affinity
gospel churches in partnership

# THE BULLETIN

*News and Reports from the Social issues Team*

**Issue 22 – March 2013**

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## Marriage on the brink

A Bill to redefine marriage in England and Wales to include same sex couples overcame its first hurdle on 5 February 2013 when MPs approved its Second Reading by 400-175 votes.

After a debate lasting six hours, in which more than 70 MPs took part, the Bill moved on to its committee stage, from which it will emerge on 12 March. After that it will come back to the House for its Report Stage and Third Reading, on dates still to be fixed, and if it successfully negotiates these stages, the Bill will move on to the House of Lords, probably in May, where it will follow a similar path.

Inevitably in so lengthy a debate, and with so many MPs taking part, the issues raised in the Commons debate were many and varied. Supporters of the Bill tended to focus on the equality argument, contending that the loving, committed relationships of same sex couples should be accorded the status of marriage, if the couples desired it, on the grounds of equality.

Opponents of the Bill expressed a range of objections and concerns, including:

- Marriage has a unique nature and history as a complementary relationship between a man and a woman – quite different from a same sex relationship
- Although the professed purpose of the Bill was to bring about equality, it failed to do this in a number of respects, in that civil partnerships would not be open to heterosexual couples, and the provisions in respect of adultery and consummation were being retained for heterosexual couples with no equivalent for same sex couples
- The implications of the Bill, if it were enacted, in respect of freedom of expression, and the employment and legal protection of people who had a conscientious belief that same sex marriage was wrong

One interesting point raised by a number of MPs concerned the tone and nature of communications which they had received from constituents and from campaigning organisations. Several MPs took the trouble to spell out that the majority of those who had contacted them on the subject had expressed themselves with courtesy and moderation. Some MPs who supported the Bill went out of their way to emphasise that the vast majority of the constituents urging them to oppose the Bill were not “bigots and homophobes,” but had a legitimate view to put forward. Indeed, one MP, Natascha Engel (Labour MP for North East Derbyshire) devoted the whole of her four-minute speech to this one point.

### Vitriolic manner

However it was also clear from MPs’ comments that a small minority on both sides of the argument had communicated in an aggressive, discourteous and vitriolic manner. Approaching an issue in such a rude, threatening or immoderate tone will never win a hearing, and will make it much harder for the recipient to consider and respect the case being presented. If an MP’s abiding memory of our contribution is the vitriol of our manner, no-one benefits and it demeans our Lord, our fellow-Christians, ourselves and our case.

The communications put out by organisations always run a risk of being misrepresented, often unjustly. Organisations cannot protect themselves against unjust misrepresentation, but they can be careful about the way in which they express themselves. There is no excuse for inaccurate, exaggerated or unsubstantiated statements, which inevitably damage the credibility and authority of those who make them.

Opening the debate on behalf of the government, Mrs Maria Miller, Secretary of State for Culture, Media and Sport and Minister for Women and Equalities, was a model of courtesy and restraint. The content of her speech, however, exemplified again, in three respects, the disingenuous lack of integrity which the government has adopted throughout the public consultation and debate on the issue of redefining marriage.

The first example of this in Mrs Miller's speech is the way in which she portrayed the response of the religious sector of society to the proposal to redefine marriage.

Mrs Miller told MPs: "There is no single view on equal marriage from religious organisations. Some are deeply opposed to it; others tell us that they see this as an opportunity to take their faith to a wider community."

One would suppose from such a statement that the various religions, or denominations or other groupings within religions, had expressed a wide range of viewpoints, and were split about half and half on the main issue of principle.

## Overwhelming majority

The reality, however, is that the overwhelming majority of Christian denominations and of all other faith groups are opposed to the redefinition of marriage to include same sex couples. On few issues, across such a range of organisations, can there ever have been such a degree of unity.

Mrs Miller told MPs: "It is important to remember that religious views on same-sex marriage differ, too. The Quakers, the Unitarians and the liberal Jewish communities have all said that they want to conduct same-sex marriages." Indeed, Mrs Miller is right about all three of the groups she named, which are the ones always being cited as evidence that the religious sector is diverse in its attitude to same sex marriage.

One can be sure that if there were other, or bigger, battalions which Mrs Miller might have added to her list, she would have certainly added them, or used the names of the bigger battalions instead. We can safely assume therefore that there are no others, and that these three groups are the best she can muster.

"I am deeply saddened by the divisions and upset that this issue has caused to people on both sides of the argument. Sadly, in some quarters the divisions arise because the debate has been characterised as bigoted religion on the one hand versus equality on the other. Neither of those is true. True Christians are not bigoted, and this is not a matter of equality, no matter how often it is referred to as equal marriage. Some of the divisions arise from the campaign to steer people into thinking that marriage is simply about love and commitment. It could also be said that the Bill falls foul of Parliament's convention of not legislating retrospectively, because changing the fundamental nature of marriage will affect existing marriages."

*Robert Flello, MP for Stoke-on-Trent South*

Notwithstanding the bareness of this particular cupboard, Mrs Miller told the House of Commons: "Many religious organisations have expressed an interest in being able to undertake same-sex marriages. We believe it is right for them to be able to do that. That is why the Bill contains provisions for them to do that, if they so choose."

Can three be regarded as “many?” When I was a trainee newspaper journalist, my mentors taught me that “many” was only to be used to describe a situation in which the number represented more than half of the total. If three, in this case, can be described as “many,” it makes one wonder how many Mrs Miller would regard it as appropriate to describe as “few.”

Numerically, the three groups cited by Mrs Miller constitute a feeble line-up, given that:

- There are 479 Friends’ meeting houses in Britain, with a total membership of 15,000 and additional adherents of 10,000.
- There are 7,000 Unitarians in the UK
- There are 10,000 liberal Jews in 39 synagogues in the British Isles.

This represents a maximum total of 42,000 people, less those within the three groups who live in Scotland or Ireland, to whom the provisions of the Marriage (Same Sex Couples) Bill would not apply.

In the 2011 Census , 37,940,651 people professed to have a religion. If we are to assume that no more than 42,000 of these belong to a religious body which has formally supported the redefinition of marriage, this still leaves 37,898,651 who belong to a religious body which has not done so.

Mrs Miller summarises this overwhelming opposition to the redefinition of marriage in these words: “There is no single view on equal marriage from religious organisations.” She is of course factually correct, but the impression she is seeking to convey is dishonest, misleading, unfair and lacking in integrity.

“For centuries, civilisations have recognised the value and importance to society of having an enduring and exclusive union between one man and one woman, not least for the raising and nurturing of children. That relationship is called marriage. The uniqueness of marriage is that it embodies the distinctiveness of men and women, so removing that complementarity from the definition of marriage is to lose any social institution where sexual difference is explicitly acknowledged. What this legislation will do is to end the concept of marriage as it has been understood by society in general and by almost all faith groups in particular for recorded time.”

*Sir Tony Baldry, Second Church Estates Commissioner, and MP for North Oxfordshire*

The second example of the government’s disingenuousness lies in Mrs Miller’s contention that throughout its history, marriage has been subject to change. Mrs Miller told MPs: **“**Some say that the Bill redefines marriage, but marriage is an institution with a long history of adaptation and change. In the 19th century, Catholics, Baptists, atheists and many others were allowed to marry only if they did so in an Anglican Church, and in the 20th century, changes were made to recognise married men and married women as equal before law. Suggestions that the Bill changes something that has remained unchanged for centuries simply do not recognise the road that marriage has travelled as an institution.”

In the paragraph quoted above, Mrs Miller is trying to claim that marriage has never been a constant, but always subject to change. Introducing same sex marriage is just one further variation among many which have taken place throughout the institution’s history. She goes as far as to rebuke those who argue that the Bill “changes something that has remained unchanged for centuries.”

The truth is that it is Mrs Miller who is not seeing clearly. Marriage is a creation ordinance, described in Genesis 2:24: “Therefore a man shall leave his father and mother and hold fast to his wife, and

they shall become one flesh." From that period of human history until now, marriage has only ever been between one man and one woman, and it is that obvious, exclusive fact which has "remained unchanged for centuries" – indeed, for millennia. Those such as Mrs Miller who are quite spuriously confusing matters of incidental detail with the fundamental defining principles are the ones who are failing to recognise the historical evidence and reality.

**Popular mandate**

The third example of the government's disingenuousness lies its claim to have a popular mandate for bringing forward the Bill to redefine marriage. The government has faced considerable criticism over the fact that the redefinition of marriage was not in any party manifesto at the 2010 election, nor in the 2012 Queen's Speech, and that there has been no Green or White paper on the subject.

During the Commons debate Mrs Miller was again challenged on this, and in answer to Mr Nigel Dodds, DUP MP for Belfast North, she said: "What we are doing is clearly an important part of the way in which we can make this country a fairer place in which to live, and the measure was clearly flagged up in our document *A Contract for Equalities* at the time of the election."

"We must get away from the idea that every single thing in life can be forced through the merciless prism of equality."

*Edward Leigh, MP for Gainsborough*

Trying to imply that the mention of the possibility of same sex marriage in *A Contract for Equalities* is the equivalent of a manifesto commitment is implausible. Few people in the country will have known of the existence of this document at the time of the 2010 election, let alone that it contained any mention of same sex marriage.

If there was sufficient time and will to include some proposals about same sex marriage in *A Contract for Equalities* then the same amount of time and will could have been exercised to ensure that it was included in the main Conservative Party manifesto. Although only thousands of people may have taken the opportunity to read the Manifesto, millions of people will have known of its existence, and could have chosen to read it if they wished, and could have decided how they wished to vote in the light of it. No-one could have done that on the basis of the content of *A Contract for Equalities*, which they did not know existed.

Even had everyone known about and read *A Contract for Equalities,* what would they then have known about the Conservative Party's intentions with regard to same sex marriage? The answer is – not a lot. All that the document says on the subject is the following:

"We will also consider the case for changing the law to allow civil partnerships to be called and classified as marriage."

No-one could possibly interpret that as a firm commitment to change the definition of marriage to include same sex couples. On the one hand, the strength of the intention was merely that it was something to be considered, rather than a firm proposal; and on the other hand, any change in view was only being applied to civil partnerships.

Subsequent events show that public consideration of "the case for changing the law" was not in the mind of the authors of *A Contract for Equalities*. It was only the government which was going to have the opportunity to "consider the case for changing the law." The official document produced in 2012 in connection with the public consultation on equal civil marriage stated: "This consultation is about

how we best remove the ban on same-sex couples having a civil marriage, not on whether this should or should not happen." In the 2012 consultation, therefore, the government was not consulting on "the case for changing the law," but was inviting the public to respond to a pre-determined plan.

During her speech on 5 February, Mrs Miller was challenged by MPs about the plight of public sector employees who believe that marriage can only take place between a man and a woman.

Mr Andrew Selous, Conservative MP for South West Bedfordshire, referred to the case of Adrian Smith, a housing officer from Manchester who lost his job after making a private comment on a Facebook site that civil partnerships in churches would be "an equality too far."

Mrs Miller replied that the Adrian Smith case "proves that individuals can express their religious beliefs. The court found in that individual's favour, which I think is important and should be noted by employers throughout the country."

Mr Duncan Hames, Lib Dem MP for Chippenham, queried the implications of the Bill for civil registrars, to which Mrs Miller replied: "Civil registrars are public servants. Recent court rulings have made clear that they must balance carefully their right to a religious belief with their equal right to ensure that they provide services in a way that does not discriminate against individuals. It is a very difficult issue, but I am sure that it will be considered very closely in Committee."

## Tolerance and respect

Mrs Miller then went on to promise: "No teacher will be required to promote or endorse views that go against their beliefs. No hospital chaplain or worker will have to believe in a new definition of marriage. No religious minister will have to conduct same-sex weddings. The changes that we are discussing will not affect anyone more than they are affected already by choosing to live in a society that values tolerance and respect among its citizens.

Asked how schools, particularly faith schools, will be required to handle the curriculum in relation to this matter, Mrs Miller responded: "Teachers would, of course, be expected to explain—and as professionals, they would—the law on marriage, but what we never would expect a teacher to do is promote something that ran contrary to their beliefs or their religious beliefs."

