Update on Life Issues – October 2019

Abortion

Decriminalisation in Northern Ireland

Northern Ireland has long enjoyed being an anomaly. Its people want to be citizens of the UK, yet it is geographically detached from the mainland and also legally detached from the 1967 Abortion Act. Instead, its unique pro-life reputation has been safeguarded by the provisions of the 1861 Offences Against the Person Act. In other words, unlike the rest of the UK, abortion has been almost entirely illegal in the Province for the last 158 years.

Alas, now that protection for the unborn and their mothers no longer exists. Here is the back story. The abortion policy of the Province has been a devolved issue – to be determined by the members of the Northern Ireland Assembly at Stormont, not by politicians at Westminster. But in January 2017, the Stormont Assembly collapsed in a row between Sinn Féin and the Democratic Unionist Party (DUP). Pro-abortion MPs at Westminster seized upon this impasse and on 17 July 2019 succeeded in passing the Northern Ireland (Executive Formation) Bill through its final stages in the House of Lords by 182 vs. 37, and the next day through the Commons with a majority of 328 vs. 65. This Bill had cunningly been amended so that sections 58 and 59 of the 1861 Offences Against the Person Act would be repealed. The enactment date was set for 21 October. So, if Stormont was still defunct by that Monday midnight, abortion would automatically be decriminalised across Northern Ireland, that is, removed from the criminal law and placed under medical regulation.

The pro-life counter plan was simple – the Assembly at Stormont must be reconvened. A fast-track private member's measure, the *Defence of the Unborn Child Bill 2019,* was proposed in order to halt decriminalisation. Attempts were made to kick-start the Assembly. First, a Speaker had to be approved by all political factions, but Sinn Fein refused to turn up and other party members walked out. The sitting was abandoned after less than an hour.

The midnight deadline came and went. Abortion in Northern Ireland is now deregulated and available, on demand, for any and no reason, for up to 28 weeks. The Province has been transformed from a country that genuinely protected its unborn children to one that openly slaughters them. The most pro-life country suddenly has become the most pro-abortion country.

However, for the time being, abortion in Northern Ireland is in limbo, if not turmoil. A recent poll showed that 52% of its citizens oppose the new law. The Secretary of State for Northern Ireland, Julian Smith MP, now has to draft a fresh legal framework for abortion. Then there must be a public consultation. In the meantime, abortion will be unregulated until the end of March 2020. Currently there are no abortion clinics in Northern Ireland, but by 31 March 2020 abortions must be provided by its state hospitals. And the status of conscientious objection remains unclear. An open letter opposing abortion in their country has recently been signed by 911 doctors, midwives and nurses. Some have vowed to quit their jobs rather than be forced to be involved in abortions.

And all this is just the start. Abortion campaigners intend to see abortion radically liberalised across the whole of the UK. They are currently seeking to hijack the Domestic Abuse Bill at Westminster in order to render the 1967 Abortion Act obsolete. If that occurs, abortion will be fully decriminalised in all four countries of the UK. The prospect is alarming. The entire UK will become an even more dangerous place for the unborn and their mothers.

Abortion CEO overpaid

We all know the abortion industry is booming and flush with cash. Yet almost everyone was shocked to learn that Simon Cooke, the chief executive officer of Marie Stopes International (MSI), was paid a whopping £434,000 last year. His basic salary rose from £173,067 to £217,250 and he was then awarded a performance-related bonus of the same amount, which effectively doubled his remuneration. It's called making a killing from killing.

Even the Charity Commission has apparently been shocked and has asked MSI to justify the boss's pay rise. Last year, the average salary of the heads of Britain's 100 biggest charities was £178,000. And remember that MSI is a registered charity – surely, an unfitting word – besides being a global abortion provider in 37 countries, as well as running 60 abortion clinics in Britain.

I donate to several charities. But I have never supported MSI, and I never will. Having written that, it needs amending. Actually, I do financially support MSI, and BPAS, and all the other UK-based abortion providers. I pay my taxes and the

NHS uses my, and your, money to pay these terminating subcontractors to perform most – currently 72% – of the 200,000 or so abortions in the UK each year. Another 26% are performed in NHS hospitals, so we, the UK taxpayers, fund 98% of all abortion – only 2% are privately funded. I feel queasy.

Buffer zones

It has always been a controversial activity outside abortion clinics. Pro-life men and women praying with rosaries, speaking with clients, holding religious posters and so on, trying to dissuade women from entering to terminate their pregnancies.

