the redefinition of marriage, Scotland is ahead of England and Wales, where a Consultation is not due to begin until March 2012.

After the close of the Consultation in Scotland, it is expected that some months will elapse before the Scottish government announces its proposals. It is widely recognised that the outcome of the issue in Scotland will have a significant influence over the debate and decisions in England and Wales.

Scotland for Marriage is a consortium of religious denominational groups and agencies and secular interests who all believe that redefining marriage would be detrimental to the institution of marriage itself, to the well-being of children, and to the social fabric of life in Scotland. Scotland for Marriage is also calling for the issue to be put to a referendum in Scotland, rather than being decided by politicians.

A petition has been opened on-line, and those living in Scotland who want to support it can sign up on the Scotland for Marriage web site (scotlandformarriage.org). Evangelical Christians in England and Wales are being urged to encourage all the friends and family members they may have in Scotland to support the petition.

Consulting on 'insulting'

A public consultation on the policing of public order, which was launched by the government on 14 October, will consider whether the use of 'insulting' words or behaviour should continue to be a crime.

The Consultation, which will close on 13 January 2012, will also explore a number of other public order issues, including whether the police should be given extra powers to tackle disorder in the light of the Summer riots.

James Brokenshire, Minister for Crime and Security at the Home Office, said at the consultation launch: "We must ensure officers on the ground have all the necessary legal measures available to them to protect our streets and keep the public safe. But we must also make sure any new powers do not trample upon traditional British freedoms – that is why we are seeking public views on the powers the police really need to keep our communities safe."

An issue specifically addressed in the Consultation is whether to retain the word 'insulting' in Section 5 of the Act would risk criminalising free speech. The Consultation Document probes this issue thoroughly, asking the following eight specific questions:

1. Do you think there is a clear difference between 'insulting' words and behaviour and 'abusive' words and behaviour? Please give examples.

2. In your experience, are 'insulting' words and behaviours less serious than 'abusive' words and behaviours. Please give examples.

3. In your view, does having 'insulting' words and behaviour as a criminal offence restrict people from expressing themselves freely?

4. In your view, would removal of the word 'insulting' from Section 5 have any particular impact on specific groups? Please give examples.

5. If you do have concerns about the word 'insulting' remaining in Section 5, can you explain if this is due to interpretation of the word or the actual legislation?

6. In your opinion, is the 'reasonableness' defence for 'insulting' (which is a statutory defence in Section 5) an adequate safeguard against misuse?

7. In your opinion, is guidance to police officers clear on when insulting behaviour constitutes an offence and an arrest should be made and is it sufficiently clear to ensure consistency of decisions?

8. Do you think that the threshold for arrest under Section 5 is set at the right level?

The Consultation Document can be downloaded from a government web site (www.homeoffice.gov.uk/publications). The response section can be completed on-line.

For the help of those responding to the Consultation, the relevant sections of the 1986 Act are set out below. This is followed by an article by Rod Badams on Page 6 explaining the origins of the Act, and addressing some of the issues relating to the way in which the police have sought to use it.

Public Order Act 1986

Section 4A is not being reviewed in the Consultation, but the relevant paragraphs of it are included here to show that to intend to cause harassment, alarm or distress is, and will remain, an absolute offence.

Section 4A Intentional harassment, alarm or distress.

(1) A person is guilty of an offence if, with intent to cause a person harassment, alarm or distress, 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, thereby causing that or another person harassment, alarm or distress.

(2) An offence under this section may be committed in a public or a private place, except that no offence is committed where the words or behaviour are used, or the writing, sign or other visible representation is displayed, by a person inside a dwelling and the person who is harassed, alarmed or distressed is also inside that or another dwelling.

(3) It is a defence for the accused to prove –
(a) that he was inside a dwelling and had no reason to believe that the words or behaviour used, or the writing, sign or other visible representation displayed, would be heard or seen by a person outside that or any other dwelling, or
(b) that his conduct was reasonable.

Section 5

(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.

(2) An offence under this section may be committed in a public or a private place, except that no offence is committed where the words or behaviour are used, or the writing, sign or other visible representation is displayed, by a person inside a dwelling and the other person is also inside that or another dwelling.

(3) It is a defence for the accused to prove--
(a) that he had no reason to believe that there was any person within hearing or sight who was likely to be caused harassment, alarm or distress, or
(b) that he was inside a dwelling and had no reason to believe that the words or behaviour used, or the writing, sign or other visible representation displayed, would be heard or seen by a person outside that or any other dwelling, or
(c) that his conduct was reasonable.

Section 5 needs to be viewed in the light of Section 6(4) of the Act, which states the following:

(4) A person is guilty of an offence under section 5 only if he intends his words or behaviour, or the writing, sign or other visible representation, to be threatening, abusive or insulting, or is aware that it may be threatening, abusive or insulting or (as the case may be) he intends his behaviour to be or is aware that it may be disorderly.

The Police and the Public Order Act

Many things can be, and have been, said about the Public Order Act 1986, and the way in which the police have made use of it over the last five years. In this article, I simply want to make three statements, and set out the reasons for making them. Doing this may go some way towards putting the Act, and the police's use of it, into a relevant perspective, providing helpful background to those trying to answer the questions in the Consultation relating to whether the word *insulting* should be retained in Section 5 of the Act.

The three statements I want to make are these:

a) The Act was never intended to relate to situations which are merely about someone taking offence because someone else has expressed an opinion;
b) The Public Order Act 1986 has been misused by the police
c) Police action in respect of a number of "free speech" cases indicates both the reduced value which contemporary society now places on free speech, and the marginalisation of the place of the orthodox Christian faith, within society.

Let us look at each of these statements in turn in more detail.

a) The Act was never intended to relate to situations which are merely about someone taking offence because someone else has expressed an opinion;

On 13 March 1985, a football match took place at Luton Town's Kenilworth Road ground, at which Millwall were the visitors. During the game, Millwall fans ripped 700 plastic seats from their mountings and used them as weapons and shields as they charged onto the pitch on three separate occasions, fighting with police and home fans. After the match, the violence spread to streets surrounding the ground, and several people were injured. It was described by one writer as "the worst example of football violence seen at an English ground."

This was just one of a number of violent incidents at football grounds during that season. Groups of young football hooligans had set themselves up as "firms," each identifying themselves with a particular football club, with the object of carrying out violent attacks on the "firms" identified with rival clubs. At Birmingham City's ground on 11 May, a 14-year-old boy died when a wall collapsed during trouble between Birmingham City and Leeds United fans. Then on 29 May there occurred the Heysel Stadium disaster in Brussels, when 39 people attending the European Cup Final were killed in a wall collapse during disturbances involving Liverpool and Juventus fans prior to the game.

Among the sanctions resulting from all this mayhem, away fans were banned from Luton Town's ground, and English clubs from all European football competitions, for four years.

The British public was incensed by these repeated incidents of violence, destruction, death and injury at what they felt ought to be safe, innocent and pleasurable sporting events. The Prime Minister, Margaret Thatcher, promised "serious measures" to bring the law to bear against stadium violence. The promised measures were those eventually enacted in the Public Order Act 1986.

Although legislation must always be viewed on the basis of its wording, rather than on the background to its enactment, the events leading up to the Public Order Act 1986 do make it crystal clear what kind of criminal activity motivated the legislators in 1986. The pitched battles around football grounds are a far cry from a peaceful conversation between a street preacher and a police officer about what the Bible teaches about homosexuality.

b) The Public Order Act 1986 has been misused by the police

Here are the details of two incidents which have taken place within the last two years:

- In April 2010, a Christian street preacher, Dale Macalpine, was preaching in Workington, Cumbria, when he became involved in conversations, first with a passer-by and then with a gay police community support officer. During these conversations he explained that the Bible made it clear that homosexuality was contrary to Bible teaching. He had not mentioned homosexuality in his public preaching that day (though that would have been perfectly legal as well). Mr Macalpine was arrested and charged with a public order offence.