Mr Julian Brazier, Conservative MP for Canterbury, pursued this point further: **"**She (Mrs Miller) says that nobody will be forced to teach anything that goes against their conscience, but what will be the position for faith schools that wish to promote a particular Christian view, or indeed other faith view, of marriage? Will they continue to be allowed to do so? Will she guarantee that no teacher who actively does so will be sued or prosecuted?"

Mrs Miller replied: "Clear provisions are already in place for faith groups and faith schools to be able to talk about their beliefs on issues such as marriage. As with many other areas, be they to do with divorce or with children being born outside marriage, teachers have to deal with the issues sensitively. We would expect teachers, as professionals, to explain these issues to the children they teach, but we would in no way require them to promote something that did not accord with their belief."

In spite of the substantial Second Reading vote in favour of the Bill, which had been expected, the campaign to defeat the Bill in Parliament, and to persuade public opinion of the strength of the argument for retaining traditional marriage, continues.

*Rod Badams*

## The pledges and promises of Maria Miller

*All through the debate on the Second Reading of the Marriage (Same Sex Couples) Bill, which took place on 5 February 2013, MPs challenged the extent to which the Bill protected from legal redress and employment sanctions people who objected to same sex marriage.*

*There was particular concern over the right to freedom of expression, and the possible consequences of exercising it, and over the right of public sector employees, such as teachers and civil registrars, not to be compelled to act against their beliefs and consciences in the course of their work.*

*In response to the close questioning she faced, Mrs Maria Miller, Secretary of State for Culture, Media and Sport and Minister for Women and Equalities, made a number of pledges and promises, now on record, against which the government can be held to account if any of them turn out to be worthless. The following are some of Mrs Miller's statements, some of which were in answer to questions. Where she was answering a question, the question itself has been included verbatim in the extracts below:*

**Andrew Selous (South West Bedfordshire) (Con):** The Minister has referred to the protections in the Bill, but we have already seen the case of Mr Adrian Smith, who lost his job, spent an enormous amount of money on legal fees, and suffered a 40% cut in his salary after making a private comment on a Facebook site. How, in future, are we to protect people like Mr Smith who are working in the public sector up and down the country?

**Maria Miller:** My hon. Friend, who I know takes a deep interest in these matters, is entirely right to raise that point, but the case he has highlighted proves that individuals can express their religious beliefs. The court found in that individual's favour, which I think is important and should be noted by employers throughout the country.

**Duncan Hames (Chippenham) (LD):** The Minister has spoken about protections for religious ministers. Can she offer the same protections to registrars? Given that the number of mixed-sex marriages should not be expected to fall, can registrars be confident that even if they decline to take on and preside over the new same-sex marriage registrations, they will not lose their jobs or experience negative employment consequences?

**Maria Miller:** As my hon. Friend will know, civil registrars are public servants. Recent court rulings have made clear that they must balance carefully their right to a religious belief with their equal right to ensure that they provide services in a way that does not discriminate against individuals. It is a very difficult issue, but I know that he has raised it for the right reasons, and I am sure that it will be considered very closely in Committee.

**David Wright (Telford) (Lab):** One key issue that has been raised with me is how schools, particularly faith schools, will handle the curriculum in relation to this matter. I am inclined to support the Bill, but will the right hon. Lady say a little more on this issue? She mentioned teachers, but how will this be handled in the school curriculum, particularly in faith schools?

**Maria Miller:** The hon. Gentleman is right to bring that out in more detail. He will, of course, have read the Education Secretary's words on this, which were reported widely over the weekend. The point to make clearly to the House is that teachers would, of course, be expected to explain—and as professionals, they would—the law on marriage, but what we never would expect a teacher

to do is promote something that ran contrary to their beliefs or their religious beliefs. That is an important point to make, and perhaps it clears up some of the misunderstandings in some of the literature that has been put around in respect of today's debate.

**Mr Julian Brazier (Canterbury) (Con):** I am most grateful to my right hon. Friend, who has taken a lot of interventions. She says that nobody will be forced to teach anything that goes against their conscience, but what will be the position for faith schools that wish to promote a particular Christian view, or indeed other faith view, of marriage? Will they continue to be allowed to do so? Will she guarantee that no teacher who actively does so will be sued or prosecuted?

**Maria Miller:** My hon. Friend will know that clear provisions are already in place for faith groups and faith schools to be able to talk about their beliefs on issues such as marriage. As with many other areas, be they to do with divorce or with children being born outside marriage, teachers have to deal with the issues sensitively. That, of course, is the point he is getting at. Just to reiterate, we would expect teachers, as professionals, to explain these issues to the children they teach, but we would in no way require them to promote something that did not accord with their belief—their faith—and I think that is right.

*The following is from Mrs Miller's speech during the debate, rather than in answer to a question:*

No teacher will be required to promote or endorse views that go against their beliefs. No hospital chaplain or worker will have to believe in a new definition of marriage. No religious minister will have to conduct same-sex weddings. The changes that we are discussing will not affect anyone more than they are affected already by choosing to live in a society that values tolerance and respect among its citizens.

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## Evidence submitted to the Public Bill Committee on the Marriage (Same Sex Couples) Bill 2012-13

### What is Affinity?

Affinity is a partnership of 1200 Christian churches from all parts of the United Kingdom. Affinity also embraces more than 30 Christians agencies including theological colleges, publishers and missionary and relief agencies. Our churches stand in the historic evangelical tradition which has played a significant role in the history of the United Kingdom since the time of the 16th century Reformation. The authority for our beliefs and practices is the Bible. Our website, www.affinity.org.uk gives more information about us.

We believe that the present Bill, if passed, will negatively impact our society in general and family life in particular. We believe we have a responsibility to urge you not to approve this legislation because it will be detrimental to the people of our nation and especially to our children and to future generations.

This submission addresses the following areas of concern:

1. Marriage is the essential foundation for human life and a stable society
2. The detrimental effects on children

3. The marginalisation of Christians
4. The wisdom and importance of carefully assessing the potential for unintended consequences

## 1 Marriage is the essential foundation for human life and a stable society

We believe that the unique nature of marriage should be maintained because it is the foundation for human life and stable societies around the world. We believe it is possible to provide legal provision and safeguards for other kinds of relationships without changing the definition of marriage.

The Bible bears witness to the following facts about marriage:

1.1 Marriage has existed from the beginning of time. Human history also bears witness to this fact both for nations which stand in the Judaeo-Christian tradition and in other cultures as well. The Church of England Wedding Service says that God gave marriage as a gift to all people from the time of creation.

1.2 Marriage is a heterosexual union between a man and a woman in which the created gender differences are expressed in the physical, sexual union.

1.3 Marriage involves a lifelong commitment which expresses the essential equality and value of maleness and femaleness through the physical, sexual union. In this way the natural affection and desire between a man and a woman can be expressed so that they live in purity and honour.

1.4 Marriage provides the natural context for children to be born and nurtured by a father and mother. This social unit created by such a family is the foundational building block of a stable society.

1.5 The complementary roles of fathers and mothers within marriage provide a model for children which prepares them for the time when they may enter into a marriage relationship.

1.6 The complementary roles of husband and wife are seen in the Bible as a particular expression of the image of God in humanity. Marriage is also portrayed in the Bible as a picture of the relationship of Christ and his Church. Any change to the definition of marriage involves a significant rejection of the character and being of God and the nature of the Church.

## 2 The detrimental effects on children

2.1 According to official statistics, twenty years ago depression in children was almost unknown. Now the fastest rate of increase in depression in the UK is among young people.[1] These alarming statistics are a reminder that we have a duty of care to our children and young people when their world is increasingly complex and insecure.

2.2 It is a constant finding among sociological surveys that, by a large margin, children are safer, happier, healthier and get on better in life when they are brought up in the home of their married, different-sex parents2. Putting the institution of marriage at risk therefore puts the wellbeing of children at greater risk, which is a strong reason for not going ahead with the Bill.

[1] http://www.clinical-depression.co.uk/dlp/depression-information/teen-depression/
[2] e.g. http://www.ifs.org.uk/comms/comms114.pdf

2.3 The changes brought about by this Bill will greatly increase the confusion of children regarding sexuality, needlessly causing them to be self-questioning and even adversely experimental. This is a cruel imposition, and destructive of personal and social happiness and wellbeing.

## 3 The marginalisation of Christians

3.1 This Bill recognises as marriage, relationships which the Bible clearly declares to be sinful and wrong. It changes marriage for *everyone*, leaving those who believe same-sex relationships to be sinful with no public marriage status to which they can belong with true joy and wholehearted gladness. Given that same sex partners represent so small a minority of all couples, the number of people who will feel a significant loss of meaning in their own marriages will greatly eclipse the number of same sex couples actually marrying. This shows not only a lack of proportion, but makes it all the more surprising that, for so little gain, the country should be willing to sacrifice the value which marriage (as currently defined) has proved to be to the strength of our country's social and family structure and order for many centuries.

3.2 The overwhelming majority of the millions of Christians who live in the United Kingdom are law-abiding and peaceable people. Indeed the influence of Christianity has been mainly responsible for the tolerance which has come to characterise British society. People from many nations who have come to live in the United Kingdom bear testimony to this. The new "tolerance" can be profoundly intolerant of those who take a different view.

3.3 In seeking to establish the legitimate rights of the various minority groups within our society we must not "demonise" Christians who are involved personally, and through their churches, in a multitude of activities which benefit all sections of our society. Every day Christians and churches play a leading role in providing services to all sections of our society including mothers and children, families, the elderly, the homeless and poor.

## 4 The wisdom and importance of carefully assessing the potential for unintended consequences

4.1 Other countries have already legislated to redefine marriage. We feel it would be wise for the United Kingdom not to act hastily in doing the same, especially since this Bill was not part of the manifesto of any of the political parties.

4.2 There are indications of unintended consequences in social changes and financial consequences which need to be carefully assessed before passing new similar.

4.3 Indeed, because of the fundamental importance of marriage in any society it would be reasonable to expect that redefining marriage will have far-reaching consequences, some of which may be unintended and seriously prejudicial to the wellbeing of the people of the United Kingdom.

5 March 2013

*The above was submitted to the Public Bill Committee of MPs appointed to scrutinise the Marriage (Same Sex Couples) Bill 2012-2013 during its Committee Stage. The Committee, which consists of 30 MPs, has invited oral and written evidence up until 12 March 2013.*

## What are we to make of the Liverpool Care Pathway?

We live in a moral universe. Both the Bible and our experience bear witness to that simple statement. In other words, right and wrong co-exist, while good and bad touch every human enterprise. That is why we devise laws, rules and guidelines to restrain the negative and augment the positive. Medical endeavour is no exception.

### The origins of good medicine

The early practitioners of medicine were hemmed in by a combination of the Hippocratic Oath and the Judaeo-Christian doctrines. Their abiding principles of 'First, do no harm' and 'Love your neighbour as yourself' provided first, a powerful restraint, namely, things forbidden (including, abortion and euthanasia) and second, a positive motivation, namely, things encouraged (such as truth and compassion).

It was these heavy-duty bioethical foundations that kept medicine largely safe and wholesome for 20 centuries and created a 'culture of life.' Nevertheless, natural death was well understood and accepted as inevitable. But unnatural death was something else – it was anathema. Any doctor who caused it was a renegade. Deliberately killing patients was never a part of proper Hippocratic-Christian medicine.

#### The origins of bad medicine

Two millennia later, modern medicine is a much more fragile undertaking. Its ethics are feeble rather than robust, and its practices are utilitarian rather than principled. Within the last two generations, the unthinkable has become the acceptable. The ethics of abortion, infanticide and euthanasia are endorsed widely and practised worldwide, and obstetrics and gynaecology, paediatrics and geriatrics have been corrupted. Instead of a high view of human life, derived from the Hippocratic-Christian principles, secular humanism has delivered us a low view of human life. In short, we now live in a 'culture of death.'