The targeted abortion providers are not happy. In April 2018, Ealing Council initially enforced a Public Space Protection Order (PSPO) of 100 metres upon its local Marie Stopes. Then in February 2019, Richmond Council did the same with several other councils following suit, including Birmingham, Manchester, Portsmouth, Leeds, Lambeth and Southwark.

The targeted pro-life supporters are not happy. They went to court saying that buffer zones infringed their right to freedom of expression, freedom of religion or belief and freedom of assembly and association, and denied women from receiving pro-life support. But on 21 August, judges at the Court of Appeal rejected their challenge to a High Court ruling which had previously upheld that the restrictions of the Ealing Council's buffer zone were "justified". It was alleged that buffer zones were necessary to protect the Marie Stopes clinic users from "intimidation, harassment and distress". However, nowhere in the UK have there been any reports or prosecutions of "intimidation, harassment and distress" concerning such pro-life vigils.

On hearing the outcome, the Labour leader, Jeremy Corbyn, praised the "good news" in a tweet. He said, "A woman's right to choose, free from intimidation or harassment, must be protected." Meanwhile, the pro-life litigants have said they will seek to take the Court of Appeal's decision to the Supreme Court.

Assisted Reproductive Technologies

"Spare" embryos

One of the major bioethical objections to IVF is the production of "spare" embryos. Women patients are routinely super-ovulated, multiple ova are collected and fertilised, many embryos are created, a few are transferred and the rest, those supernumerary, surplus, "spare" embryos, are sometimes squashed but mostly frozen and stored. The numbers from a typical IVF treatment cycle can look like this – 15 ova are collected and fertilised to produce 10 embryos, 2 are transferred to the woman and the remaining 8 are frozen.

That pattern occurs wherever IVF is practised. Recently NBC News reported on this dilemma as it occurs in the USA. When patients stop paying storage fees or fail to respond to a clinic's attempt to contact them, their embryos are regarded as "abandoned". Fertility clinics are not required to report on numbers. But NBC News reckons that the total could be in the millions. And the numbers are accumulating year-on-year.

What to do? Could these "spares" be used in the treatment of diseases, remedies for infertility, or "prenatal adoption"? Each of these options involves bioethical objections and practical challenges, and the numbers remaining would still be colossal. Herein is the lesson – when you cross moral lines, there's a price to be paid.

Mother or father?

Though not strictly a mainstream ART issue, the case of Freddy McConnell is noteworthy, as well as alarming. McConnell was born a woman but has lived as a man for several years starting testosterone treatment in 2013. He has retained his female reproductive system and, after suspending his hormone treatment, became pregnant in 2017 on the second attempt at IVF using sperm from a donor. After the 2018 birth, he wanted to be listed as the father on the child's birth certificate, but a registrar insisted that he be recorded as the baby's mother. This was despite having a gender recognition certificate affirming that the law considered him to be male.

However, in English law the person who gives birth to a child is the biological and legal mother, even in cases of surrogacy. McConnell, aged 32 and a *Guardian* journalist, pursued a judicial review, which if successful, would have made the child the first in the UK to be recorded on official registration documents as having no mother.

In late September, the case was rejected by Sir Andrew McFarlane, president of the family division of the High Court. He declared that, "While that person's gender is male their parental status, which derives from their biological role in

giving birth, is that of mother." The ruling was quickly attacked by campaigners and lawyers as a blow to the rights of transgender parents and their children.

In defining the meaning of "mother", the Human Fertilisation and Embryology Act 2008 states, "The woman who is carrying or has carried a child as a result of the placing in her of an embryo or of sperm and eggs, and no other woman, is to be treated as the mother of the child." Will this have to be amended soon to include "man"? McConnell is considering whether to appeal against the judge's decision. Is this on the edge of a bioethical dystopia?

Genetic Engineering

Germline editing codes

Last November, He Jiankui shocked the world by claiming to have produced the world's first genome-edited human babies. Using CRISPR editing procedures his experiment made germline – that is, heritable – changes to the girls' genomes. Many are worried and have asked, how can this sort of cavalier research be halted or, at least, controlled?