- In September 2011, Blackpool police called at the *Salt and Light* Café in Layton Road, Blackpool, following a complaint by a member of the public about material displayed on a TV screen. The café owner is Mr Jamie Murray, and, as its name suggests, the café is an openly Christian environment. Mr Murray was interviewed, asked to switch off his TV display, and warned that he risked being arrested.

What these two incidents have in common is that they are both wholly about the issue of freedom of expression, without any complicating or aggravating feature, such as threats, aggression or intimidation. In both cases the context was one in which the communication was entirely cerebral – appealing to the mind. In spite of this, the police intervened in both cases, wholly inappropriately, on the basis of the Public Order Act 1986.

Between the Workington incident taking place, and the charging of Mr Macalpine under the 1986 Act, the police had several opportunities to come to the obvious conclusion that no offence had been committed, but signally failed to do so. They were guilty either of a woeful ignorance of the law, or an indifference to whether it was applied correctly or not. Whichever of these is true, they were also grossly inconsiderate to Mr Macalpine and the obligation to treat him with fairness and respect. The duty of the police is to defend and uphold Mr Macalpine's legitimate freedom to exercise his rights, not to oppose and undermine him. The police, quite rightly, have had to pay compensation to Mr Macalpine for wrongful arrest.

Mr Macalpine's rights are not hidden away in acres of statute and regulation from which only many hours of tortuous study can extricate them. They are spelled out simply and straightforwardly in the "free speech" clause in the Criminal Justice and Immigration Act 2008 which says this: "For the avoidance of doubt, the discussion or criticism of sexual conduct or practices or the urging of persons to refrain from or modify such conduct or practices, shall not be taken of itself to be threatening or intended to stir up hatred." On the strength of this statement, there would have had to be some aggravating factor for there to have been any possibility that an offence might have been committed.

One would have thought that so clear a statement on the face of an Act of Parliament would have provided the police with an unquestionable basis for allowing Christian preachers and others to exercise their legitimate rights, free of any risk of being challenged, arrested and even charged by the police.

The Workington incident is one of the case studies helpfully included in the Consultation Document published in relation to the present Consultation. The way in which the Document describes the Workington case is particularly helpful and significant.

"In April 2010, a Christian street preacher was arrested and charged with a public order offence when he told a passer-by and a gay police community support officer that, as a Christian, he believed homosexuality was one of a number of sins that go against the word of God. The Crown Prosecution Service dropped the case before it went to court on the grounds that there was insufficient evidence to provide a realistic prospect of conviction."

In other words, this very official retrospective view of the case acknowledges that there were no circumstances which justified any application of the provisions of the Public Order Act 1986.

Jamie Murray, owner of the *Salt and Light* café in Blackpool, was in September 2011 displaying Bible texts, visible to customers, on a TV screen in the café. This was purely visual, the sound being turned down.

For a 'public order' offence to have been committed under the 1986 Act, there has to be either "intent" on the one hand, or, on the other hand, "awareness" that the action may cause harassment, alarm or distress. The offence has, therefore, to be a conscious act – not a bi-product of some thoughtless action. Whether it is "intent" or "awareness," we are talking about something "deliberate" in relation to the bringing about of the three detrimental effects.

Transfer that rationale into the Blackpool café. What is Mr Murray "intending" by showing his Bible verses on a TV screen? Certainly he isn't intending the viewer to experience "harassment, alarm or distress." For his purposes that would be an entirely counter-productive outcome. He wants customers to be interested, drawn, or challenged, by the words on the screen – to think and consider, rather than to be afraid or intimidated.

As to "awareness," it would not have occurred to Mr Murray that his TV screen might cause "harassment, alarm or distress." To him, the whole project is low-level background evangelism – an engagement with the mind, rather than anything combative. Evangelical Christians will recognise this picture. The absence of "awareness," far from being something culpable, is in this case the very factor which demonstrates innocence, and puts the whole scenario well beyond the province of "public order" legislation.

A dose of common sense would have revealed this to the police, but it wasn't there on the day, and Jamie Murray endured hours of anxiety prior to the police's dropping of the case.

Even without common sense, reference to the current guidance issued by the Association of Chief Police Officers (ACPO) would have given the Blackpool police the same answer. As the current Consultation Document (paragraph 1.6) points out, revised guidance on the Public Order Act 1986, entitled *Keeping the Peace*, was issued by ACPO in December 2010 "to help (police officers) deal more effectively with Section 5 cases and give due consideration to freedom of expression issues."

The Document helpfully goes on to say (paragraph 1.10): "ACPO guidance clarifies that the key is to distinguish between the message or opinion being communicated and the manner in which it is conveyed." Quite so. However, this ACPO guidance was in place when police visited the *Salt and Light* café in September 2011, and it is not at all clear why the Blackpool police appear not to have made that distinction.

Of course it is right and necessary for the police to follow up complaints, so as to know the substance of the matters complained of, and to establish whether any criminal offence has been committed. But in the above two cases, it should have been obvious within a couple of minutes that this was a free speech issue, pure and simple – the peaceful expression of viewpoints – without any public order implications.

Far from this being the immediate outcome, however, in all too many cases of this kind and similar, incidents have been investigated for many hours, sometimes involving the arrest of the suspect, as in the case of Mr Macalpine, before the police finally wake up to the irrelevance of the 1986 Act, and the case is dropped.

By and large, law exists to require or prohibit particular actions. In a democracy, the lengthy process required to enact legislation is intended to ensure that, once in place, the law reflects the will of the people. The motive of law is generally to protect or give rights to individuals and/or to enhance the well-being of society as a whole.

Given this well-established understanding of the place of the law in society, the proper role of the police is to be subject to the law. They do not make law, nor have a personal opinion or agenda, nor campaign for social change. They are the servants and executors of the law as it stands. If the law is, in their view, faulty, the police cannot repair it as they go along. They cannot act as though the law says something which it doesn't. They are bound by the actual provisions of the law, "faults" and all.

The police should never go into a situation with presuppositions, saying to themselves: "This ought not to be allowed" or "I can see why this person feels a bit aggrieved." They are technical executives on behalf of the law, not entrepreneurial interpreters of justice and social rectitude. They must approach any inquiry impartially, gather all the relevant facts, and judge in the light of those whether an offence under any legislation has been committed.

The recent "free speech" cases have left an impression that sometimes the police priority has not always been to apply the law objectively and dispassionately, but to find a way of prosecuting people whose conduct or viewpoint doesn't match their own criteria. If the police are driven by their own opinion, using the law merely as an instrument to help them achieve a desired outcome, people will rightly judge that the law is no longer being honoured or respected. The police would no longer be the servants of the law, but its master. Such a state of affairs would bring both the law, and the police, into serious disrepute, and the public, justly, would lose confidence in both.

This is not to say that the police are guilty of deliberate malicious prejudice, nor that the glaring police errors evident in a minority of cases are typical of all police forces throughout Great Britain. However it is a fact that, on too many occasions, the police have brought themselves into disrepute by thoughtlessness, lack of attention to their legal accountability, and failure to give sufficient regard to the context of the situations confronting them.

c) Police action in respect of a number of "free speech" cases indicates both the reduced value which contemporary society now places on free speech, and the marginalisation of the place of the orthodox Christian faith, within society.

Unless in the context there are unlawful aggravating features, or any other applicable restrictions prescribed by law, people are free to express any view without any fear that the law will intervene, either in response to their holding such views or to their expressing them.

It is important to emphasise the qualification "as long as the context has no unlawful aggravating features." Article 10 of the European Convention on Human Rights (ECHR) – the Article which protects the right of freedom of expression – makes it clear that this is not an unqualified right, and sets out a number of factors which might inhibit that right.

It should be noted that the same freedom of speech described in Article 10 of the EHCR has allowed the Christian faith, and God himself, to be attacked relentlessly by ridicule, verbal assault, irreverent

profanity and blasphemies – in books, on stage, and on television and radio. Although this is distasteful and sickening, no-one, least of all the people of God, must sacrifice the universal right of freedom of expression on the altar of their own partisan ideologies. Our best response is to pray that those making these detestable assaults on Christianity will lose the desire to do it. If no-one wants to do it, it will not be done.