Bad medicine has permeated our societies. Of course, not all medicine has become corrupted and tainted, but this 'culture of death' is the warp and weft of much of modern medicine and it has affected and infected all of us. Thankfully, good medicine still exists, decent doctors still toil and compassionate nurses still care; but our world has become harsher and less tolerant. We have asked the medical profession to deal with the unwanted, the inconvenient and the costly.

The unborn have long been the target of bad medicine. How else can one explain the 42 million abortions now performed globally each year? Now bad medicine has turned to the other end of the age spectrum. The elderly, who are unwanted, inconvenient and costly, are the new targets of assisted suicide and euthanasia.

### Palliative care and the hospice movement

Yet out of such social bleakness, good medicine has triumphed with the introduction of palliative care and the hospice movement – the welcome antidote to calls for the legalisation of practices that deliberately cause premature death. Palliative care, one of the fastest growing medical specialities, seeks to meet the physical, mental and spiritual needs of the dying and provide a good and comfortable death for the patient and the relatives. It is what we all want.

Palliative care can control the greater part of pain and other adverse symptoms. But it is not perfect. It is performed better in hospices than in hospitals and homes. It should be extended to more non-cancer patients. It ought to be more widely available. The dying need better care and more resources. One positive response to these growing demands has been the formulation of structured care schemes to replace the more haphazard nursing efforts of the past. One such scheme is the Liverpool Care Pathway [LCP] see http://www.liv.ac.uk/mcpcil/liverpool-care-pathway/.

## The Liverpool Care Pathway

The LCP – full name, Liverpool Care Pathway for the Dying Patient – was devised in the 1990s by the Royal Liverpool University Hospital and the city's Marie Curie hospice. Its principal aim is to improve and provide the best medical and palliative care for the dying during their last days and hours of life. This aim is achieved by co-ordinating the care process. In other words, there is ongoing documenting, monitoring and evaluating of the activities of the care team in terms of the effectiveness of outcomes and then the provision of the appropriate resources.

These assessments are used to determine the palliative care options and to consider whether non-essential treatments and medications should be discontinued. The LCP is therefore neither a 'one-size fits all' protocol, nor a 'one-way street.' Patients on it are individually assessed and taken off it if they show signs of improvement. Another key feature of the LCP is the enhancement of communication between the medical team, the patient and the family members. This may all sound like so much medical gobbledegook, but in reality it describes good palliative care – the sort we all hope for. It resonates well with that aphorism of Cicely Saunders, the founder of the hospice movement, that 'the last days must not be lost days.'

<< The LCP is an integrated care pathway that is used at the bedside to drive up sustained quality of the dying in the last hours and days of life. It is a means to transfer the best quality for care of the dying from the hospice movement into other clinical areas, so that wherever the person is dying there can be an equitable model of care.

The LCP has been implemented into hospitals, care homes, in the individuals own home / community and into the hospice. The LCP is not the answer to all our needs for care of the dying but is a step in the right direction. >>

*The Marie Curie Palliative Care Institute, Liverpool*

The LCP has been generally accepted. From 2001, it has been recognised as a best practice model by the National Health Service and it has since been approved by numerous authorities, including the National Institute for Health and Clinical Excellence (NICE) and the Department of Health. It is currently used by 85% of Primary Care Trusts and experienced by about 130,000 of the 450,000 patients who die each year in the UK.

Care pathways are nothing new. Formalised editions occur in other medical contexts to improve decision-making and the organisation of care for particular groups of patients. And pathways of a more informal nature have always existed in the minds of good doctors as they have sought the best for their patients. Nor are care pathways static. While the ethos of the LCP has remained constant, its practical details have been frequently modified – the current model is generic version 12, and some Trusts have devised and incorporated their own amendments.

**The LCP under attack**

So why has the LCP proved to be so controversial? Recent commentators have referred to it as 'a half-baked compromise' and 'the death pathway' and its use as 'lethal medical arrogance.' Relatives have claimed that their loved ones have been put on the LCP, whether they are dying or not, without their consent, and have then been subjected to withdrawal of food, fluids and medical treatment, thereby dehydrating and starving them to death. In addition, allegations have been made that some Trusts have received financial incentives for meeting targets by using the LCP to hasten deaths and clear out bed-blockers.

Consider just one horror story, widely reported in the media. An 85-year-old woman was admitted to hospital with an infected gall bladder. The next day, doctors, including three consultants, told her daughter that her mother was about to die and pressed her to sign her mother onto the LCP. Her mother, deprived of fluids and treatment, became disorientated, agitated and distressed. The daughter took matters into her own hands and fed her mother yogurt, other soft foods and water. This continued until three days later when the patient was discharged, restored to health, cracking jokes and bidding farewell to those left behind. The daughter stated: "A year has since passed. My mother has a robust appetite and has never succumbed to the 'impending doom' I was led to believe she could not escape."

Reports suggesting that 130,000 UK patients die while on the LCP each year have been maliciously employed to create chilling headlines. Such sub-standard journalism has invoked a naïve cause-and-effect paradigm, namely, that the LCP is actually causing these deaths. That is not true. However, this is the sort of propaganda beloved of those in the pro-euthanasia lobby – if doctors are already covertly committing non-voluntary euthanasia, then why not change the law to make the practice legal and transparent?

## Has care pathway turned into a licence to kill difficult patients, asks expert

*The above, which appeared in* The Daily Telegraph *on 11 February, 2013, is an example of a "chilling headline" which has helped to generate concern over the Liverpool Care Pathway.*

On 5 November 2012, the Government announced changes to the NHS Constitution which will give patients and their relatives the right to be consulted at every stage of end-of-life treatment. The Minister of State for Care Services, Norman Lamb, then called a meeting of doctors and patients to discuss complaints about the LCP. The outcome was that on 26 November 2012, the government announced the setting-up of an independent inquiry, under the chairmanship of Baroness Julia Neuberger.

The inquiry's terms of reference mean it will "... examine systematically the experience of patients and families ... of healthcare professionals ... complaints ... the literature ... and financial incentives in this area." It will also make recommendations to "... improve care ... ensure that patients are always treated with dignity ... that carers and families are always properly involved in the decision-making process ... and restore public confidence."

The inquiry is expected to report during the Summer of 2013. Furthermore, the Association of Palliative Medicine, a champion of the LCP, has also launched its own inquiry. All such investigations are to be welcomed. If the LCP is being misused, those responsible must be exposed.

The LCP is easily misunderstood. One huge difficulty with it, and with any other type of end-of-life care, is that relatives can often fail to grasp the simple fact that their loved one is about to die – that death is imminent and inevitable. This, in the distress and unfamiliarity of the situation, can seem unreal. Their loved one has gone into hospital all his or her life and has always come out recovered, but this time there will be no recovery. The end of a life is fast approaching. And that, for many loved ones, is regarded as a failure of modern medicine.

The withdrawal of food and fluids can similarly be misconstrued as a premature abandonment of the patient rather than the cessation of futile and burdensome medicine – patients approaching death usually experience weakness, become uninterested in food and drink, and often have difficulty in swallowing. Remember, the patient is dying and needs to be made cosy and secure rather than subjected to any unnatural prolonging of the process of dying. Likewise, the prescription of analgesics and sedatives can be misread as an attempt to shorten life or to hasten death, rather than as a compassionate procedure to make the patient comfortable on his deathbed and to ease any pain, breathlessness, anxiety and agitation. These measures are good palliation, not premature killing. Small wonder that the LCP has become contentious.

It is not difficult to see why some people have condemned the LCP as a crude, tick-box approach with its withdrawal of nutrients, its use of drugs and sedation. Some have even called it 'soft' euthanasia. By contrast, others are adamant that the LCP is a positive, structured, integrated approach to end-of-life care with the added benefit of improved communication. So which is it?

## What conclusion should we reach?

The bottom line is this – in bioethics as in much of medicine, intention is the key. If it is the intention of the medical team to shorten the patient's life and to hasten death then it is bad medicine – it is euthanasia. Any tool can be mishandled. Medical professionals can make mistakes and misuse any protocol, including the LCP, but it is their intentions that are paramount. The LCP certainly highlights the twofold possibility of good medicine versus bad medicine.

Furthermore, intentions are determined by a person's world-view. If a doctor has a world-view informed by the principles of Hippocratic-Christian medicine, then he will have a high view of human life, described by adjectives such as special and inviolable and non-expendable. On the other hand, if he has a world-view shaped by secular humanism, then he probably regards human life as cheap and futile and expendable. The difference between the two world-views is not only philosophical – practically, at the bedside, it is everything.

The LCP is a medical tool and therefore it is inherently neutral – it is just a protocol on several pages of paper. What determines whether it is good or bad is its practical implementation. And that depends upon whether the doctors and nurses using it are good or bad. What is their worldview? What is their intention? Have they received adequate training, are they alert, are they conscientious?

In a world where medical ethics and practice have largely departed from their historic guidelines, these are relevant questions. Furthermore, we should be sufficiently concerned to engage with campaigns to halt the legalisation of bad medicine, such as assisted suicide and euthanasia, and to support the reinstatement of good medicine, such as palliative care and the hospice movement.

*John R Ling*

## Care and support for vulnerable adults

The care of older people and vulnerable adults has been much in the news over recent months. A number of reports and incidents of bad care have been discussed in the media, and Government ministers have protested loudly their intention to take action. At the same time, local authorities and voluntary agencies have insisted that a better way of funding care has to be found. In an attempt to address these two problem areas, the Government is making a range of proposals.

**Cost of care**

The government's response to the Dilnot Report, which has been very prominently reported, is an attempt to begin to deal with some of the financial issues that plague the provision of care. The new arrangements that the Government are proposing mean that someone entering a care home who has less than £123,000 capital (including the value of their home) will not have to pay the full cost of their care. This is a substantial increase from the current threshold of £23,250. However they will still have to pay the so-called "hotel costs" for their board and lodging, which will be limited to a maximum amount each year. There is also to be a cap on care costs that an individual can incur which is set at £75,000. Once a person reaches this figure they will be liable for no more contributions. These new provisions will not be introduced until 2017.

Of course, these provisions do not really deal with the underlying problems of underfunding that have led to a significant number of people who need care receiving nothing. But they do address the concerns of many people that they will have nothing to leave to their loved ones when they die. They also provide an answer of sorts to the anxieties many older people and their families feel with regard to the amount they will need to contribute to the cost of care.

**Dementia support and care**

The Prime Minister has also announced measures aimed at making the UK a world leader in dementia care and research, as part of his 'National Dementia Challenge'. There are three key areas where the Government aims to make a difference which have been identified:

- making sure health and social care systems are properly geared up to deal with the crisis;
- radically stepping up research into cures and treatments, with overall funding for research doubled to reach £66m by 2015;
- getting society involved in the fight, including communities, charities and businesses. This is a joint initiative between the government and the Alzheimer's Disease Society to recruit one million "Dementia Friends" and to equip organisations to be able to claim to be "dementia friendly."

This joint initiative is already in place and training is being offered to those who are interested. An advertising campaign has begun and will be stepped up as the training programme becomes more established.

**Quality of care**

The government is proposing significant changes to the way care and support is provided to adults. It is proposing that in future care and support needs will be met by harnessing existing capacity within neighbourhoods and families and by addressing needs at an earlier stage and before the need for

formal services. A White Paper dealing with these and other initiatives was issued in July 2012 and consultations have been taking place since. However the question of funding has not been addressed and none of the excellent ideas raised can take place without extra financial input into an already over-stretched service.

The government also published in July 2012 a draft Care and Support Bill, proposing a "single, modern law for adult care and support that replaces existing outdated and complex legislation." The aim of the Bill is to introduce greater clarity and coherence into social care legislation. It will consolidate the relevant provisions from the National Assistance Act 1948, the Chronically Sick and Disabled Persons Act 1970, the NHS and Community Care Act 1990 and carers' legislation. It is the result of a three-year review of adult social care law by the Law Commission.