As a direct response to that question, 13 major biotech companies have pledged not to use genome-editing in germline cells. In late August, a document entitled "Statement of Principles on Genome Editing" was released by the industry advocacy group Alliance for Regenerative Medicine (ARM). Moreover, these companies have also pledged to pursue clinically-validated therapeutic research in somatic – as opposed to germline – cells under national or regional regulations.

The Statement contains five points mainly focusing on the therapeutic potential of genome-editing in somatic cells, while stressing the industry's commitment not to pursue human germline editing. One key principle states, "We, as therapeutic developers utilizing gene editing technologies, are not modifying human germline cells for use in human clinical studies. Gene editing technologies have not matured to the point where human trials of edited germline cells are appropriate. Many important safety, ethical, legal, and societal issues involved with this type of gene editing remain unresolved." And another reads, "Unless and until ethical and potential safety questions with respect to germline gene editing are adequately addressed, we do not support or condone germline gene editing in human clinical trials or for human implantation. We believe that these are international concerns and would be supportive of an effort to discuss therapeutic gene editing issues on a global stage."

These are bold and necessary declarations. How effective they will be only time will tell. But they are a good and commendable start. Hopefully, they will stop some arrogant scientists and make others think twice before they plan to perform germline-altering experiments.

ARM is not the only organisation to discuss the governance and use of embryo genome editing. In mid-July, the World Health Organization reported that it wants countries to forbid all research that would edit the genes of human embryos. WHO Director-General Tedros Adhanom Ghebreyesus declared, "Regulatory authorities in all countries should not allow any further work in this area until its implications have been properly considered." Of course, WHO recommendations do not carry the force of law, but as Carolyn Brokowski, a bioethicist at Yale Medical School has said, "Given the uncertainty at this time, it would be unfortunate for any country or institution to do anything that's contraindicated by the WHO."

Even the Chinese are apparently joining the bandwagon. In July, China announced that it will establish a national committee to advise the government on research-ethics regulations. According to Chinese media, it will strengthen the coordination and implementation of a comprehensive and consistent system of ethics governance for science and technology. However, the government has released few details on how the committee will work.

And there is more. In mid-August, the international commission on the Clinical Use of Human Germline Genome Editing met for the first time. The meeting was organised by the USA's National Academy of Medicine and National Academy of Sciences and the UK's Royal Society and was held at the National Academy of Sciences in Washington.

It was a pretty mixed affair compared with the ARM's robust Statement. For example, many delegates called for a complete moratorium on germline editing for clinical use at the present time. "We currently do not, cannot and will not support gene editing in human embryos", declared Carrie Wolinetz, acting chief of staff and associate director for science policy at the US National Institutes of Health. On the other hand, others suggested allowing clinical germline editing to go forward, but only under "strict conditions". Yes, we know all about those tight boundaries! One such advocate was the UK's Sarah Norcross, who offered an idea of how genome editing could be incorporated into the

UK's reproductive regulatory framework in the future. She suggested the technology's use could be regulated by the Human Fertilisation and Embryology Authority. She said, “Clinics would need a special license to genome edit, and then need another license for each case. An embryo with an edited genome might become a "permitted embryo". It could be used to establish a pregnancy, to avoid "serious disease", or similar wording,” she said. Oh dear, the UK appears again to be way out of step with global thinking and far too permissive in this area.

Stem-cell Technologies

CIRM is sinking

The California Institute for Regenerative Medicine (CIRM) has announced that it will no longer accept grant applications – the money has run out.

The CIRM was set up in 2004 after 59% of California voters approved a $3 billion bond issue to support human embryonic stem-cell research. It was a controversial decision, and despite the warnings that such research would be unethical and ineffective, those gullible Californians were sucked into the embryonic hype. Meanwhile, the vast majority of successful stem-cell treatments have come from using the bioethically-neutral adult and induced pluripotent stem cells.

Despite the failures, the CIRM is battling on. A $200 million bridging loan has recently failed yet the faithful hope to place a $5.5 billion bond initiative on the 2020 ballot. Why do people listen to celebrity endorsements and those advocates of dubious science? The bioethicist, Wesley Smith, has called it a case of “fool me once, shame on you – fool me twice, shame on me.”

A blind man can see

Some 25 years ago, when James O’Brien was 18 years old, he was blinded in his right eye after being sprayed with ammonia in a random attack in south London. He had almost no sight in the damaged eye. That is until he became the first NHS-funded patient to receive pioneering stem-cell treatment. Now he can see.