There is, however, something more important and worrying than the frequent scurrilous misuses of the right of freedom of expression. This bigger issue is the fact that in recent years, the fundamental principle and right of freedom of expression has been downgraded in the hierarchy of social values in British society.

In today's society, the pre-eminent social value is equality. This attribute almost on its own defines present-day society. Every other value has its place only to the extent that it does not conflict with equality's demands. Equality maintains its "top value" status by virtue of the politically-correct system under which public life is nowadays regulated and administered.

At the same time as achieving "value-in-chief" status in society, equality has accomplished something else. It has managed to make any challenge to it appear obnoxious and socially offensive. So it is that in the course of a campaign to defend free speech, The Christian Institute are described as "zombie-worshipping bigots." This is a good example of those attacking freedom of expression using that same freedom of expression to say far more outrageous things than they complain of. The irony of this always seems to escape them.

At any given moment, one way of measuring how important freedom of expression is to British society is to consider the instincts and conduct of the police. A reasonable and objective spectator today would say that the police don't go into a situation with the main aim of upholding the right of freedom of expression. A far more likely issue in the minds of the police, given the current social climate and society's presuppositions, would be: "Is someone being discriminated against?" This is why free speech clauses are essential in legislation, and why it is vital that, in cases where Christians have been prevented from, or punished for, exercising free speech, the issue should be pursued in law with the utmost determination.

As regard for freedom of expression has declined, so has respect for the tenets and values of Christianity. Fifty years ago, the Christian religion and its teaching had the respect both of the British establishment and of the population generally. The religion's freedom to pursue its activities and to believe and preach its orthodoxies were accepted without question simply because they were the activities and orthodoxies of the Christian faith. Cases like the Blackpool café incident would never have arisen. Christian activity of all kinds would have been respected and acceptable, and would never have been queried. This is no longer the case. The acceptability of the beliefs of the Christian faith, and the right to preach them, are now constantly being called into question.

As Lord Waddington said in the debate on the Criminal Justice and Immigration Act in the House of Lords in May 2008: "There is, right now in this country, an intolerance of Christians of a sort that I never thought I would see. Street preachers are threatened and Christians expressing mainstream orthodox views on sexual behaviour are harassed and abused."

Given the rapid change from a Christian to a secular society, the loss of status and respect which the Christian faith has suffered is likely to be reflected in the attitude of the police to particularly Christian activity. The impression at times is that the police view Christian activity not as a mainstream orthodox right to be defended and upheld, but as a threatening minority pursuit with a potential to cause disruption and division in society.

While the consultation on the Public Order Act is welcome, and may lead to better law, notably through the removal of the word "insulting" from Section 5, the country also needs better policing - a more scrupulous police professionalism; better training; more effective implementation of the ACPO guidance; and better handling and management of cases.

If these needs are not readily understood and willingly addressed, it may mean that the heart of society is more deeply deceived than we realise.

Rod Badams

Sex education: stemming the threatening tide

The Sex and Relationships (SRE) Bill, a Private Member's Bill sponsored by Chris Bryant, MP, has failed in its progress through Parliament. The Bill, which would have obliged schools to teach sex and relationships education, in addition to the present requirement to teach the biological aspects of sex education, was supported by Diane Abbott, MP, and others, but failed to achieve its second reading on 21 October.

The Bill would have focused sex education on both biological and social contexts. This, supporters said, would include information relating to civil partnerships and an emphasis on stable and strong relationships. The Bill would have applied not only to maintained schools but also to city colleges and academies.

The ideology behind the Bill is summarised by this extract from a National Children's Bureau/Sex Education Forum briefing:

"Quality SRE is broader than the biology of reproduction, and should include learning about the emotional, social and physical aspects of growing up, relationships, sex, human sexuality and sexual health. It should equip children and young people with the information, skills and values to have safe relationships and to take responsibility for their sexual health and well-being throughout their lives."

The "equip children …. to take responsibility… safe relationships" features of this statement are key elements of the SRE ideology. The Bill would have effectively taken away from parents their responsibility to monitor the sex education offered in their children's schools, and to withdraw them if they so wished, and placed that burden on the children themselves, if the children were deemed to have sufficient maturity.

The Bill would have taken away significant parental responsibilities and led to children being taught a brand of sex education that is not neutral but is alien to the biblical view of relationships. Relationships in this ideology, for instance, are in essence reduced to hygienically-safe sexual activity.

We should be thankful to God that this Bill has fallen for the moment, but should be alert to the fact that its aims are part of an ongoing movement to remove biblical values from our land and replace them with humanistic values.

This Bill was raised in part to test the water and gauge support. Christians can continue to weaken that support by taking every opportunity afforded by current legislation to review, understand and

comment on what our schools teach on sex education and, if necessary, withdraw our children. We should show that we do appreciate the parental rights enshrined in current education law and make clear that we are not prepared to stand by and see further erosion of sound biblical values.

Peter Fearnley

Notes

1. A plan by several peers to introduce compulsory sex education in primary schools by another route, an Education Bill debate in the House of Lords, came to nothing when the issue was not forced to a vote.

2. Similarly, an attempt in the Lords on 24 October, notably by Lord Avebury, to remove the legal requirement for schools to have a "broadly Christian" daily act of worship came to a halt when the vote was abandoned for lack of support.

Admission to Church of England Schools

Since the start of the current school year in September 2011 it has been easier for evangelical parents connected with Affinity churches to gain admission for their children into Church of England Schools.

The Church of England Board of Education, which has responsibility for more than 4,600 primary schools and 220 secondary schools in England and Wales, has agreed to recognise Affinity churches on the same basis as it had already recognised churches linked with Churches Together and the Evangelical Alliance. This recognition has now been included in the official guidance available to Church of England Schools, published in June 2011.

Individual Church of England Schools have always been free to make their own judgements about whether they accept Affinity parents as meeting the church adherence requirement, and in many cases local practice has led to Affinity parents being accepted without difficulty. However, some schools have adhered strictly to the official guidance and have in the past given Affinity parents lower priority as a result of the failure of the Church of England Board of Education to give official recognition to Affinity churches.

The following is the wording now appearing in admission advice provided jointly for diocesan boards of education by the Church of England Board of Education and another long-established Anglican educational body, the National Society for Promoting Religious Education:

d. Affinity

Affinity is an umbrella organisation to which independent churches belong, similar to and including the Fellowship of Independent Evangelical Churches. It has been agreed that Affinity and FIEC should be treated on the same basis as CTE and the Evangelical Alliance (EA) members for the purpose of admissions to Church of England schools.

The FIEC, which is separately mentioned in the above guidance, has 510 churches and is the largest constituent body within Affinity.

It was after a number of FIEC church families had had children turned down for admission by Church of England Schools that in 2009, Affinity made fresh representations to the Church of England Board of Education to seek formal recognition. The Board of Education approved this recognition in the Autumn of 2010, but the guidance was not published until June this year. In total, Affinity represents approximately 1,200 churches throughout the UK, but only about two-thirds of these are in England and Wales.

This new provision will not guarantee applicants a place in their chosen school, as there are other legitimate factors which schools have to take into account. Popular schools may also be over-subscribed. However, at least it will mean that evangelical parents will no longer find themselves penalised for belonging to the wrong kind of church.

The importance and inclusion of the mentally distressed

Mental health problems are surprisingly common. At any one time, one in every six adults is experiencing mental distress of some kind. Depending on its nature and severity, it can affect a person's worldview, mood, thought processes, perception of reality, emotions, and the ability to translate wishes and intentions into actions.

In this article, we will be looking at the range of types of mental distress which occur, some of the issues relating to diagnosis and treatment, and the importance of the pastoral support for sufferers which churches and individual Christians can be encouraged to provide.