The draft Bill has a number of features:

- Legislative measures to safeguard adults at risk of abuse (the statutory guidance *No Secrets* will also be abolished and replaced by new guidance). Local authorities will be required to establish an adult protection board. The Bill also extends the definition of adults at risk to include those who are not receiving any services;

- A right for carers to receive services following an assessment: at present there is no requirement for local authorities to provide an assessment or services to a carer unless the carer asks for such support;

- People who do not meet the eligibility criteria will have a right to access information and advice: it is proposed to allocate £32 million to enable local authorities to establish better information and advice services, mainly on-line;

- A commitment to implement minimum eligibility criteria in 2015 (although no specific definitions are actually set out): assessments will be transferable should someone move from one local authority to another;

- A requirement for local authorities to provide encouragement and support for informal services in local communities which work with and care for older people (e.g. a church day centre for over-60s or a social centre run by a local voluntary group) and to families which provide support to an elderly relative in his or her own home. The idea is that such low-level support might be developed and enhanced to help older people to maintain an active and self-supporting lifestyle in their own community for longer. This is seen as "early intervention" and is part of developing a more preventative strategy;

- Current entitlements to assessment are to be retained, and new regulations will be set out stating how the process of assessment and care planning should take place;

- Local authorities will be given responsibility for enhancing coordination between local authorities, health and housing services – there will be a new legal duty on the local authority to promote integration;

- Local authorities will have new responsibilities to arrange care home placements for self-funders who request help;

- Provisions to enable local authorities to hand over statutory functions to an independent agency.

It is anticipated that a full Bill will be introduced in the Autumn of 2013.

**Relevance to churches**

The elderly constituency within our churches is considerable and many churches also have other vulnerable adults within their congregations. The issues involved in these three sets of proposals will affect most local churches. There are five particular aspects that churches will need to consider.

- **Awareness of what is being changed** – it is important that there are those in the congregation who keep up-to-date with the changes taking place. Older people are notorious for missing out on services and support because of lack of information. While families and churches can provide excellent support, it is foolish to fail to access what is made available under the State's care programme.

- **Problem of funding** – the Dilnot proposals on funding and the Government's response do not deal with those people who at present fall below the level of incapacity to qualify for local authority care and support. In addition many local authorities will not meet the actual costs of a care home. This situation is a significant threat to care home providers and Christian organisations in this field are increasingly struggling with serious financial challenges. Churches need to consider how they can support older people from their own congregation who may need care and support whether in their own homes or in a care home.

- **"Dementia-friendly" churches** – churches can decide deliberately to participate in the government's "dementia challenge." The training offered by the Alzheimer's Disease Society under the government's scheme is technically sound but does not deal with spiritual concerns and implications. Local churches need to be informed about all aspects of dementia, including how to minister to the spiritual needs of dementia sufferers and their carers. Few pastors have this understanding, and almost no ministerial training courses provide quality instruction. Details of suitable training which takes account of the Christian perspective can be obtained from the author (roger.hitchings@ntlworld.com) or from Pilgrim's Friend Society (tel. 0300 303 1400 or email info@pilgrimsfriend.org.uk). This specifically-Christian training will not be able to offer the official "dementia friendly" certificates applicable to the government-sponsored scheme, but churches will be able to advertise that they are trained to understand and to respond to dementia.

- **Services to carers** – those who care for others tend to be overlooked or their needs ignored. Churches need to be aware of the practical, social, physical, emotional and spiritual issues which carers face, and make provision to help them. A local authority assessment will not deal with all these needs. Even if the full range of potential services is provided (which will be fairly rare), only the local fellowship of believers can help with the emotional and spiritual needs.

- **Establish a broad "dementia strategy"** – which might include the following:

  (a) Making a written specific policy commitment to support older members of the congregation who suffer with dementia, or who, because of age, might develop this illness; and their families and/or carers;

  (b) To extend this support and help to dementia suffers and carers who are not connected with the church, but who live in the local community. This might include taking the

opportunity which exists for local churches to engage with the local authority in offering activities, support and care services to the local community.

(c) To become a "dementia-friendly" church, which could involve the following:

(i) arranging appropriate skills and awareness training, open to people within and outside the church;

(ii) ensuring that the church programme is structured so as not to exclude dementia sufferers and their carers. Activities could be designed with dementia sufferers and their carers in mind, and church members trained to lead these;

(iii) to train church members to act in an advocacy and support role, enabling dementia sufferers and carers to enjoy the highest possible level of participation in the life of the church.

*Roger Hitchings*

The number of Britons dying from Alzheimer's and other forms of dementia has soared over the past two decades, according to research published in *The Lancet* today.

Researchers used data from the Global Burden of Disease Study, published in 2010, to show that dementia and Alzheimer's had risen from the 24th leading cause of death in Britain in 1990 to the 10th in the space of 20 years.

The increase is thought to have been fuelled by Britain's rapidly ageing population and the increased reporting of dementia as a cause of death. Dementia can cause death through medical conditions like urinary tract infections and pneumonia brought on by the infections, and malnutrition and dehydration in patients who can no longer eat or move independently.

Campaigners said the figures were a "wake-up call" and warned that the number of patients diagnosed with the diseases are likely to rise from 800,000 today to 1.7 million by 2051.

Criticising a lack of funding, they highlighted the fact that there are currently 23 medical trials for hayfever worldwide, compared to just 17 for vascular and frontotemporal dementia – two of the three most common forms of the condition.

The Alzheimer's Society said Britain's health authorities needed to take "urgent" action. Dementia, which affects one in three people over the age of 65, costs the economy more than £23bn annually.

"Funding for dementia research lags far behind other conditions like cancer," said Andrew Chidgey of the Alzheimer's Society. "With numbers soaring and costs trebling, we need urgent action to find more effective treatments."

from *The Independent,* 5 March 2013

# LIFE ISSUES

## Abortion

### Abortion statistics – are they accurate?

There appears to be a serious discrepancy. The National Down Syndrome Cytogenetic Register (NDSCR) collects data from all the clinical cytogenetic laboratories in England and Wales. It reported that in 2010, 1,188 unborn children were prenatally diagnosed with Down's syndrome and that 942 of them were aborted under Ground E of the Abortion Act 1967. However, official government figures, published by the Department of Health, record that in 2010 only 482 abortions were performed for Down's syndrome.

Why the 50% disparity? Are the Department's figures wrong? Are doctors neglecting to report the real reasons for abortions on the grounds of disability, or are they falsifying their paperwork, deliberately or negligently, and therefore illegally? Does this apparent numerical inconsistency for Down's extend to cleft palate, club foot and other disability abortions? Is this discrepancy indicative of an even greater failure to report abortions performed for reasons other than Ground E? Is the Department of Health's official annual total of some 196,000 abortions in England and Wales an underestimate? We need to know.

### Inquiry into Abortion on the Grounds of Disability

This is the title of a cross-party Parliamentary Inquiry chaired by Fiona Bruce, evangelical Christian and MP for Congleton. She has long been concerned about the disabled, especially since one of her sons was born with a club foot. The Inquiry opened on 31 January and will seek written and oral evidence from parents, medical practitioners, academics, support groups, disability groups and other interested parties.

Ground E of the Abortion Act 1967 states that an abortion is justified 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." No time limit applies to this ground; in other words, under it, an abortion can take place up to birth, that is, up to 40 weeks.

On the other hand, the Equality Act 2010 protects disabled people from discrimination. That is, it prevents anyone treating another person less favourably because of a disability. The Inquiry will examine this seemingly-anomalous clash between the two Acts. As Mrs Bruce stated: "This commission will establish whether there is room for a review of this legislation bearing in mind both medical advances and advances in our attitudes to disability over recent years." The Inquiry is expected to report in May 2013.

### Abortion in the Irish Republic

On 21 October 2012, Savita Halappanavar, a 31-year-old Indian-born dentist was admitted to the University Hospital Galway. She was 17 weeks pregnant. Seven days later, she died there from suspected septicaemia following a miscarriage. Her family claims that Mrs Halappanavar had asked several times for an abortion, but because of the strict Irish Republic's abortion laws, doctors refused her request as a foetal heartbeat was detected. At this stage, it is fair to say that the facts are contested by both sides.

The case has re-ignited the abortion debate in Ireland. The country's Constitution has a strong pro-life ethos, perhaps the strongest in Europe. For example, in 1983, the Eighth Amendment (Article 40.3.3) was passed, guaranteeing the unborn an equal right to life with that of the pregnant woman. Furthermore, the people of the Irish Republic have rejected abortion in numerous referendums over the past 30 years. There is also the famous X case of 1992, in which the Irish Supreme Court established the right to abortion where the mother's life is threatened, including by suicide. But in the intervening years, six successive Irish governments have managed to avoid the issue. The year 2013 may mark the beginning of the end of Irish vacillation.

Mrs Halappanavar's death has prompted an inquest and at least two separate inquiries. Pro-abortion individuals and organisations from around the world have seen this case as a lever to bring legalised abortion into Ireland. The Irish government is under pressure. Its Taoiseach, Enda Kenny, is caught between the general public's disapproval of abortion and his own Fine Gael party TDs and his coalition Labour partners who have abortion legalisation on their political agenda.

On 18 December, the Irish government announced proposals that would create a loophole in Irish law to allow abortions in cases where pregnant women threaten suicide. Public hearings on this matter have already opened. Several medical experts have testified that there is never a medical necessity to abort to save the life of the mother – where delivery before viability becomes necessary there is 'no intention to kill the foetus.' Such a procedure is regarded not as 'regular' abortion, but as 'indirect' abortion, and in the circumstances as 'best practice.' Indeed, this provision of life-saving medical treatment is already allowed by Ireland's pro-life laws. Moreover, the experts also affirmed that abortion is not a treatment for suicidal thoughts or threats. Nevertheless, the government has promised to present a Bill which will permit abortions 'in limited circumstances.' Such a move would be contrary to Fine Gael's election promise 'never' to legalise abortion. Yet Mr Kenny has declared that there would be no free vote on this, and that all the TDs in the ruling Gael party will be required to vote in favour.

So the Irish abortion battle is joined. In January, some 25,000 people attended a pro-life rally in Dublin to oppose the government's plan. Meanwhile, BPAS, the UK's largest provider of abortions, is offering Irish medical students one-week placements in London to 'gain experience of abortion care' and to 'witness how abortion procedures are carried out.' As if to cap it all, Kitty Holland, the *Irish Times* journalist who broke the story of Savita Halappanavar's death, has admitted that the facts of the case are unclear and that there may have been 'no request for a termination.'

Furthermore, it has emerged that the chairman of the government-appointed inquiry, Professor Sir Sabaratnam Arulkumaran, head of obstetrics and gynaecology at St George's Hospital London, has recently been elected as the president of the abortion advocacy group, International Federation of Gynecology and Obstetrics (FIGO). He stated in 2009 that countries with "restrictive abortion laws" should "look at the evidence available in favour of liberal abortion laws and debate the possibility of making the choice of termination of pregnancy a legal right for women." Is he some sort of political puppet?

In mid-January, the preliminary inquest into Mrs Halappanavar's death opened when the coroner promised it would be transparent and open to public scrutiny. It is set to resume on 8 April at the Galway Courthouse.

## Extension and contraction

While Ireland struggles over its legislation and practice of maternal lifesaving abortion, the global news about non-lifesaving abortion is rather different. Consider, for example, events in the USA and

Russia. For many years both have allowed abortion with no restrictions. Now, these old Cold War adversaries have both begun to restrict their former liberal policies. Many of the changes have come about as a result of pro-life, Christian and otherwise, campaigning. For example, the former president of Russia and now its current Russian prime minister, Dmitri Medvedev, together with his pro-life wife, Svetlana, and his government, have close ties with the Russian Orthodox Church. As a result, the Russian parliament has voted to change the upper limit for abortion to just 12 weeks, or 22 weeks in the case of rape. An additional measure requires every woman to be informed of the associated physical and mental risks prior to her having an abortion.

Meanwhile, in the USA, legal restrictions to abortion continue. During 2011, several of the US states approved a total of 92 new legal provisions to limit abortions. Even in the UK we now have a Secretary of State for Health, Jeremy Hunt, who has expressed a wish to reduce the upper abortion limit from 24 to 12 weeks.

Is the generation that has been brought up with legalised abortion beginning to reject it?'