The procedure used is deceptively simple. Doctors at the Moorfields Eye Hospital in London removed stem cells from the limbus of his healthy left eye. The normal function of these limbal stem cells is to heal any damage to the outer layer of the cornea. These cells were then sent to a laboratory in Modena, Italy, where they were grown for about six months. They were then transplanted into Mr O’Brien’s damaged eye after doctors had removed remaining scar tissue. About a year later, in June 2019, once the new tissue had embedded, a donor cornea was inserted.

Mr O’Brien, the 44-year-old father of two said, ‘Being able to see with both eyes, it’s a small thing that means the world. Basically, I went from near-blindness in that eye to being able to see everything. Before I couldn’t even see the chart with all the letters on, now I can see the third line down and it’s going to get much better.”

The Modena link is crucial. It is there that Graziella Pellegrini and her team developed this amazing limbal stem-cell treatment. It has now been commercialised as Holoclar, the first advanced therapy medicinal product containing stem cells to be approved by the European Medicines Agency. Read more about its background on p. 127 of my 2014 book, *Bioethical Issues.*

A blind woman can see

A woman in Japan has become the first person in the world to receive a corneal transplant made from induced pluripotent stem cells (iPSCs). The work was carried out by ophthalmologist Kohji Nishida and his team at Osaka University.

The patient, a woman in her forties and blind in one eye, left hospital on 23 August 2019, a month after the surgical treatment. She had a condition known as corneal epithelial stem-cell deficiency, meaning her limbal stem cells were unable to restore her damaged cornea.

The team transformed iPS cells, donated from a third party, into cornea cells. They then turned them into a sheet 0.03 to 0.05 mm thick and transplanted them onto the patient’s left eye. Nishida confirmed that, “After the operation, her clouded cornea became transparent and her vision has improved considerably.” Amazing!

The only available treatment until now has been a corneal transplant from a dead person. Such transplants have a relatively short life. About 2,500 people in Britain receive a new cornea each year. However, in 2017 the number of available corneas across the country was 21% less than that required. Could iPS cells come to the rescue?

Euthanasia and Assisted Suicide

Dutch euthanasia doctor acquitted

It had to happen sometime. While many are of the opinion that euthanasia in the Netherlands is "out of control", one of its doctors, has, at last, been prosecuted for riding roughshod over the rules, like lots of her colleagues. However, few thought that the charges would stick. This case is notable because it is the first to trigger a criminal investigation since the 2002 Dutch euthanasia law was enacted. It was initiated because the Dutch euthanasia review committee (RTE) found that the patient's case failed to meet the due care criteria of a voluntary and well-considered request as well as that of due medical care.

The original 2016 incident involved an unnamed 68-year-old woman doctor and a 74-year-old woman patient (known as Mrs A), who suffered from Alzheimer's. The patient had, four years previously, made an advance euthanasia directive, a so-called AED. But the question before the court was, Should the doctor have verified whether the patient still wanted to be euthanised at the time of her death? The doctor maintained that she could not consent to being killed owing to the advanced stage of her condition – she could no longer understand the concept of euthanasia. The judge at the District Court of The Hague ruled that the patient's previous request for euthanasia, signed when she was competent, was sufficient. The doctor was acquitted.

But that is not the full story. It is truly ghastly. On 22 April 2016, the day of Mrs A's appointed demise, the doctor had a mid-morning coffee with the patient, her husband and her adult daughter. The doctor put a sedative into the patient's drink. After half an hour, the woman felt sleepy but she did not go to sleep. A second dose of the sedative was administered subcutaneously. The patient, although woozy, indicated her displeasure at the pain of the needle. A paramedic inserted an infusion line. While Mrs A was asleep, the doctor attempted to administer a lethal dose of thiopental, but the woman stirred from her sleep and stood up and had to be held down by her family to allow the doctor to give the final injection of thiopental and a neuromuscular blocker.

Tough questions arise. Did the actions of Mrs A, and her doctor and her family, indicate her free and voluntary consent? What would happen if she had changed her mind? How would that be communicated? Would other Dutch doctors in a similar position disclose the details of such an event or would they hope it would go unreported?

And the Dutch call that "death with dignity". And they say that a Dutch euthanasia or doctor-assisted suicide will be "a good and happy death". What do you think?

"Mercy killing" in the UK

What is mercy killing? The English courts have been grappling with that concept in two recent cases.