1. Defining mental distress

Categorising mental illnesses is notoriously difficult and not always helpful to sufferers. The symptoms and experiences of those affected do not fit into precise diagnostic compartments. However, the main kinds and causes can be summarised in general terms, and this is helpful in determining the kind of care and pastoral support needed by the sufferer.

Broadly there are three types of mental disorder:

1.1 Reactive or Exogenous disorders

These tend to be caused by external pressure or stress, such as bereavement or other significant loss, unrealised expectations, overwork, burnout or trauma. The problem arises from circumstances and the individual's response to them, rather than from any organic deficiency. Experiences under this heading include reactive depression, anxiety, panic attacks, obsessive-compulsive disorder, phobias, and hysterical neurosis. Some of the above are familiar, but three of these conditions may need a little further explanation:

(a) Reactive depression is brought on by an individual's struggle or inability to respond to challenging circumstances in life. The struggle leads to a prolonged low mood, characterised by feelings of hopelessness, worthlessness, tiredness and loss of motivation.
(b) Obsessive-compulsive disorder involves disturbing thoughts forcing themselves into a person's

consciousness, causing the performance, in response, of a particular ritual, such as repeatedly washing hands, to neutralise the anxiety which the obsessive thoughts create.

(c) Hysterical neurosis is an exaggerated behaviour pattern in which physical and psychological symptoms appear which have no organic or other physical basis.

1.2 Endogenous disorders

Sometimes also described as psychoses, these disorders are believed to be caused by malfunctions of the brain, and can be temporary, intermittent or lifelong. The typical sufferer is likely to have a greatly distorted view of the world in one or more respects. Conditions in this category include manic depression, bipolar disorder, schizophrenia, epilepsy, post-natal depression, seasonal affective disorder, eating disorders, self-harming, delusions, hallucinations and dementia. Although symptoms can vary greatly in nature and degree, this type of disorder is generally severe, and sufferers have little or no understanding of their condition while experiencing an episode. Specialist medical help, periods in hospital and regular support are likely to be needed.

(a) Manic depression and *bipolar* disorder are mood disorders affecting about one in every hundred adults. During manic episodes the sufferer tends to be hyperactive, uninhibited, reckless, full of grandiose schemes and scattered ideas. At the other extreme of the condition, they experience long periods of dark depression. It is this swinging from one extreme to another that gives rise to the term bipolar. Some sufferers do not experience both extremes, and if this is so, the condition is described as *unipolar*.

(b) Schizophrenia, which also affects about one in a hundred adults, is one of the most debilitating and frequently misunderstood of all mental illnesses. The sufferer may hear voices and see or smell things which other people cannot detect. Experience of the unreal, along with the associated, often negative, delusions, is the key feature of schizophrenia. The sufferer is likely to become confused, fearful or withdrawn, and his or her ability to perform everyday tasks and activities will be severely impaired.

(c) Dementia is neither a disease nor an illness, but rather a syndrome (a group of symptoms). It generally appears in old age, as a result of changes within the brain. It takes several different forms, the most common being SDAT – senile dementia of the Alzheimer's type – and vascular dementia, associated with small, initially undiagnosed, strokes.

(d) Eating disorders are of two main types – anorexia nervosa, where the person deliberately and drastically reduces his or her food intake, and bulimia nervosa, in which phases of binge eating are followed by self-induced vomiting. The first is virtually, and the second completely, unknown in developing countries, which suggests that there are cultural and social dimensions to these conditions. Some clinicians believe it is symptomatic of a form of severe depression.

(e) Self-harming seems to be a way of dealing with inner pain. More common among women than men, it is believed to be a way of controlling emotional distress by providing a temporary distraction. It may also be an attempt at self-protection – harming oneself before others do. Help involves trying to encourage the person to find more appropriate ways of dealing with inner psychological pain.

(f) Post-natal depression can be extremely serious and ought not to be confused with the "baby-blues." It appears to be associated with the hormonal changes experienced after childbirth and before the resumption of the menstrual cycle.

1.3 Personality disorders

This is a controversial area of medicine, but the term tends to be used to describe conditions in which the sufferer has failed to develop the self-awareness necessary to interact with others in an acceptable way.

However, there is no agreement regarding what constitutes definite symptoms of personality disorders. Such a disorder may be diagnosed when several areas of someone's personality are causing them or others problems in everyday life, but at what point a trait becomes "abnormal" is hard to determine. What is "normal" behaviour is usually a matter of opinion and is widely different from culture to culture.

Personality disorders are also sometimes referred to as character disorders – the product of nature, nurture or life experience. The person has developed a habitual, lifelong way of acting or behaving which causes difficulty in relating to others and fitting into society. It is extremely difficult to discern when such a condition is mental illness, rather than merely an unusual personality type.

2. Diagnosis and treatment issues

One of the concerns which Christians will have about diagnosis and treatment is the present tendency to regard all forms of mental distress as neurological disorders. This may be valid for some conditions – particularly those which appear to have a genetic or biochemical cause. However, the depressive type of condition is much more common, and it is not clear that a solely mechanistic or neurobiological approach to their treatment is justified. Not only are there biochemical reasons for questioning an over-reliance on treatments which attempt to restore neurotransmitter levels, but there are also anthropological reasons, which evangelical Christians will immediately see as linked with the biblical view of man.

Depressive illnesses are deep-seated emotional disturbances. If, as some say, man is merely an animal, then a problem in the brain can be fixed by a mechanistic solution. However if, as the Bible teaches, man is a unique being, a complex of the material and the immaterial, made in the image of God, then such an approach is too reductionist. It cannot be right to reduce man's thought realm and emotions to mere brain activity. Man is fundamentally a "living soul" and so mental distress will affect, and be affected by, the condition of the soul. If this is not recognised, then any treatment will, at best, be poorly targeted. As Professor John Swinton* has said: "There is a sense of spiritual crisis in depression that will not necessarily be alleviated by psychotherapy or pharmacology, particularly if the true nature of the crisis goes unnoticed."

The recent successes of the so-called "talking therapies" – especially Cognitive Behaviour Therapy – is a strong indicator that the biblical model of man is more accurate. Good pastoral counselling, which has always focused on listening, identifying, admonishing (counselling to bring about change) and encouraging, will make a vital contribution to helping those with depressive illnesses.

However, while CBT does share the Christian worldview to the extent of recognising the importance of governing thoughts and feelings, and that we are more than a product of our past and the addictive power of wrong choices, it does not accept the biblical view of man (made in the image of God, spoiled by the fall, needing a restored relationship with God and having an immortal soul). It emphasises a reliance on the inner resources of the individual, and tends to seek an outcome marked by self-reliance and personal self-esteem.

Pharmacological helps should not be rejected out of hand. In many cases of depression antidepressants can be an effective treatment, especially when linked to a talking therapy. The modern antidepressants are not addictive. They can be taken with confidence, especially when their prescription and monitoring is by a sympathetic clinician. It is important to remember that they may take two weeks or more to become fully effective, can initially make the patient feel worse, need monitoring to determine the most effective dosage and should never be stopped abruptly.

In all cases of mental distress, it is important that the sufferer is encouraged to seek medical attention and professional advice. Sometimes a simple blood test can expose an underlying medical condition.

3. Pastoral care and support

In spite of all the helpful steps which our contemporary society has taken towards equality, those with mental health problems still face a greater risk than healthy people of being marginalised, rejected or otherwise disadvantaged. They need to know that God loves them beyond all measure. They have been created in God's image for loving fellowship, and can experience this.

People with mental health problems struggle with psychological difficulties which are frequently destructive and incapacitating, and with a social experience which can be degrading, excluding and dehumanising. They find themselves represented by negative media images and defined by powerful stigmatising terms. At the most basic level, for instance, they suffer the indignity of being described as "schizophrenics" or "depressives," rather than more generally and tenderly as "sufferers from schizophrenia (or depression)." In these circumstances, effective care for people with an enduring mental health problem is not an optional ministry for a church, but a fundamental mark of its identity and its faithfulness to the call to be like Jesus. The pastoral leaders of local churches must be at the forefront of making this a reality, both by their own involvement, and by the priority they give to ensuring that the church is organised to provide maximum support.