### Midwives challenge the 1967 Act

Mary Doogan and Concepta Wood were two midwifery sisters employed by the Southern General Hospital in Glasgow as labour ward coordinators. Both had previously and formally given notice, under Section 4 of the Abortion Act 1967, that they had a conscientious objection to abortion. That Section states that, "… no person shall be under any duty ... to participate in any treatment authorised by this Act to which he has a conscientious objection." Even so, the Act insists that every healthcare staff member is obliged to participate in *emergency* abortion procedures when a woman's life may be in jeopardy – an extremely rare occurrence.

In 2007, all abortions at these midwives' hospital were moved to their labour ward. In January 2012, they took their employer to court claiming that previously they had not been required to delegate, supervise or support staff members who were involved in the care of patients undergoing abortions. They also claimed that their rights under Article 9 of the European Convention on Human Rights, which guarantees the right to freedom of religion, had been breached.

At the judicial review in February 2012, at the Court of Session in Edinburgh, the judge, Lady Anne Smith, ruled against the women. The Judge decided that their Article 9 rights were not being interfered with and that their right of conscientious objection was not unqualified. She declared that, "... the nature of their duties …" did not "… require them to provide treatment to terminate pregnancies directly" and therefore the Act's provision did not apply.

In April 2012, the two women launched an appeal, which began in January 2013 before three judges in Edinburgh. A ruling is expected some time in the Spring. This case is important because it will define the real meaning of the Act's conscientious objection provision, particularly the meaning of the word 'participate'. The case could eventually go to the UK Supreme Court.

## Assisted Reproductive Technologies

### IVF on the cheap

Everyone knows that IVF is expensive (around £4,000 per treatment cycle) and subject to low success rates (about 25% at most clinics). Now a doctor from Davis, California has come up with a money-back guarantee of success, and all for less than $10,000. The downside is that patients will have someone else's embryos transferred.

Dr Ernest Zeringue creates a batch of embryos using ova and sperm from just one donor woman and one donor man. Their resulting embryos are then transferred to several patients. It thereby cuts the costs of paying multiple gamete donors and repeated laboratory procedure fees – in other settings, we would call it mass production. Of course, the parents are genetically unrelated to their child, but Zeringue says that his *California Conceptions Donated Embryo Program* is therefore similar to adoption, but more enjoyable, with fewer legal complications. It sounds more like selling embryos created by strangers – little short of the commodification of human life and children.

## IVF numbers

Lord David Alton, the indefatigable pro-life peer, has again asked the government that fundamental question – how many human embryos has IVF produced?

The written answer was given by the Health Minister, Lord Howe. Between August 1991, when the HFEA was set up, and 2012, there have been 3,546,818 human embryos created in IVF clinics throughout the UK. Of these, 1,388,443 embryos have been transferred to women as a part of their fertility treatments. A total of 839,325 have been put into frozen storage for future use, though 23,480 were discarded after being taken out of storage. Only 2,071 were donated to other women. A further 5,876 were set aside for scientific research. And of the rest, 1,691,090 were discarded unused – that is 47.5%, nearly half, of the total. Only 7% of the total, or 1 in 15, lead to a pregnancy and a 'take-home' baby.

Lord Alton commented: "This sheer destruction of human embryos – most people would not know that it took place on such a scale. Most people wouldn't have any idea about the numbers of embryos being created in that process and would also feel very uneasy about them being experimented on as well." IVF produces, uses and abuses human embryos as if they were mere biological products rather than human lives.

## Costa Rica is the last

In this tiny island of 4.7 million people, a legal battle has been raging for the last 10 years. IVF was legal in Costa Rica between 1995 and 2000, but in 2000, a ruling by Costa Rica's Constitutional Chamber of the Supreme Court – the country's highest judicial body – banned IVF, arguing that its inevitable practice of discarding 'spare' embryos violated the island's constitutional protection of human life as well as various international human rights conventions.

Since then, nine infertile couples, unable to access IVF services in Costa Rica, have fought the government for that 'right.' In December 2012, the Inter-American Court of Human Rights (IACHR) ordered Costa Rica to legalise the procedure and make it available through the country's public healthcare system within 12 months. It ruled that Costa Rica's prohibition on IVF infringed the rights to privacy and family, and also the principle of non-discrimination.

By this ruling, the IACHR therefore elevated secondary rights, such as the right to privacy, the right to personal autonomy and the right to sexual and reproductive health, above the right to life. This must be incorrect because the right to life must take precedence over these other rights – without it, the others cannot exist. Moreover, the Court stated that "The regulation trends in international law do not lead to the conclusion that the embryo must be treated equally as a person or that it has a right to life." In other words, they played the false 'personhood' card and also accepted the flawed argument that life begins at implantation.

Thus Costa Rica, the last country in the world to prohibit IVF completely, has been forced to lift its ban. Its government has said it will comply with the IACHR's decision. But that will not be easy. The Costa Rican healthcare system is facing bankruptcy, the required legislation has not yet been drafted, the necessary IVF doctors and staff need two years of training, and the government of President Laura Chinchilla has given the move little support. Will the 12-month deadline be met? We shall see.

## Stem-cell Technologies

### Are iPS cells like embryonic stem cells?

Embryonic stem cells have long been regarded as the 'gold standard' of stem-cell technologies. From them, at least in theory, can be derived any of the 200 or so cell types that constitute the adult human body. But embryonic stem cells are bioethically unacceptable because their harvesting destroys human embryos. Adult stem cells have generally been regarded as less flexible despite their evident utility and efficacy in hundreds of human treatment trials.

The discovery in 2006 of induced pluripotent stem (iPS) cells caused biological excitement, but raised novel questions about their ability to mimic their embryonic 'cousins.' They may look the same, but are they functionally the same? That is the key question.

Some have suggested that iPS cells may contain more genetic abnormalities than embryonic stem cells. Could the former therefore cause adverse side effects if used therapeutically? Experiments making direct comparisons were needed. In a preliminary study with mice in 2011, Yang Xu and his research team at the University of California, San Diego, reported that iPS cells were functionally inferior. Their iPS cells provoked immune responses and were rejected, even when injected into the mice from which they had been derived. It was a serious blow to the hopes of future iPS-cell therapies.

However, the doubts appear to have been short-lived. In the January 2013 online edition of *Nature*, Ryoko Araki and his colleagues in Chiba, Japan, reported a more advanced comparative study. They derived iPS cells from mice and injected them back into the animals and at the same time they injected other mice with embryonic stem cells. They also transplanted skin and bone-marrow cells derived from iPS and embryonic cells into mice. The success rates were similar between the groups and the immune response of both sets of tissues indistinguishable. So, that is good news for the supporters of both iPS cells and rigorous bioethics - except that mice are not men. Human stem cell comparisons are now needed.

### Leprosy and stem cells

Is there no end to the biological role of stem cells? Anura Rambukkana of the University of Edinburgh and his colleagues have now demonstrated a novel role for them in the onset and development of leprosy, also known as Hansen's disease.

Leprosy is caused by the bacterium *Mycobacterium leprae*, which acts as a pathogen infecting the Schwann cells, the components that insulate the cells of the peripheral nervous system. Schwann cells are essential for the conduction of nervous impulses along the axons. Their damage is the primary cause of sensory loss and motor dysfunction in leprosy sufferers. These bacteria spread through the body by reprogramming infected cells to become stem cells, or at least, stem cell-like cells that can then form other cell types.

The Edinburgh team infected Schwann cells of mice with the leprosy-causing bacteria. These cells then expressed genes typical of early development – akin to reprogrammed iPS stem cells – and when injected into mouse muscle they turned into muscle cells and then spread to adjacent muscle tissues. These stem-like cells also transferred the *M. leprae* bacteria to cells of the immune system and so the infection spread further.

Leprosy remains an age-old scourge of human civilisation and it still represents a serious global health problem as it affects an estimated 1.15 million people. This new understanding of how the *M. leprae* bacteria can reprogram body cells could lead to more effective treatment strategies.

## Euthanasia and Assisted Suicide

### Euthanasia in Belgium

We tend to look to the Netherlands as the pioneer of rushed legalisation of euthanasia. That is not really true. Long before the Dutch decriminalised euthanasia in 2001, it had been officially tolerated and debated. For example, in 1984, the Dutch Supreme Court and the Royal Dutch Medical Association (KNMG) issued guidelines concerning the ethic and practice of euthanasia. In other words, it took about two decades of turning a blind bioethical eye, and of failing to prosecute doctors, before a euthanasia law was passed. In Belgium that leap took about five years. The Belgian parliament legalised euthanasia in late September 2002. It was a hasty decision.

Now, a decade later, Belgium is considering extending its euthanasia law to allow minors – those under the age of 18 – and Alzheimer's sufferers to seek permission to die. Although no date has been set for the debate, it is thought that approval is a foregone conclusion. Euthanasia for Alzheimer's patients was permitted for the first time in the Netherlands last year. It was on 1 April 2009 that Luxembourg legalised euthanasia. There does seem to be a Benelux 'follow my neighbour' theme here.

Back in Belgium, there were 1,133 instances of euthanasia during 2011, mostly for terminal cancer. These are equivalent to about 1% of all deaths in that country. Whether these official figures are accurate is a moot point, since, as with the official Dutch data, they are widely regarded as serious underestimates.

Doubt has been cast over the published statistics in the light of the fact that it has previously been reported that almost half of Belgian euthanasia cases go unreported; that almost half of Belgian euthanasia nurses have committed non-voluntary euthanasia; that one third of euthanasia cases in the Flemish region of the country were non-voluntary; and that nowadays Belgian euthanasia has become strongly linked to the harvesting of body parts to be used in organ donations.

In 2012, the European Institute of Bioethics (IEB) published a report on 10 years of euthanasia in Belgium. That document is now available in English. It is scathing. According to the report, the Belgian euthanasia watchdog, the Federal Control and Assessment Commission, is both ineffective and biased. It is ineffective, because, after 10 years and about 5,500 cases of euthanasia, the Commission "… has never felt the need to refer a single medical file to the Crown Prosecution Service." As the IEB report asks: "Is it not illusory to expect a medical practitioner to denounce himself/herself when he/she has failed to comply with one or several basic rules and regulations?" It is biased, since nearly half of the statutory Commission's 16 appointees are members or associates of the leading right-to-die organisation in Belgium, the Association pour le Droit de Mourir dans la Dignité (ADMD). The IEB comments: "In view of the Commission's composition, one can understand

the absence of any effective control and the ever-widening interpretation which the Commission intends to give the law. One may also be very worried by this."

The IEB report gives a number of examples of failure to enforce the law. For example, the Commission often waives the legal requirement of a written request for euthanasia. The legal criterion of a life-threatening and incurable illness had in practice been relaxed to include an illness that is only serious and debilitating. Pain was supposed to be unbearable, unremitting and unrelievable, but now a patient is allowed to refuse medication to relieve that pain. The definition of 'psychological suffering' has become ever-wider.

Moreover, the 2002 law permits euthanasia, but not doctor-assisted suicide, yet the latter is regularly ignored by the Commission. In other words, the slippery slope or 'mission creep' has undoubtedly crept into Belgian law and medicine.

## The deaf Belgian twins

Legalised euthanasia turns medicine on its head and produces quite abnormal cases. Here is one from Belgium. At the beginning of 2013, Marc and Eddy Verbessem from the village of Putte, near the city of Mechelen, were euthanised.

They were deaf identical twins who chose to die because they 'had nothing to live for' after learning that they might soon become blind as a result of a genetic form of glaucoma. The 45-year-olds had lived together their entire adult lives, working as cobblers, communicating by their own sign language and not being understood by the outside world. Apparently they were terrified of never being able to see each other and they feared losing their independence if placed in an institution.

It took them two years to find a medical facility willing to perform the deed. In the end, they died by lethal injection, dressed in new shoes and suits, with their parents and brother by their sides, at the Brussels University Hospital in Jette. The case is poignantly sad. But it is also bioethically disturbing because neither twin was suffering extreme physical pain or was terminally ill.

Consider a hypothetical case of twins who were also similarly inseparable companions. One of them is shot, struck by lightning, or run over, and as a result, he dies. The surviving twin says that separation from his brother is intolerable and so he asks the state to kill him. Is that a ground for euthanasia? It would probably be so in Belgium. And that is the point – once a country legalises euthanasia, the legal regulations are stretched and the safeguards are trampled.