First, in June, at Basildon Crown Court, 53-year-old Robert Knight, pleaded guilty to manslaughter for killing his 79-year-old mother, June Knight, who had been diagnosed with Alzheimer's. He was cleared of murder and given a two-year prison sentence suspended for two years. In December the previous year, he had walked into the nursing home, taken his mother in his arms and thrown her from a first-floor balcony. She fell 4 metres onto her head and died.

In sentencing, Judge Samantha Leigh described the death as a "mercy killing" and told Knight, "You are someone who acted out of love and desperation. You have been punished enough and you have to live with what you have done."

Second, 80-year-old Mavis Eccleston was cleared of murdering her husband in February 2018, and set free. Dennis, aged 81 and her husband for almost 60 years, was suffering from bowel cancer. He wanted to go to Dignitas in Switzerland to commit assisted suicide, but he was too ill to travel. So his wife gave him a lethal cocktail of prescription medicines and took a similar dose herself in what appeared to be a suicide pact at their bungalow in Huntington, Staffordshire. They were rushed to hospital after being found unconscious by relatives in February 2018. The dose failed to kill her but he died after a few hours in hospital while holding hands with his wife in adjoining beds.

In September, a two-week trial was held at Stafford Crown Court. The Crown Prosecution Service alleged that the couple had not formed a "clear and common" agreement to end their own lives and that it being a "mercy killing" was

no defence to Mrs Eccleston's actions. There was confusion about whether Dennis had consented. Originally, Mrs Eccleston told nurses that she had not told him that he was taking a deadly potion, but later she changed her story. Nevertheless, the jury of eight men and four women took four hours to reach their unanimous decision on both counts, which means they believed that Mr Eccleston took the lethal overdose himself in the full knowledge of the outcome. Mrs Eccleston was thus cleared of murder and manslaughter.

How should we judge "mercy killing"? What, and how, are courts to decide? Were such killings motivated by compassion and nothing else? Do the terminally ill deserve to be killed, while the rest of us do not? Does someone's death not benefit someone else – whether family, hospital, pension provider and so on? What sort of support do carers deserve and actually get? Can killing someone with dementia or a terminal illness ever be described as an act of love?

These so-called acts of "mercy killing" take us back 50 years and more. In those days we plainly understood the act and the outcome and often the motivation. But something sinister has occurred since. "Mercy killing" has been subjected to lexical engineering – that is wordplay and bioethics is rife with it. While we mostly understood, and disapproved of, "mercy killing", it has been transmogrified to "the right to die" and then "death with dignity" and "assisted suicide" and now "assisted dying". The latter is meant to be nicer than the former. And so lexical engineering inevitably leads to social engineering. "Mercy killing", bad – "assisted dying", good. Can you see where we are going?

Quebec slides

Assisted dying laws in both Canada and Quebec stipulate that only patients facing "reasonably foreseeable" death may access medical assistance in dying (MAID). That law was enacted in June 2016. Of course, that stipulation was never going to last long. And it hasn't.

Nicole Gladu and Jean Truchon, both of Montreal, challenged this eligibility criterion. Miss Gladu suffers from post-polio syndrome and Mr Truchon has cerebral palsy – both could continue to live for several years, rather than a "foreseeable" time. The plaintiffs argued that this MAID requirement was too restrictive, that it contravenes Canada's charter of rights and freedoms and is therefore unconstitutional. On 11 September, Justice Christine Baudouin ruled in their favour and granted them immediate access to MAID. And she gave the federal and provincial governments six months to amend their laws before those provisions are suspended. Both governments said that they would study the ruling before deciding whether to appeal.

What do you think will happen next? Of course, both governments will cave in and the law will be changed to give greater access. And next? Why do Canadian citizens have to be ill, terminally or otherwise, to access MAID? And next? Who knows? But don't tell me that bioethical slippery slopes are imaginary.

USA and Elsewhere

US abortions drop

Abortion numbers across the USA are continuing their long-term downward trend to a new all-time low. According to the latest report released in September by the Guttmacher Institute, a pro-abortion research group, there has been a 7% decrease in abortions between 2014 and 2017.

In 2014, the total was 926,200 while in 2017 it was 862,320. In 2014, the abortion rate – which measures how common abortion is among women of childbearing age – dropped from 14.6 abortions per 1,000 women aged 15 to 44, down to 13.5 in 2017. The peak rate was 29.3 in 1980. Not since the US Supreme Court allowed abortion on demand in 1973 through *Roe vs. Wade* have abortion numbers been so low.