The personal involvement of pastors does not mean that only they can engage in this ministry. Appropriately-gifted mature believers, preferably equipped by some relevant training, are also of great value. They need an overarching understanding of the great themes of Scripture, and to be convinced of the Bible's ability to speak into all kinds of life circumstances. Their lives should be those that set a reassuring example. The best helpers will be those who are familiar with their own weaknesses and can sympathise with others, "down to earth;" practically constructive; and can be trusted.

Research has shown that simply sitting with oppressed people can be a deeply therapeutic act. It shows sufferers that they are neither forgotten nor rejected. Willingness to understand a sufferer's problems is evidence of acceptance and sensitive concern. Having empathy – entering into the person's distress – is thoroughly biblical. The Bible speaks about "weeping with those who weep" (Romans 12:15), "carrying one another's burdens" (Galatians 6:2) and "encouraging one another" (1 Thessalonians 4:18). The availability of this kind of pastoral help is a necessary step towards the recovery of a distressed soul.

Why are the schizophrenia recovery rates in the Third World so much higher than those in Western capitalist economies? The answer is thought to be a culture of social cohesion – the ability of 'family' to offer a closer, less stressful and more accepting environment. Third World culture also gives priority to people over tasks. There people sit with someone else just to be with them, without having to have answers or to justify the time they have given.

The local church can provide two kinds of vital support for those with mental distress – a general support network and the more specialist pastoral skills.

The church is a fellowship of the friends of Jesus, and at its best that quality of friendship bestows worth and dignity upon the individual, irrespective of condition and circumstance.

Those with a special ministry need to be available, to develop good listening skills, to be approachable and sympathetic, and to have a solid grasp of the Scriptures. They must be willing, in a non-judgemental and non-superior way, to "admonish" with biblical truth. There must also be a commitment to pray for the distressed person (1 Samuel 12:23, 1 Thessalonians 1:2, 2 Corinthians 11:28-29).

The rest of the church can provide the vital friendship which the sufferer will need. Friendship must take centre stage in the church's care of people with mental health problems. People are created for loving relationships with God and with one another.

Sometimes Christians shrink from loving commitment to those who struggle with mental health difficulties because they think there is something that they have to do. The task of a Christ-like friend is not to do but to be – to be someone who is available and accepting. The church is a fellowship of the friends of Jesus, and at its best that quality of friendship bestows worth and dignity upon the individual, irrespective of condition and circumstance. A person with schizophrenia, for instance, would long for this. Such friendship enables people with mental health problems to experience care with compassion and Christ-like humanity.

Gerald Tanner

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Latest news of significant individual cases

The Christian agency handling these cases is indicated in brackets at the end of each item

Peter and Hazelmary Bull

Peter and Hazelmary Bull are Christian hotel-owners who have a long-standing policy of only providing double rooms to married couples. Mr and Mrs Bull refused a same-sex couple (who were in a civil partnership) a double room in their hotel, the Chymorvah Private Hotel, in Marazion, near Penzance, Cornwall. They were taken to court by the couple, and the case was heard at Bristol County Court on 13-14 December 2010. The judge found in favour of the claimants and Mr and Mrs Bull were ordered to pay £3,600 in damages for having discriminated unlawfully on the grounds of sexual orientation.

Although the judge in the County Court, His Honour Judge Andrew Rutherford, found that in law there is no material difference between marriage and civil partnership, he also indicated in his reserved judgement that there were issues in the case for which there was very little legal precedent, and he gave immediate leave to appeal.

An appeal was lodged in February against the finding, and was heard in the Court of Appeal on 8-9 November 2011. Judgement was reserved and is expected in a few weeks' time. *[The Christian Institute]*

Eunice and Owen Johns

Eunice and Owen Johns applied to Derby City Council in 2007 to become foster parents offering respite care. In the course of their application they had to confront the question of whether they would be comfortable affirming the practice of homosexuality to a small child, if the issue arose in the home.

They were not comfortable with this, and the matter went to court over whether the Council could exclude them from being foster parents on the basis of holding a particular view about homosexuality. Although no formal legal finding resulted from this court case, the judge indicated that, if foster parents held to views such as those of Eunice and Owen Johns, "there may well be a conflict with the local authority's duty to safeguard and promote the welfare of looked-after children."

In the absence of any formal court finding, Christians are still able to apply to be foster-parents, and are encouraged to do so. *[Christian Concern]*

Lillian Ladele

Lillian Ladele is the civil registrar whose employer, Islington Borough Council, refused her the right to opt out of officiating at civil partnership ceremonies. Miss Ladele took her case to an Employment Tribunal, alleging unlawful discrimination on the ground of her Christian belief, and won. However, an Employment Appeals Tribunal (EAT) overturned the lower Tribunal's decision, and the EAT's judgement was subsequently confirmed by the Court of Appeal. When Miss Ladele sought to take the case to the UK Supreme Court, the Court ruled that the case did not raise matters of sufficient public interest to warrant its consideration.

The end of the legal road having been reached in Britain, the case has been referred to the European Court of Human Rights (ECHR), which is now in the process of considering whether to grant Lillian Ladele permission to take her case to a full hearing of the Strasbourg Court.

Currently, the ECHR is awaiting the views of the UK government on Lillian's claim before proceeding further. *[The Christian Institute]*

Gary McFarlane

Gary McFarlane is a counsellor who was sacked by a counselling service for being unwilling to give sex therapy to homosexual couples. He is one of four Christians whose separate cases have now been joined, in view of the similarities between them, as a matter before the European Court of Human Rights (EHCR). The other three Christians in the joined matter are Nadia Eweida, Shirley Chaplin and Lilian Ladele.

In June, the EHCR formally asked the British government to state whether it believes that the rights of the four Christians have been infringed. In the light of the government's response, the EHCR will consider whether to arrange a full hearing. A reply from the British government is still awaited. *[Christian Concern]*

Mid Sussex Citizens Advice Bureau

The Bureau had a volunteer worker who contended that volunteer workers were subject to the same employment discrimination law protections as applied to paid employees. The Bureau rejected this argument, and the volunteer worker took the matter to an Employment Tribunal. The case reached the Court of Appeal, which ruled in January this year that the EU Equal Treatment Directive does not protect volunteer workers. In April the Court of Appeal refused permission to appeal to the UK Supreme Court, but since then the claimant has successfully applied directly to the Supreme Court for the Court to hear the case. A date for this has not yet been fixed.

This is an important case, since if volunteers are given protection from discrimination, this opens the way for them to bring claims for discrimination on grounds of religion or belief, sexual orientation or gender reassignment, against churches and Christian organisations for which they are volunteering, unless a relevant genuine occupational requirement can be made out.

Allegations of discrimination could be made, for instance, if a church, for valid reasons of its own, accepted the help of one person to undertake a particular task, but declined to accept the help of another, to fulfil the same role. *[The Christian Institute]*

National Secular Society v Bideford Town Council

Bideford Town Council has for many years begun its meetings with Christian prayer. Although, even in today's social climate, this is not a rare event at the meetings of Councils and other public authorities around the country, the National Secular Society has taken a particular exception to the practice in respect of Bideford Town Council and is taking the Council to court. The case was heard in the High Court on 2 December 2011 and judgement was reserved. *[The Christian Institute]*

Dr Richard Scott

Dr Richard Scott, a GP for 28 years with an unblemished record, is currently under investigation by the General Medical Council following a complaint by a patient's mother.

Dr Scott, whose medical practice is in Margate and who is a worshipper at St Paul's Church, Cliftonville, believes that in his contact with the patient, he acted both professionally and within the GMC's own guidelines, which state that it is acceptable to present faith to a patient as long as it is done gently and sensitively. Dr Scott maintains that he only discussed mutual faith with the patient after obtaining the patient's permission to do so.