## Assisted suicide in France

A report, commissioned by the French government, has proposed the legalisation of medically-assisted suicide in France. The report, released on 18 December 2012, recommends that France allows doctors to 'accelerate death' for terminally-ill patients who want to end their lives. In October, the French people were polled, and, as is often the case when such surveys are conducted, voted in overwhelming support (89%) of assisted suicide.

President François Hollande had pledged ahead of his election in May 2012 to follow the forthcoming report's recommendations. These have now been referred to a national council on medical ethics that will examine the precise circumstances under which doctors can assist in ending a patient's life. Draft legislation could be produced as early as June 2013.

The report has been heavily criticised by doctors and others. However, its author, Didier Sicard, professor of medicine at the University Paris Descartes, retorted that French doctors have been too reluctant in applying an existing 2005 law, which allows them to 'leave patients to die.' Sicard has further accused doctors of creating a 'cure at all costs' culture that is 'deaf to the psychological distress of patients and of their wishes.' Somewhat confusingly, however, he also maintains that he will not support any legislation that would 'suddenly and prematurely end life' and that he 'radically opposes inscribing euthanasia into law.'

Supporting the proposed relaxation of the law, President Hollande has said: "The existing legislation does not meet the legitimate concerns expressed by people who are gravely and incurably ill."

## Assisted suicide in Ireland

Marie Fleming is a 59-year-old mother of two. In 1985 she was diagnosed with multiple sclerosis and is now in the terminal phase of that disease. She wants an assisted suicide at home and so she mounted a legal challenge to the Irish Criminal Law (Suicide) Act 1993, which prevents this. She maintains that this legal prohibition is unconstitutional on the grounds that it breaches her human rights. She claimed that the Act discriminates against people who are unable to travel abroad to places like Dignitas in Switzerland. In a move similar to that of Debbie Purdy's in 2009, she also wants the Irish Director of Public Prosecutions (DPP), Claire Loftus, to publish guidelines on the factors that would lead to likely prosecutions in cases of suicide assistance. Ms Loftus refused, stating that if she did so, her office could be exposed to a charge of 'aiding and abetting' in the commission of a crime.

On 10 January, after a six-day hearing, the specially-convened divisional Court of three judges unanimously ruled against Mrs Fleming. In its 100-page judgment, the Court said that it was impossible to liberalise the law on assisted suicide and at the same time protect vulnerable persons, such as the aged, the disabled, the poor, the unwanted, the financially compromised, and others who may be vulnerable to assisted suicide.

On 16 January, Mrs Fleming appealed the Court's decision. Given the importance of the issues raised in the case, it is likely that the appeal will be heard by seven judges in the Supreme Court.

## Massachusetts rejects assisted suicide

To counter the above gloom, it should be noted that on 7 November 2012 the voters of Massachusetts narrowly (51% to 49%) rejected a referendum question that would have legalised doctor-assisted suicide. This was an important victory. It sent a message across the USA and around the world that even the liberal-minded citizens of New England are opposed to euthanasia – or at least, one form of it.

## Upcoming challenges in the UK

Tony Nicklinson was diagnosed with 'locked-in-syndrome' after suffering a stroke in 2005. He died in August 2012, a week after losing his High Court legal bid for doctors to be able to end his life without facing criminal charges – in effect, to allow doctors to kill him in contravention of the Murder Act 1965.

In September, his wife Jane and her two daughters promised to continue his campaign to change the law after seeking permission to appeal the Court's 16 August ruling. Mrs Nicklinson said: "This is part of Tony's legacy; we're fighting for him, on his behalf."

On 2 October, High Court judges refused Jane Nicklinson's application for leave to appeal. The judges were "… deeply conscious of her suffering" since her husband's stroke and of "… her frustration and distress over the state of the law" but did "… not consider that the proposed appeal has any real prospect of success."

The Nicklinson family then lodged papers seeking to overturn that decision, and the Court did grant permission for Mrs Nicklinson to appeal its ruling that the current law did not breach human rights and that it was for Parliament, not the courts, to decide whether the law should be changed.

In Scotland, Margo MacDonald MSP championed her own Assisted Suicide (Scotland) Bill in 2010. It was heavily defeated in the Scottish Parliament by 85 votes to 16. Now, she is about to present a revised version, based on the model of the Oregon Death with Dignity Act. Her preliminary public consultation resulted in 65% of the responses opposed to any change in the law.

Lord Falconer is preparing to table a Private Member's Bill on Assisted Dying in the House of Lords, probably during May. Already the Choice at the End of Life All-Party Group (APPGCEL) at Westminster, supported by the Dignity in Dying organisation, has published such a Bill, which is essentially based on the recommendations of the bogus 2011 Falconer Commission on Assisted Dying. No dates for the other challenges against present legislation have so far been published.

## News from the USA

### Conscientious objection

Conscientious objection is a delicate, but essential, feature of an ethical lifestyle and it is under threat everywhere. Way back in 2005, the Illinois state governor, Rod Blagojevich, issued a rule mandating all pharmacies and pharmacists to stock and provide drugs, such as the abortifacient morning-after pill, Plan B. He told objectors that if they had a conscientious objection, they should 'find another profession.'

Objectors protested and in 2011 two pharmacists took the state to court. The trial court quashed the rule, because it violated several laws, including the Illinois Health Care Right of Conscience Act. The state appealed, but in late September 2012, the Illinois Court of Appeals ruled that pharmacists and pharmacies cannot be forced to stock and dispense abortion-inducing drugs in violation of their religious beliefs. Then on 14 December 2012, the state of Illinois gave in and declined to appeal that decision.

Maintaining the entitlement to conscientious objection can be a long, and often costly, process. The Illinois decision marks the end of the state's seven-year campaign against religious objectors. The legal battle was worthwhile. Now ordinary Illinois citizens can run their small businesses in accordance with their beliefs.

### The Hobby Lobby Saga (continued)

On 23 March 2010, President Obama signed into law the Patient Protection and Affordable Care Act, commonly known as Obamacare. Many US citizens, organisations and companies protested. Their primary objection was because the Act required employers to pay for health insurance plans which included the obligation to provide their employees with free contraceptives, sterilisations and abortion-inducing drugs, such as the morning-after pill. Such provisions were against the religious beliefs and ethical stance of some employers.

One such objector was Hobby Lobby, a chain of over 520 arts-and-crafts stores with 13,600 employees in 41 states, and its sister book-selling company, Mardel Inc. The chain is owned by David Green, an evangelical Christian and his family. He has said: "It is by God's grace and provision that Hobby Lobby has endured. Therefore we seek to honour God by operating the company in a manner consistent with biblical principles." Indeed, Hobby Lobby calls itself a 'biblically-founded business' and is, for example, closed on Sundays.

Faced with a potential legal showdown, in January 2012, the Department of Health and Human Services (HHS) issued a mandate under the Act forcing employers to pay for such health insurance plans. On 12 September, Hobby Lobby's owners filed a lawsuit in the US District Court for the Western District of Oklahoma, opposing the HHS mandate and seeking to block the offending part of the Act. On 19 November, District Judge Joe Heaton ruled that while churches and other religious organisations have been granted constitutional protection from the birth-control provisions, "Hobby Lobby and Mardel are not religious organisations." The next day, 20 November, Hobby Lobby appealed to the federal Tenth Circuit Court of Appeals seeking emergency relief from the abortion pill mandate.

On 20 December, a federal court denied Hobby Lobby's request for a temporary block on the enforcement of the mandate. Hobby Lobby then appealed to the Supreme Court. On 26 December, Supreme Justice Sonia Sotomayor denied the company's last-minute appeal for an injunction while its lawsuit is pending, but agreed that the company may continue to challenge the constitutionality of the mandate in lower courts.

At the end of 2012, Kyle Duncan, a lawyer for Hobby Lobby Stores, said in a statement that the arts-and-crafts chain plans to defy the federal mandate even though it risks fines of up to $1.3 million per day from 1 January 2013. He also made clear that: "The company will continue to provide health insurance to all qualified employees. To remain true to their faith, it is not their intention, as a company, to pay for abortion-inducing drugs."

On 10 January 2013, Hobby Lobby announced that it had discovered a way to shift the start date of its employee health insurance, thus postponing the effective date of the HHS mandate for several months. The company is still pursuing its appeal in the Tenth Circuit.

At least 44 cases and more than 130 individuals have come before the courts over this matter representing hospitals, universities, businesses and schools, such as, Wheaton College, Houston Baptist University, The Eternal Word Television Network and Ava Maria University. Hobby Lobby is the largest and the first non-Catholic-owned corporation to sue over the HHS mandate. On Tuesday 19 December, a federal appeals court handed Wheaton College and Belmont Abbey College a victory in their challenges. As for Hobby Lobby, as they say, the case continues.

## Abortion amendments

During 2012, a total of 19 US states passed 43 new legislative provisions which variously restricted their abortion services. That number is only second to the record-breaking total of 92 passed in the previous year. None of these changes affects the legality of abortion established by the 1973 Supreme Court decisions in Roe v Wade and Doe v Bolton. Abortion remains legal in the US throughout all nine months of pregnancy. Nevertheless these amendments do tighten up abortion provision, the workings of abortion clinics and the protection of women facing abortion.

Most of these amendments affect the upper time limits for abortion and the limit of abortion funding by state health insurance schemes. Such limitations are, of course, viewed with horror by US abortionists and organisations like the Guttmacher Institute, which incidentally published the above figures.

Consider the situation, for example, in Michigan. At the eleventh hour on the last day of the legislative session in December 2012, Michigan's House of Representatives voted 72 to 35 to accept changes made in the Michigan Senate to a measure known as House Bill 5711. On 28 December, the Governor of Michigan, Rick Snyder, said he signed the Bill "because of its important and reasonable emphasis on protecting the health and wellness of pregnant women in Michigan."

HB 5711 is a combination of five previously-introduced bills rolled into a single 'super bill.' Its intention is to reform Michigan's substandard abortion industry. It will, for instance, require all surgical abortion clinics to be licensed and inspected by the state. Currently only four of the 32 abortion clinics in Michigan are licensed, meaning that the other 28 are rarely, if ever, inspected by state officials for basic health and safety requirements.

Under the provisions of the Bill, abortion clinics will be required to question women to ensure that they are not being coerced into undergoing an abortion, and will prohibit the prescribing and dispensing of RU-486 abortion pills via Internet webcam connections. It will require the humane disposal of the bodies of aborted babies, and finally, it will make it a crime and establish penalties for those who coerce women into having abortions.

Texas is another state where pro-life legislation is making progress. A series of pro-life bills have the enthusiastic support of the state's governor, Rick Perry. Apparently, there is a strong coalition of Republicans and Democrats in Austin determined to defend and advance the cause of human life. For example, coming before the legislature this year will be the Texas Preborn Pain Bill. It will protect the lives of unborn children, who could feel pain, by banning abortion after the 20-week mark.

There will also be the Abortion Industry Accountability Bill, which would compel abortion clinics to follow state inspection laws, and insist that abortionists pre-arrange admission privileges with local hospitals so that women and babies who survive botched abortions can undergo emergency, life-saving care immediately.

These are typical of the bills that several other states are proposing in order to clean up the US abortion industry, which for too long has ignored matters of health and hygiene, let alone the best interests of its clients.

## Miscellaneous but not Unimportant

### Compassion in practice

This is the name of a new three-year plan launched across England at the end of 2012. All NHS nursing staff have been told 'to embrace' the values of patient care which the strategy sets out. At its core are the '6 Cs' which will help achieve the plan's goals – care, compassion, competence, communication, courage and commitment.

It is a sad comment on the state of the NHS that such a strategy is required to be instituted. Vocation, pride in work and job satisfaction must be at an all-time low. The matrons of yesteryear would have insisted that all nurses were trained to practise the '6 Cs' without a conscious thought about their need or correctness. We need to recognise that 21st century nursing has changed,

becoming more technical and less patient-oriented. An initiative such as the Compassion in Practice plan is therefore to be welcomed.