Guttmacher, unsurprisingly, attributed the decline to lower pregnancy rates and better access to contraception. However, pro-life efforts to protect unborn babies and their mothers must also have made an impact. After all, during that time period 32 states passed about 400 pro-life laws, including requirements that women be allowed to see the ultrasound of their unborn baby, informed consent, parental consent and waiting period requirements. Again, unsurprisingly, Guttmacher tried to dismiss this perspective.

Seven US states

As abortion numbers drop to historic lows, seven US states now each have just one abortion facility left. They have been closing at a rapid pace for the past decade. Abortion activists put the blame on pro-lifers for passing laws that protect unborn babies and mothers, while abortion clinic operators complain about a lack of clients as well as doctors unwilling to do abortions.

Currently states with only a single abortion facility are Kentucky, Mississippi, Missouri, North Dakota, South Dakota, West Virginia and Wyoming. In Kentucky and Missouri, current legal battles, involving health and safety problems at their remaining facilities, could end abortions completely in these states. However, for now, judges have blocked those states from closing those facilities. Mississippi and North Dakota have also recently passed pro-life laws that could shut down their last abortion clinics. However, judges have currently blocked both the heartbeat law in Mississippi and the dismemberment abortion ban in North Dakota.

Six US cities

While several states aim to be abortion free, some cities have already claimed such a status. For example, in September, a sixth Texas city jumped on board this growing movement to protect the unborn from abortion at the local government level. The Gilmer City Council voted 4 *vs*.1 in favour of an ordinance declaring their municipality to be a Sanctuary City for the Unborn. The new regulation prohibits abortions and bans abortion facilities from opening within city limits. The other Texan abortion-free cities are Tenaha, Waskom, Omaha, Naples and Joaquin. These are hardly "cities" since Gilmer is the largest with a population of about 5,000. Nevertheless, it is a start and a fascinating concept and enactment.

Georgia's heartbeat bill

In May 2019, Georgia's Governor, Brian Kemp, signed a law to ban abortions after an unborn child's heartbeat is detectable, that is, at about 6 weeks of a pregnancy. It is called The Living Infants Fairness and Equality Act and allows for some exceptions, including in cases of rape or incest if a woman files a police report, or when the life of the pregnant woman is threatened.

A legal challenge was always expected. And in late September it came. US District Judge Steve C. Jones heard a request from the American Civil Liberties Union (ACLU) and others to block the state from enforcing this pro-life law until the case goes to trial. Georgia's pro-life supporters hope the case will eventually make its way right up to the US Supreme Court and prompt the justices to overturn Roe *vs*. Wade. Judge Jones said he will make a decision before 1 January 2020, when Georgia's law is scheduled to go into effect. On 1 October he delivered his judgement - he temporarily blocked the new law. A spokesperson for the Governor responded, "Despite today's outcome, we remain confident in our position. We will continue to fight for the unborn and work to ensure that all Georgians have the opportunity to live, grow, and prosper."

Dr Ulrich Klopfer

This man was probably Indiana's most experienced abortionist. He began doing abortions shortly after the US Supreme Court's 1973 *Roe vs. Wade* decision. During his long career it is reckoned that he performed "tens of thousands of procedures in multiple counties over several decades." In 2016, the state of Indiana eventually barred him from practising because of his inadequate record-keeping and failure to follow best practice. He was not a nice man – he ran three abortion clinics. He died on 3 September 2019.

Yet worse was to come. Relatives trawling through his property after his death found the medically preserved remains of 2,246 foetuses stored inside 70 cardboard boxes stacked from floor to ceiling in his garage. A few days later another 165 babies' bodies were found in the boot of his 1990s Mercedes-Benz. Details are still sketchy and investigations are on-going. Whatever the details, this is gut-wrenching news.

Yet the American media have shown very little interest in the scandal. It certainly raises huge questions. How does a doctor amass enough dead bodies in his garage to fill a mass grave? Did his colleagues and employers never notice he was taking baby parts home? And, of course, why? Was Klopfer troubled, or mad, or what?