The outcome of the GMC's investigation into the case is awaited. *[Christian Concern]*

Sex Shop Licence in Truro, Cornwall

This is an extraordinary saga with significant implications for the whole public licensing system.

In August 2010 Cornwall Council, a unitary authority covering the whole of Cornwall, granted a licence to a sex shop in Truro, in spite of considerable local objection, including unanimous opposition from the 24-member Truro City Council, which is responsible for events and amenities in Truro. The Christian Institute became involved in the case at the request of a local resident, and initiated an application for judicial review. In response, Cornwall Council accepted that it had granted the licence unlawfully, admitting that it had dismissed as "moral objections" matters of material consideration, and had not had due regard for issues concerning the location of the shop. This led, with the consent of all parties, to the High Court's quashing of the licence in July 2011.

After the quashing of the shop's licence, it was entitled to have its application re-considered and this was listed for 7 September. It was expected that in the meantime the shop would not be able to trade, in the absence of a licence.

However, on 8 July, Cornwall Council granted a waiver of licence enabling the shop to trade pending the re-hearing. The Christian Institute made an immediate application for an interim injunction against Cornwall Council in connection with its decision to grant a waiver, but this was rejected by the judge on the basis that – on "a balance of convenience" – the issue involved was not sufficiently urgent to require or justify a decision to cease trading.

The re-hearing took place on 7 September and the Licensing Committee, after hearing all the evidence, again granted the shop a licence.

Cornwall Council's decision to grant the licence flew in the face of local opinion, a fact which calls into serious question the extent to which local democratic bodies – in this case Truro City Council – are able to influence decisions which affect communities, under the present system. The case has flagged up the need to remedy this anomaly.

Adrian Smith

Adrian Smith, aged 54, from Bolton, was a housing manager employed by the Trafford Housing Trust until he posted on a personal Facebook page only available to his friends the comment that a plan to allow civil partnerships to be registered in churches was "an equality too far." Mr Smith was found guilty of gross misconduct by the Trust, which is a publicly-funded housing association, and demoted from his £35,000 a year managerial post to a more junior position earning £21,000.

The Trust claims that by posting his comment, Mr Smith was in breach of the Trust's equal opportunities policy. Mr Smith is taking the matter to court, on the basis that the Trust's disciplinary action against him is wholly disproportionate to the nature and scope of the comment. *[The Christian Institute]*

LIFE ISSUES

Abortion

Future doctors

Do you wonder, and even fear, about the ethical stance of future doctors? I do. Yet a recent report, published in the September 2011 edition of the American journal *Obstetrics and Gynaecology*, found that while 97 per cent of the 1,800 practising doctors surveyed had encountered women seeking abortions, only 14 per cent of these doctors were willing to participate in a termination. In 2008, the latter figure was 22 per cent, so the trend is definitely in the pro-life direction. It is also good news that evangelical Protestant doctors were singled out as being less likely to provide abortions.

A somewhat poorer conclusion comes from an online survey of 733 medical students in Britain, published in the July issue of the *Journal of Medical Ethics*. Nearly half (45%) of the students believed they should have the right of conscientious objection – in other words, they should be free to refuse to administer medical treatments that run counter to their ethical, cultural or religious beliefs. Muslim students were particularly adamant – evangelicals were not mentioned. While 44 per cent of these students objected to the abortion of disabled babies after 24 weeks, only 30 per cent said that they would refuse to perform such a procedure.

What could this mean for the future? The pro-choice camp is already opining that women's access to abortion services may become more limited. The Royal College of Obstetricians and Gynaecologists has rung its collective hands about the 'slow but growing problem of trainees opting out of training in the termination of pregnancy and is therefore concerned about the abortion service of the future.' Well, maybe this is all part of the long process of turning around that huge vessel called 'Abortion.' On the other hand, how few bad doctors does a country need to maintain its abortion quota? Nevertheless, there seems to be some real hope – perhaps there really is a growing aversion to abortion.

Late eugenic abortions

Once upon a time, the Department of Health published annual details about the numbers and grounds for late abortions, that is, those performed after 24 weeks, in England and Wales. Then it stopped because it claimed that the low number of such cases would lead to the identification of the women involved. For more than six years, the ProLife Alliance has been battling with the Government, under a Freedom of Information Act request, to provide these details. In April, the High Court ordered the Department of Health to publish them.

Here are some of the disclosed data: between 2002 and 2010 nearly 18,000 babies were aborted on the grounds of disability, 1,189 of whom were aborted after 24 weeks. These are sanctioned under ground E of the Abortion Act, which allows termination up to birth if 'there is a substantial risk that if the child were born it would suffer from such physical or mental abnormalities as to be seriously handicapped.'

The 2010 figures show that 2,290 such ground E abortions were performed during that year, with 147 of them after 24 weeks. Among the medical conditions used to justify these abortions were spina bifida, 128 (with 12 after 24 weeks); cleft lip and palate, 7 (0); musculoskeletal disorders, 181 (8); Down's syndrome, 482 (10); Edward's syndrome, 164 (10); maternal factors, 115 (7); inherited disorders, 181 (1).

There are several tangled issues here. First, if abortions are permitted under the law, then there is no reason to withhold the details – transparency, telling the truth, is always good. Second, late abortions are particularly horrifying – such children are commonly capable of being born alive and surviving. Third, ground E abortions depend upon 'suspected', not 'proved,' handicap – there will be some aborted because of 'false-positive' test results. Fourth, some of these conditions do not deserve the death penalty because they are actually fairly easily treatable – for example, surgery for cleft palate and club foot is remarkably successful. Fifth, we have a nasty streak – such eugenic abortions say something unsavoury about our society.

More positive news from the USA

The Mississippi Supreme Court decided to place Initiative 26 on its 2011 general election ballot which took place on 8 November. Initiative 26 would give rights to the human foetus and would therefore criminalise abortions, with no exceptions. According to the Amendment, 'the term "person" … shall include every human being from the moment of fertilisation, cloning, or the functional equivalent thereof.' However, in the ballot some 58 per cent of voters in Mississippi rejected Initiative 26. Disagreement about strategy among pro-life groups is thought to have split the anti-abortion movement's vote. Campaigners hope to raise the personhood issue again in Ohio, Florida, Montana, Nevada, Oregon and California during 2012.

Meanwhile in Arizona, after drawn-out court battles, new restrictions on abortion were implemented on 12 September. For example, women must now have a face-to-face consultation with a doctor at least 24 hours before an abortion. And nurse practitioners have been banned from dispensing the pills for non-surgical, so-called medical, abortions. In addition, doctors and pharmacists will no longer have to dispense the morning-after pill, or provide information and access to abortion if that violates their personal beliefs. Predictably, further legal challenges to these pro-life provisions are likely from Planned Parenthood, 'the nation's leading sexual and reproductive health care provider and advocate.'

But the news is not all positive. The state of Indiana has recently lost a lengthy lawsuit in its attempt to derail the Planned Parenthood abortion business by refusing to fund it with public taxpayer's money. The statute, signed into law in May, has now been blocked by a court preliminary injunction. The judge also rescinded that part of the new law that required abortion practitioners to tell women considering an abortion that their unborn child will feel pain as early as 20 weeks into pregnancy. However, the same judge refused Planned Parenthood's request that women should not be told before an abortion that 'human physical life begins when a human ovum is fertilised by a human sperm.'

President Obama may be on the verge of achieving his liberal revolution agenda, but there are huge pockets of people who want none of it. Obama's goal may be to destroy his country's Judaeo-Christian culture and replace it with a European-style radical secular humanism, but millions of US citizens are prepared to respond by refusing and resisting.

Liechtenstein vote

From the might of America (population, 312 million) to the minnow of Liechtenstein (population 36,156). A recent campaign in Switzerland's tiny neighbour proposed the legalisation of abortion up to 12 weeks. On Sunday 19 September, Liechtensteiners voted and defeated the proposal (52.3 vs. 47.7 per cent). The Principality's hereditary ruler, Prince Alois von und zu Liechtenstein, had stated before the vote that if it went in favour of abortion, he would veto it.