## Julie Bentley and the Girl Guides

In the world of bioethics, there are often surprises and sometimes shocks. Here is one of the latter. It was announced in November 2012 that Julie Bentley had been appointed chief executive of Girlguiding UK. Ms Bentley was the former head of the Family Planning Association. In that role she had spent the previous five years campaigning to introduce abortion into Northern Ireland, maintaining the 24-week abortion time limit, and pressing for mandatory and explicit sex education in schools. She is not the sort of person one would imagine to be suitable to head a decent institution which in the past has protected young girls from such pressures. One can only hope that she is either soon and deeply influenced by Bear Grylls, the Chief Scout and a professing Christian, or that she moves on to other pastures before infecting the Guides with liberal, amoral thinking.

## E Donnall Thomas

Not many men (or women) have the privilege of having a lasting effect upon the lives of many thousands of others. That is the legacy of Edward Donnall Thomas, the Nobel laureate, who died on 20 October 2012, aged 92.

His worldwide reputation came about because of his pioneering work in stem-cell research and bone-marrow transplantation. He helped save the lives of tens of thousands of people with otherwise fatal diseases, such as, leukaemia, lymphoma, thalassaemia and aplastic anaemia. His patients understandably loved him. He was, by all accounts, a quiet, modest, kindly and wise doctor.

Thomas was born in Mart, Texas, the only child of a general practitioner and a teacher. He went through the school system, studied organic chemistry at the University of Texas at Austin, graduated from Harvard Medical School in 1946, joined the US Army and eventually became physician-in-chief at a hospital in Cooperstown, New York. It was there that he began to study the effects of lethal doses of radiation in rats and how they could survive by the infusion of donor bone-marrow cells – stem cells. He progressed from rats to dogs and then to humans.

In 1957 Thomas first treated a human leukaemia patient using high doses of irradiation to wipe out the cancer and then giving an infusion of marrow cells from the patient's identical twin. The transplant was initially successful, though the patient later died from a recurrence of the leukaemia.

Then in 1963 he moved to the United States Public Health Service (USPHS) Hospital in Seattle. It was there, some 50 years ago, that Thomas began labouring away in a temporary basement laboratory, where he became convinced that leukaemias and other cancers of the blood could be cured by destroying a human patient's diseased bone marrow with near-lethal doses of radiation and chemotherapy and then transplanting healthy marrow from a donor. At that time, a leukaemia diagnosis was a death sentence with the chances of survival little more than zero. Eventually, after many setbacks, Don Thomas demonstrated that infusions of donor bone-marrow cells into patients could re-establish their blood cell production.

Thanks to his persistent and ground-breaking work, tens of thousands of leukaemia patients can now lead normal, productive lives. In 1990, Thomas received the Nobel Prize in Physiology or Medicine for his lifesaving work. Nice story, good man.

*John R Ling*

## Religion, marriage and the 2011 census

In the 10 years between the 2001 and 2011 censuses, the number of people claiming to be "Christian" in England and Wales declined by 4,085,470. This amounts to a reduction of 1,128 every day. It can therefore be calculated that if this rate of decline continues unchecked, the last "Christians" will disappear from our shores on 11 December 2091.

When the 2011 census data were released by the Office for National Statistics (ONS) in December, Professor Richard Dawkins was quick to rejoice. In an article posted on *The Daily Telegraph* website, under the heading *Richard Dawkins: Census shows that Christianity is 'on the way out'* [11 December 2012], he described the census finding that 14,097,229 people (25.1%) had no religion as "an exhilaratingly high figure." It was nearly double the 7,709,267 people (14.8%) recorded in 2001.

In 2001, 37,046,500 of the 52,041,916 population had ticked the "Christian" box in the voluntary religious census question – 71.7% of the respondents. However, by 2011, although the population of England and Wales had risen to 56,075,912, the number claiming to be "Christian" had dropped to 33,253,016 – only 59.3% of the total.

Among the other religious statistics revealed in the 2011 census is the fact that Muslims now represent 4.8% of the population of England and Wales, their number having risen from 1,546,626 (just under 3%) in 2001 to 2,706,066 in 2011. More than a million Muslims live in London, where the number of residents claiming to be "Christian" is now in a minority (48.4%).

**"Cultural" Christians**

When asking the people of England and Wales the "religion" question, the 2011 census form offered no definition of the term "Christian." Respondents were simply asked to tick a box in answer to the question *What is your religion?* There were reply boxes designated Christian (including Church of England, Catholic, Protestant and all other Christian denominations); Buddhist; Hindu; Jewish; Muslim; Sikh; any other religion (write in); and no religion. In the light of the simplicity of these choices, those who ticked the "Christian" box are likely to have had a multitude of different reasons for doing so. Millions of them will not be believers in a personal God, but will simply have been identifying with elements of a British culture and character which they still perceive as "Christian."

How do we know this? A more detailed survey of religious belief in Europe was published by the Equalities and Human Rights Commission in Spring 2011 under the title *Religion or Belief.* Table 12 of that survey shows that in Britain, 37% of the respondents ticked a box headed *Believe there is a God.* Carrying that same percentage forward to the 2011 census, this would mean that 22.3% of the population ticked the "Christian" box while not believing that there is a God. Since the Christian religion unquestionably does believe that there is a God, 12½ million people (22.3%) must have ticked the "Christian" box in the 2011 census for what might be called cultural reasons, rather than on the basis of personal Christian faith.

Interestingly, these proportions are substantially borne out by the results of an Ipsos MORI poll commissioned by the Richard Dawkins Foundation for Reason and Science (UK) within a week of census day in April 2011. Ipsos MORI put a series of supplementary questions to a sample of those who had ticked the Christian box on their census forms. Among the findings was that only 32 per cent believed in the resurrection of Jesus, and, when asked why they had ticked the Christian box, only 28 per cent said it was because they believe the teachings of Christianity.

While the loss of "cultural Christians" may not seem immediately vital to the impact of the true gospel within the British nation, the speed with which identification with Christianity is disappearing from the population's perception of itself ought to be a cause of great concern.

The census findings show that the pattern of religious identification is not uniform across the country. In Greater London, for instance, fewer than half the residents (48.4%) claim to be "Christian," while 12.4% profess to be Muslims – 2½ times their strength in the country as a whole. Between 2001 and 2011 the number of Muslims in London increased by 67% from 607,083 (8.5%) to 1,012,823 (12.4%).

The country's Muslim population is not evenly spread. Of the 2,706,066 Muslims, 65.7% of them live in 30 local authority areas in England – 17 London boroughs; nine council areas in Lancashire, Greater Manchester and Yorkshire; and in Birmingham, Leicester, Luton and Slough. Birmingham has the largest number of Muslims – 234,411 (21.8%) out of a total population of 1,073,040.

**Statistical response to the *religion* question, 2011 Census**

| Country/ Region | Total population | Christian | Hindu | Muslim | Sikh | Other (including Buddhist and Jewish) | No religion |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| England & Wales | 56,075,912 | 33,243,175 | 816,633 | 2,706,066 | 423,158 | 751,619 | 14,097,229 |
| *%* | *100* | *59.3* | *1.5* | *4.8* | *0.8* | *1.3* | *25.1* |
| North-East | 2,596,886 | 1,753,334 | 7,772 | 46,764 | 5,964 | 17,487 | 607,700 |
| *%* | *100* | *67.5* | *0.3* | *1.8* | *0.2* | *0.7* | *23.4* |
| North-West | 7,052,177 | 4,742,860 | 38,259 | 356,458 | 8,857 | 70,278 | 1,397,916 |
| *%* | *100* | *67.3* | *0.5* | *5.1* | *0.1* | *1.0* | *19.8* |
| Yorkshire & Humber | 5,283,733 | 3,143,819 | 24,074 | 326,050 | 22,179 | 40,765 | 1,366,219 |
| *%* | *100* | *59.5* | *0.5* | *6.2* | *0.4* | *0.8* | *25.9* |
| East Midlands | 4,533,222 | 2,666,172 | 89,723 | 140,649 | 44,335 | 34,844 | 1,248,056 |
| *%* | *100* | *58.8* | *2.0* | *3.1* | *1.0* | *0.8* | *27.5* |
| West Midlands | 5,601,847 | 3,373,450 | 72,247 | 376,152 | 133,681 | 25,654 | 1,230,910 |
| *%* | *100* | *60.2* | *1.3* | *6.7* | *2.4* | *0.8* | *22.0* |
| East | 5,846,965 | 3,488,063 | 54,010 | 148,341 | 18,213 | 82,084 | 1,631,572 |
| % | *100* | *59.7* | *0.9* | *2.5* | *0.3* | *1.4* | *27.9* |
| London | 8,173,941 | 3,957,984 | 411,291 | 1,012,823 | 126,134 | 278,598 | 1,694,372 |
| % | *100* | *48.4* | *5.0* | *12.4* | *1.5* | *3.4* | *20.7* |
| South-East | 8,634,750 | 5,160,128 | 92,499 | 201,651 | 54,941 | 101,379 | 2,388,286 |
| % | *100* | *59.8* | *1.1* | *2.3* | *0.6* | *1.2* | *27.7* |
| South-West | 5,288,935 | 3,194,066 | 16,324 | 51,228 | 5,892 | 55,374 | 1,549,201 |
| % | *100* | *60.4* | *0.3* | *1.0* | *0.1* | *1.0* | *29.3* |
| Wales | 3,063,456 | 1,763,299 | 10,434 | 45,950 | 2,962 | 23,886 | 982,997 |
| % | *100* | *57.6* | *0.3* | *1.5* | *0.1* | *0.8* | *32.1* |

*Statistics in the above grid are reproduced by courtesy of the Office for National Statistics (ONS). The percentages across the grid do not add up to 100%, as they exclude the small minority (approximately 7%) who declined to answer the census question on religion, which was voluntary.*

The regions with the highest proportion of "Christians" are the North-East (67.5%) and North-West (67.3%). The 10 individual local authority areas with the highest proportion of "Christians" are all in the North-West, the highest being Knowsley, Merseyside (80.9%). At the other end of the spectrum, the London Borough of Tower Hamlets has the smallest proportion of "Christians" (27.1%). Seven other London boroughs are in the lowest 10. Leicester (32.4%) has the smallest proportion of "Christians" outside London. Tower Hamlets is the only place in the country with a higher proportion of Muslims (34.5%) than "Christians" (27.1%). The highest concentration of Hindus is in Harrow (25.3%), of Sikhs is in Slough (10.6%), of Jews is in Barnet (15.2%) and of Buddhists is in Rushmoor, Hampshire (3.3%).

**Valleys of faithlessness**

Norwich is the country's most secular place, 42.5% of its citizens having no religion. Brighton and Hove is second with 42.4%. Next in this list, surprisingly, are the three South Wales valley authorities of Blaenau Gwent (41.1%), Caerphilly (40.9%) and Rhondda Cynon Taf (40.8%). Where once the sound of hymn tunes such as *Cwm Rhondda* would have echoed through these valleys, a godless way of life has taken over.

The influential cities of Oxford (33.1%) and Cambridge (37.8%) both have a "no religion" figure significantly higher than the national average (25.1%), perhaps indicating the direction in which intellectual influence within our contemporary society is heading.

In Northern Ireland, the 2011 census figures, published by the Northern Ireland Statistics and Research Agency (NISRA), show that Protestants now only just outnumber Roman Catholics in the province, having lost ground since 2001. In 2011, Ulster's population of 1,810,863 was made up of 752,555 Protestants (41.56%), 738,033 Roman Catholics (40.76%), 14,859 of other religions, and 305,416 who either had no religion or whose religion was not stated. In Belfast (population 280,962), the gap between those declaring themselves as Roman Catholics (41.90%) and Protestants (34.14%) further widened between 2001 and 2011. Figures relating to religion in Scotland are expected to be released in mid-2013.

For the first time since records began, the census findings show that fewer than half the people of marriageable age in England and Wales (46.6%) are married and living together, compared with 50.9% at the 2001 census. In the same 10-year period, the number of cohabiting couples increased by half a million to 2,298,000 (10%).