New South Wales and abortion

In late September, abortion was decriminalised in Australia's most populous state, New South Wales. After a fractious debate, lasting more than 70 hours, that threatened to divide the conservative government, the Upper House voted 26 *vs*. 14 in favour. The controversial law overturns a 119-year-old statute and allows abortions for any reason up to 22 weeks and up to birth with the permission of two doctors and a hospital committee. Pro-abortion politicians cheered and hugged each other in celebration after they voted to strip away basically all protections for babies in the womb – that is what decriminalisation does. New South Wales was the last state in Australia that protected the unborn from abortion. Now, abortions are legal across the whole country, where it is estimated that between 65,000 and 80,000 are performed each year. Those numbers will probably now increase as a result of this New South Wales vote.

Romania and abortion

Romania has one of the highest abortion rates in all of Europe, but a growing number of doctors in the country are refusing to abort the unborn. It has been reported that 60 of the 189 hospitals in the country will not perform abortions because of their doctors' moral or religious objections.

Abortions are legal in Romania for any reason up to 14 weeks, without any requirements, such as counselling or waiting periods. While public hospitals must provide abortions by law, individual doctors may refuse under Romanian conscience protection laws. Robert Danca, manager of Cuza Voda hospital in eastern Romania, stated, "The law does not oblige us to do this, as it is a service on request, and we can accept or not."

One such doctor, Daniela Chiriac, has explained that she quit doing abortions seven years ago at the Municipal Clinical Emergency Hospital in the western city of Timisoara because she now believes they are a sin. "I thought that if I could avoid a sin, then I should do it," she said. "There are many patients who ask me to recommend someone else and I refuse, because it is also a sin."

In a related development, some Romanian politicians are working to combat the high abortion rate by implementing pregnancy support programs. For example, Matei-Adrian Dobrovie, a member of the Chamber of Deputies, has proposed providing state funding to pregnancy resource centres that provide support to mothers and babies. He has rightly declared that, "Romania is in demographic decline, and there is a need "to support the pro-life movement," since the country ranks as second highest in the EU for abortions per live births, behind only Bulgaria."

Miscellaneous

The miracle cure

And now for something (quite) thought provoking. Christians already know about historic miracles – water to wine, dead to life, storm to calm, and so on. We are also generally disbelieving of modern-day miracles – a gold Mercedes-Benz on the drive, a pointless prophecy, or a cancer cure. Now comes news of a universal miracle health cure, a treatment that is essentially 100% safe and 100% effective. It's called physical activity. Oh dear, you are disillusioned and disappointed, aren't you? I am not. Because physical activity has been called a miracle cure by no less an august body than the Academy of Medical Sciences.

The simple truth is that any level of activity is better than none. And more is better still. That is the message recently pronounced in the updated guidelines from the UK's chief medical officers. The evidence that physical activity is good for both body and mind is increasingly impressive. People who are more active live longer and have lower rates of cardiovascular disease, cancer and depression. Moreover, it seems to have few, if any, side effects, and, unlike some prescription drugs, it is not generally addictive. So, for almost everyone, besides the chronically ill and the immobile, the dictum should be, "start slow and build up". Climb the stairs, get out and walk, hold stand-up meetings, get on your bike, do a park run, swim 10 lengths, get off the couch, whatever. No, of course such physical activity is not a miracle cure in the biblical sense, but nevertheless it will do you much good.

Here are two verses to provide the biblical balance. "Do you not know that your body is a temple of the Holy Spirit, who is in you, whom you have received from God? You are not your own; you were bought with a price. Therefore honour God with your body" (1 Corinthians 6:19-20). "For physical training is of some value, but godliness has value for all things, holding promise for both the present life and the life to come" (1 Timothy 4:8).

How old are you really?

Everyone will live forever, whether they want to or not, either in heaven or hell. We all have a never-dying soul. While we are on earth most of us would quite like to appear younger than our chronological age. And maybe you can. A small study in California (where else?) has shown that it might be possible to reverse the body's epigenetic clock. The latter assesses a person's biological age by tracking changes in DNA. Nine healthy men, aged between 51 and 65, took a cocktail of three common 2014drugs – growth hormone and two diabetes medications – for one year. On average they shed 2.5 years as measured by changes in genomic markers. In addition, their immune systems perked up. Read all about it at, Fahy, G. M., *et al.*, "Reversal of epigenetic aging and immunosenescent trends in humans", *Aging Cell* (online), 8 September 2019.

John Ling *(This article was originally published in the Affinity Social Issues Bulletin for November 2019. The whole edition can be found at www.affinity.org.uk)*