Assisted reproductive technologies

IVF and the elephant in the room

During the Summer, the Department of Health supplied a written answer to a question raised by Lord Alton of Liverpool. He had asked for figures about the creation and fate of human embryos in the UK since the passage of the Human Fertilisation and Embryology Act 1990.

The data, supplied by the HFEA, were recorded in *Hansard* as:

Creation and Usage of Human Embryos 1991-2010

Created through all forms of IVF	3,144,386
Stored for later use	764,311
Discarded in the course of treatment	1,455,832
Transferred for implantation	1,252,526
Given for research	101,605

These raw figures are bad enough. A little interpretation makes them worse. For example, of all the 3,144,386 IVF embryos created during the last 20 years, a total of at least 1,557,437 have been deliberately destroyed (that is, discarded + given for research). Many more will have died in storage and during transfer. During the same period, only 94,090 embryos, or 3 per cent of the total, made it as 'take home' babies. In other words, 32 out of every 33 embryos created by IVF are destroyed by IVF. It is human embryo destruction on an industrial scale.

We all recognise the joy that a baby can bring to a family. But IVF carries a lamentable cost, in terms of both bioethics and life destruction. That is the elephant in the IVF room.

Embryo adoption

IVF creates 'spare' embryos, and in so doing brings about a huge bioethical impasse. There are thousands of human embryos currently deep-frozen in IVF clinics throughout the UK. The number in the USA is estimated to be 400,000. Many are 'orphaned' because parents and clinics have become administratively separated. Many will be unceremoniously destroyed because their legal storage period is about to end. Many others are already dead.

What is the bioethical response to this dilemma? Halting IVF would be the effective answer. In the meantime, some have proposed embryo adoption – thawing these embryos and transferring them to women willing to allow their lives to continue. This has been called heterologous embryo transfer (HET) because the gestating mother is not the embryo's genetic mother.

Such an adoption scheme in the USA is known as Snowflakes, which began in 1997 and is administered by Nightlight Christian Adoptions. Superficially it might seem a good idea – sustaining created life is better than causing deliberate death. Moreover, such a 'rescue' is surely driven by altruism and sacrifice. Yet, it is a form of surrogacy, with all of its bioethical downsides. Theologically and socially, it raises profound questions about, for example, the nature of marriage and procreation and human life. And, at least numerically, it will remain a minuscule response. And other questions arise: May the mother-to-be be married or single? Should the new 'mother' keep her baby, or may she allow adoption by others?

It is the abnormality of IVF that has created this hideous problem of technologically creating human life and then cryogenically suspending it. Unravelling it has become challenging – solving it has become insuperable. It seems that some human predicaments are simply unsolvable. When Cecily Saunders was criticised because palliative care and her St Christopher's Hospice did not provide all the answers for all dying patients, she replied: "We never said we would be a solution to the whole thing. The fact that you can't do everything doesn't mean you should stop doing something." Herein lies a topic worthy of discussion around the Winter fireside.

For sale - ova and sperm

The economic crisis looms. Pay rises are small or non-existent, redundancy is a grim prospect, new jobs remain few and far between. Have you thought of becoming a gamete donor? No, please don't. Yet the rewards have just increased substantially.

The HFEA announced in mid-October that it had 'concerns about treating donors fairly and valuing their contribution' as well as wishing to retain them and attract others. Principally this means paying them more. Currently, donors receive out-of-pocket expenses and a loss of earnings allowance capped at £250. The new scheme will allow sperm donors to claim a fixed sum of £35 per visit including expenses. Donors of ova will be compensated a fixed sum of £750 per cycle of donation including expenses.

There is something tawdry about this trading – selling and buying – of human gametes. In a very real sense, the financial aspect is not the issue. When the HFEA states that its new 'proactive approach' is to 'ensure that donation continues to take place within a safe and ethical environment,' the latter two words jangle and jar. What is ethical about such commerce? Traded sperm and ova have lost their place and mystery. Nowadays they have become mere biological materials, market commodities.

IVF 'adverse incidents'

As the demand for IVF increases – particularly as more women put childbearing on hold in favour of career advancement – so do the numbers of reported blunders, or what the HFEA calls, 'adverse incidents'. They are categorised as A, B, C, or 'near miss'. For example, a Grade A incident might involve an embryo mix-up, the death of a patient or an incident which affects a number of patients, such as a storage unit malfunction.

The recent publication of the HFEA's *Annual Report and Accounts 2010/11* recorded that in 2010 there were 564 serious errors or 'near misses' at UK fertility clinics. That figure has trebled since 2007. The number of very serious, Grade A or B, mistakes recorded in 2010 was 275. Reported mistakes during 2010 included the wrong sperm being injected into the wrong ovum, embryos accidentally being destroyed or being transferred to the wrong woman. The HFEA responded, somewhat lightly, by calling for a sense of proportion – it maintained that in the context of 50,000 IVF treatment cycles, the total errors amounted to only about 1 per cent.

Stem cell technologies

Embryonic stem-cell trials

The US biotech company, Geron, made medical history when, in October 2010, it commenced the world's first-ever trial of human embryonic stem-cell therapy with a patient suffering from a spinal cord injury. Then in July 2011, Advanced Cell Technology (ACT) began two additional clinical trials using embryonic stem cells. The first was for Stargardt's macular dystrophy (SMD). This is an incurable form of macular degeneration, which can cause blindness, generally in young people between 10 and 20 years old, by attacking the central part of the retina – the macula – and progressively causing impaired vision. The second was for a common cause of blindness in the elderly, dry age-related macular degeneration (dry AMD). Both ACT trials are using retinal pigment epithelial (RPE) cells derived from human embryonic stem cells.

Now comes news of the first embryonic stem-cell trial to be conducted in Europe, scheduled to begin during December 2011. In September, the Medicines and Healthcare Products Regulatory Agency (MHRA) approved the trial as a joint venture between ACT and Moorfields Eye Hospital in London. The proposed initial treatment will be carried out on 12 patients suffering from SMD.

The trial will inject each patient's eye with between 50,000 and 200,000 replacement cells, known as retinal pigment epithelial (RPE) cells, and more specifically the ACT product, branded as MA09-hRPE. These have been derived from human embryos. Some observers have tried to soften the truth about the embryo destruction involved by making comments such as "… the stem-cell line in question was created using a donated embryo of just a few cells."
Other forms of blindness are regarded as potential targets for embryonic stem-cell therapies. But let no one forget that adult stem cells have been used for more than 10 years in treating, for example, corneal blindness, with great patient success and well substantiated recognition in several peer-reviewed science journals.

On 14 November 2011, Geron abruptly announced that it was abandoning its embryonic stem-cell trial. Geron blamed the decision on "… capital scarcity and uncertain economic conditions." Others claimed that the trial was both poorly-designed and over-ambitious – spinal cord injuries are too complex and affect too few people, and so returns, curative and economic, might take up to 10 years. Others cited the recent ban imposed on embryo patenting by the European Court of Justice.

I fear another explanation. A few days before the Geron announcement, I had e-mailed the company because I knew that one of the four initial patients had been injected 365 days ago with GRNOPC1 and had therefore recently been physically and medically assessed according to Geron's one-year protocol. Geron had previously declared, somewhat ambiguously, that "GRNOPC1 has been well-tolerated with no serious adverse events." But, I asked, had it produced any positive effects upon the patient's condition? I received no reply.

It may be that GRNOPC1 was simply not working – therefore continuing the trial would be futile. However, my concern is that some negative side-effect had occurred, or, perhaps more likely, was about to occur if the trial continued. Maybe the proliferation of cysts or the onset of various cancers were imminent. Such disorders have been commonly reported in animal trials using embryonic stem cells. Indeed, they were the cause of much of the FDA's prolonged delay in approving Geron's trial with human patients.

Whatever the truth, we may never know. Suddenly, much of the hype surrounding putative embryonic stem-cell cures has evaporated. Already several commentators have jumped ship and 'discovered' the successes of current therapies that use adult stem cells.

Good news from the iPS cell camp

Human induced pluripotent stem (iPS) cells are 'cells-in-waiting'. Since their method of production was discovered in 2007 they have become the focus of numerous research projects. Their potential benefits in regenerative medicine are enormous. But they are NOT yet ready to be used in human clinical trials.

Another step towards that goal has recently been announced in *Nature* by a team of scientists at the Sanger Institute and the University of Cambridge. For the first time, scientists have cleanly corrected a human gene mutation in a patient's stem cells. They took skin cells from a patient with a mutation in a gene called alpha1-antitrypsin, which is responsible for making a protein that protects against inflammation. People with this inherited mutation are unable to release the protein properly from the liver – its accumulation there can cause liver cirrhosis and lung emphysema.

Ordinary skin cells, taken from the patient, were reprogrammed to create iPS cells. The genome of these cells was then snipped, at the site of the genetic fault, using a technique known as a zinc finger nuclease, and a correct version of the gene was finally inserted by means of a DNA transporter called piggyBac. The corrected stem cells were then converted into human liver cells and inserted into a mouse – where they worked normally.

None can fail to be amazed at the outcome of these cutting-edge techniques. They may herald the first steps towards personalised cell therapy for genetic liver disorders. Perhaps in 10 years time such a protocol could even supersede liver transplants in human patients with all their disadvantages of costly and complex procedures, plus a lifetime of anti-rejection drugs.

To realise such a hope, scientists need methods of introducing DNA, repairing the defective gene, removing all foreign DNA and verifying the changes. This work appears to have achieved all those goals. From skin cells to tailor-made, patient-specific liver cells – without embryo creation, without cloning, without embryo destruction, without Brave New World alarms – breathtaking!

Euthanasia and Assisted Suicide

The M case

An historic case was decided on 28 September 2011. Mr Justice Baker, a High Court judge sitting in the Court of Protection, ruled that a 52-year-old, brain-damaged woman, referred to as M, should not be allowed to die. This was the first time that an English court had been asked to permit the withdrawal of food and water when the patient was not in a persistent vegetative state (PVS).

M became severely brain damaged in 2003 as a result of viral brainstem encephalitis. Earlier, she had been misdiagnosed as being in PVS, now she has a higher state of awareness, known as a 'minimally conscious state'. She is unable to talk and apparently has no awareness or consciousness of her surroundings. The use of the latest testing methods is crucial in proper diagnosis and Mr Justice Baker stipulated that such cases cannot come to court until such analysis – 'formal assessment tools' – has been completed.

Her family and close relatives had argued that she is in pain and that her artificial feeding and hydration by tube should be withdrawn. They pleaded that she might be allowed to 'die in peace' and that it was cruel to keep her alive against her wishes, though the latter were only verbal, never part of a formal 'advance decision' and were therefore discounted by the Judge.

The Official Solicitor and the health authority that is caring for her strongly opposed the application, arguing that M may be able to communicate. They maintained that M was clinically stable and expressed a range of responses including the ability to smile and cry. She apparently also responds to music and conversation and can track people and objects with both eyes.

The legal arguments were heard during a Court of Protection hearing in London in July. In his final September judgement, Mr Justice Baker stated that M had 'some positive experiences' and that there was a 'reasonable prospect' that those experiences could be extended. And importantly he declared: "The factor which does carry substantial weight, in my judgment, is the preservation of life. Although not an absolute rule, the law regards the preservation of life as a fundamental principle."

This has been a momentous case. It had the potential to bring in a serious bioethical downgrade, a giant step on the slippery slope, from the approval of killing patients in PVS to those in a 'minimally conscious state.' The rot started in 1993 with the case of Anthony Bland. The House of Lords then ruled that the supply of food and water, in the form of artificial feeding and hydration by tube, was 'medical treatment,' rather than basic nursing care, and thus could be withdrawn. The result – the inevitable death of the patient.

Since 1993, a total of 43 PVS patients in the UK have died after courts have ordered that such 'treatment' could be ended in the 'best interests' of the patient. This M case is materially different because she is in only a 'minimally conscious state'. If the judgement had gone the other way, then hundreds of vulnerable patients with severe brain damage would now be at risk of the withdrawal of life-maintaining care.

The Martin case

Martin, as he has become known, is a 46-year-old-man who wants to die. He was fit and active until three years ago when a brainstem stroke left him almost completely paralysed and requiring round-the-clock care. He is suffering from the condition known as 'locked in syndrome' – he has some limited movement of his head and eyes and can communicate via a computer.

His repeated requests to be allowed to die have been ignored and no one, including his wife, is willing to organise a trip for him to die at the Dignitas clinic in Switzerland. However, in August, human rights lawyers at Leigh Day & Co in London took up his case. They believe that Martin has the right of assistance to help him to travel to Dignitas, but also the right to the services of a palliative care doctor in the UK to ease his death if he decides to refuse food and water.

If such a court case were successful, it would alter the euthanasia landscape – the seriously ill and disabled could end their own lives in the UK. As one of the lawyers has stated: "There would be no more 'planes to Switzerland."

However, there is a bioethical stumbling block – a legal snare. Anyone working on the case, including doctors and lawyers, could be regarded as assisting in Martin's suicide and therefore open to prosecution under the Suicide Act 1961. Certainly such professionals could not claim a defence of

being 'wholly motivated by compassion,' as outlined in the guidelines for prosecuting such cases published by the Director of Public Prosecutions in February 2010. Lawyers are currently seeking an interim declaration from the courts that they will be exempt from prosecution if they prepare Martin's case.

Interestingly, the pro-euthanasia campaigning group, Dignity in Dying, is distancing itself from this case by saying that although Martin is disabled, he is not terminally ill, so is outside its remit. Everyone will have deep sympathy for Martin and his predicament. But should the law be changed just to satisfy his wishes? Hard cases make bad law. Martin does not need assisted dying, he needs assisted living.

Just what is happening in the Netherlands?

Euthanasia was decriminalised in the Netherlands during the 1980s and legalised by the Termination of Life on Request and Assisted Suicide (Review Procedures) Act 2001. Now, 10 years later, the Dutch doctors' national federation, the Koninklijke Nederlandsche Maatschappij tot bevordering der Geneeskunst (KNMG), has published a position paper entitled *The Role of the Physician in the Voluntary Termination of Life*.

The 61-page document rehearses some rather bland and deceptive statements like: "The KNMG continues to regard euthanasia and assisted suicide as a last resort measure." In reality, its pages contain frightening stuff.

If the recommendations were implemented, Dutch doctors could direct patients to books and internet sites containing information about methods of euthanasia. Indeed, if doctors have conscientious objections about these issues, they would be obliged to give sympathetic advice and refer patients to pro-euthanasia colleagues.

But here is the crux of the document. It recommends that the Act's criteria for euthanasia of 'unbearable and lasting suffering' should now include mental and psychological disorders such as 'loss of function, loneliness and loss of autonomy.' Moreover, it states that the concept of suffering should be broadened to include '… complications such as disorders affecting vision, hearing and mobility, falls, confinement to bed, fatigue, exhaustion and loss of fitness …' You may well ask 'Who over 50 would be exempt?'

The document recognises that already more than a million Dutch elderly are affected by such 'multimorbidity' and that by 2021 the number will be 1.5 million – almost 10 per cent of the total population of the Netherlands. All of these people would become eligible for euthanasia.

Yet even this radical stance does not meet the demands of, for example, the pro-euthanasia campaigning group, Uit Vrije Wil (By Free Choice). It wants euthanasia to be available for anyone over 70 years old – those who have 'completed their lives' – with no reference to a patient's state of health. Growing old in Holland has never been so grave.

Dr John R Ling

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