By careful comparison of different published census tables, it is possible to show that the abandonment of religion has a significant effect on people's attitude to marriage and cohabitation.

**Cohabitation and irreligion**

As we have already seen, for example, Norwich (42.5%) and Brighton (42.4%) are the two cities with the highest concentration of population indicating that they have no religion [national average 25.1%]. These same two cities also have the two highest proportions of cohabiting couples – 16.3% and 15.9% respectively [national average 10%]. With figures listed separately for 348 local authorities, this is unlikely to be a statistical fluke.

The same can be concluded from the figures at the opposite end of the spectrum. The London Borough of Harrow is the local authority with the smallest proportion of cohabiting couples (5.7%). It also has the second lowest concentration of people without a religion (9.6%). At the bottom of the "no religion" table is the London Borough of Newham (9.5%), which is third lowest in the league table of cohabiting couples (7.5%). The "no religion" proportions of 9.5% and 9.6% for Newham and Harrow are substantially lower than the national average of 25.1%.

The extent of increasing family breakdown is demonstrated by the 2011 census finding that nearly 1.2 million people (2.6%) are separated, and more than four million people (9%) are divorced without having remarried. The number of separated people has risen by 210,000 and the number of divorcees who have not re-married by nearly 700,000 in the 10 years since the 2001 census.

Family breakdown is in fact greater than these figures indicate, since remarriages are now calculated in with first marriages, and the number of remarriages following past breakdowns – three million (7.4%) in 2001 – is no longer measurable from the statistics.

Between 2001 and 2011 the following also occurred:

- The number of lone parent families increased by more than 400,000 to 2,488,000 – 11% of all households;
- The number of people living alone increased by half a million, 30% of all households now consisting of people living alone;
- A 300,000 decline in the number of widows and widowers, which may indicate that more widows and widowers are remarrying than previously.

East Dorset has the highest proportion of married people living together (58.8%) and the lowest concentration of single people (21%). Islington is the opposite, with 59.9% of its population being single and only 23.9% married and living together. Blackpool has the most divorcees (9.9%) and Hackney the most separated people (3.6%), living alone. Rother, which includes Bexhill, has the largest share of widowed people (9.5%) and Lambeth the smallest (3.2%).

In Northern Ireland, the 6.2% proportion of cohabiting households is much smaller than the 10% of households recorded in England and Wales. Ulster also has a slightly higher proportion of single, married and separated people, and a significantly lower proportion of divorcees.

**Impact of civil partnerships**

A new statistic in the 2011 census is the number of civil partnerships contracted by same-sex couples. This status was introduced in December 2005.

The 2011 census records the number of people in a civil partnership as 104,942. This contrasts with 21,196,684 people currently married and living together. For every couple in a civil partnership, therefore, there are still 202 couples in a marriage. In some parts of the country the difference is even more pronounced. In the West Midlands, for instance, there are 296 married couples for every one couple in a civil partnership.

A disproportionate number of people in civil partnerships live in Greater London, which is home for only 14.4% of the population of England and Wales but for 26.1% of the country's civil partnerships. Even in London, described in *The Independent* in July 1996 as "the gay capital of Europe," there were still 95 current marriages at the 2011 census for every one civil partnership.

The civil partnership statistics show that since 2005 they have been taking place in England and Wales at the rate of 27 per day, or 191 a week. Based on the more recent annual figure for 2010, their frequency has dropped to 17 a day, or 118 a week.

*Rod Badams*

## Affinity's public policy statements

Affinity has drawn up a number of formal statements setting out the stances which it has adopted, and the biblical reasoning behind them, on a number of public policy issues. Some of these statements were first drawn up many years ago, but have recently been up-dated, and statements on some additional subject areas have recently been introduced for the first time.

Statements which have been revised or have newly become available cover the subjects of abortion, assisted reproductive technologies, euthanasia and assisted suicide, freedom of religion, homosexuality and public order. Statements on further subjects are in the course of preparation and will be made available on completion.

From time to time these statements will appear in *The Bulletin* in order to give them a wider circulation, and to encourage our constituency to give further thought to the issues involved. In this issue of *The Bulletin* we are reproducing the statement on *Freedom of Religion.*

## Freedom of Religion – An Affinity Statement

Freedom of religion is a concept which needs to be understood in the context of the secular view of human society.

Viewed from within many religions or faith communities, there cannot be "freedom of religion," since those which have an "exclusive" doctrinal basis – e.g. Christianity and Islam – have belief systems which deliver certainties rather than ideas, and, from their own perspectives, impose obligations on all humanity. According to Christianity's Bible basis, every person in the world is under an obligation to believe in the Lord Jesus Christ (John 6:29), and to repent of his or her sin (Acts 17:30). No-one can absolve himself from these obligations by adopting a different religion or by renouncing all religion.

However, the fact that freedom of religion is theologically untenable from a Christian perspective does not mean that Christianity cannot have a view about the obligations of secular society, through the secular State, to provide for "freedom of religion." The people of the world are diverse in all areas of life experience, including the practice of religion. Whatever principles, passions or prejudices divide individuals or communities on all the stages on which they play out their relationships, in the local context of family and neighbourhood, or at a global level in international communities of nations, all the differences have to be managed. This "management" is best achieved by the adoption by the secular State of a strategy of granting freedom of religion. At its most ideal, such a strategy enables any individual to follow his or her personal faith without State scrutiny, restriction or intervention. It also allows different and even contradictory religions to co-exist harmoniously in the same country. The freedom of religion strategy adopted in Britain is known as *pluralism.*

Freedom of religion implies the voluntary nature of a person's involvement in a religion. It cannot include any element of compulsion or coercion. The State must not, and nor must anyone else, *require* a person either to have a religion or to adhere to a particular religion. Neither must it prohibit a person from following a religion or a particular religion.

It should be noted that the State's obligation to provide for freedom of religion within its jurisdiction only exists to the extent that it is exercised peacefully. Freedom of religion gives no individual or group the right to use a religious body, or a professed religious agenda or aspiration, as a cover for

State subversion, the planning or practice of violence towards the followers of another religion, or the coercion or intimidation of individuals for whatever purpose.

Evidence that adherence to a faith is voluntary is abundant in the New Testament (NT), which makes clear that the free exercise of the mind is involved in becoming a Christian. The Apostle Paul describes his own relationship with the doctrines of Christianity as "being persuaded." [Romans 8:38; 2 Timothy 1:12]. Theologically, this description is not inconsistent with the idea that people come to believe in the truths of Christianity by means of revelation (Galatians 1:12; Ephesians 3:3). From the State's perspective, the "voluntary" principle, affirmed in Article 9 of the European Convention on Human Rights (ECHR), embraces the right not only to follow a religion, but to change one's religion. At the heart of the "voluntary" principle, therefore, is intellectual liberty – the freedom to explore and embrace any philosophy or idea without restriction.

The pattern of church conduct exhorted or exemplified in the NT includes several particular freedoms which are essential ingredients of freedom of religion. These are freedom of expression [Mark 16:15; Acts 17:17], freedom of conscience (Acts 5:29); and freedom of assembly [Acts 1:13-15; Acts 12:12; Acts 13:44; Acts 14:27; 1 Corinthians 14:23]. Christians can only support a definition of "freedom of religion" which includes all these elements. If these freedoms are denied by the State, for hostile reasons, in order to inhibit practices sanctioned by God, Christians would see it as legitimate, as they have throughout history, not to comply with any such prohibitions or restrictions, on the basis that Christians are under a higher obligation – to "obey God rather than men [Acts 5:29]." The rights of freedom of conscience [Article 9], freedom of expression [Article 10] and freedom of assembly [Article 11]are guaranteed by the ECHR [1950], to which the UK is a signatory. The Human Rights Act 1998 incorporated the Convention into English law and is applicable in all parts of the UK.

During emergencies, such as natural disaster, pandemic, social disturbance, or war, Christians recognise that it may be necessary for the State to restrict usual freedoms. Such limitations are acceptable, provided that they are short-term, and are imposed for practical, rather than for "hostile" reasons."

While in most respects the legal and public policy framework governing freedom of religion in the UK is not in conflict with the biblical pattern, there are two main areas of concern:

[1] The contemporary tendency for personal expressions of religious belief to be fully permitted in an individual's personal and private world, but to be restricted in the public sphere. Christians do not believe that there are two worlds – one public, one private. A person's religious belief is as applicable and relevant in the public as in the private domain. If freedom of religion is not applicable to a person's whole world, it is not freedom of religion.

[2] Legislation in Britain has not sufficiently recognised the link between religious belief and the logical desire by believers, for conscience' sake, to conduct themselves in ways consistent with their beliefs. As a result of this dichotomy, Christians are penalised, for instance, for failing to provide certain services, in spite of conscientious objection. This failure to accommodate freedom of conscience is a denial of the principle of freedom of religion.

**Public Policy Positions**

1 We welcome the affirmation within the Human Rights Act 1998 of the principle of freedom of religion, and the specific references in the Act to freedom of conscience, expression and assembly.

We interpret their inclusion in Statute Law as indications of the British government's intention to uphold them.

2 We welcome the recognition of the advancement of religion as a charitable purpose in the UK. However we urge the government to ensure that charity status is granted equally to all applicant groups who show by the opportunities they provide for public worship that they are advancing religion.

3 We call upon the government to review current equality and employment legislation with a view to strengthening the right of individuals to manifest their religion (ECHR Article 9), and to express religious opinion (ECHR Article 10), within the public sphere, without penalty, in the course of their employment in the public or private sector, or in the context of any other public role.

4 We call upon the government to review current equality legislation with a view to making it permissible without penalty, and without detriment to their careers or businesses, for individuals to decline to provide a service when they have a conscientious objection to doing so. In particular, we urge that the exemptions provided for religious bodies in the Equality Act 2010 should be extended to individual religious adherents, including those operating commercial businesses.

5 In accordance with the "voluntary" principle of freedom of religion, we support the government's policy of non-intervention in the detail of the beliefs, procedures and everyday activities of religious groups, and call upon the government to safeguard the freedom of faith groups to establish and maintain, within their own jurisdictions, requirements and practices which are consistent with their doctrinal beliefs and ethical values.

*Revised, 4 February 2013*

## Salt and Light Papers

For many years the Social Issues Team has published *The Bulletin*, a regular on-line resource providing articles, reports and updates on a wide range of social issues affecting Christians and churches. As well as explaining the immediate significance of contemporary events, the material published in *The Bulletin* has frequently included extensive background information, tracing the history of an issue, and has explored the biblical perspective which determines the stance which Christians need to take. All this published material is now being made available on the Affinity web site in an easy-to-access form. Given the breadth of the subject areas covered, the thoroughness of the content, and the sheer quantity of material, it will be a remarkable and unique resource.

This library of material, to be known as the **Salt and Light Papers (http://tinyurl.com/dxeh4up)** is arranged and indexed in 16 main subject sections: art and culture; censuses and surveys; child protection and safeguarding vulnerable groups; disability; drug-related issues; education, children and young people; elections and parliament; equality and discrimination; health, age and social care; life issues; marriage and sexuality; miscellaneous; public order and freedom; reviews; scientific theory and discovery; sex education, the morning-after pill and teenage pregnancy.

*The Bulletin* itself will continue to be published three times each year (in March, July and November), and, as they appear, all the new articles and reports will be added to the **Salt and Light Papers** library.

## Latest news of significant individual cases

*The following are summaries of the story so far in some of the significant recently-resolved or still unresolved cases involving Christians responding to a wide range of legal, police or disciplinary action against them. Seeking a remedy by means of litigation can be a lengthy process – sometimes taking several years for a closure to be reached. The Christian agency handling these cases is indicated in brackets at the end of each item.*

### Kathryn Attwood and Andrew Stephenson

Kathryn Attwood (née Sloane), aged 21, and Andrew Stephenson, aged 37, were both acquitted by magistrates in September of criminal charges relating to the display of graphic images of aborted babies outside a Brighton abortion clinic.

Mrs Attwood and Mr Stephenson, who live in Worthing, and are members of a campaign group called Abort67, had been demonstrating outside the Wistons Clinic in Brighton in June 2011.

Andrew Stephenson faced two charges under the Public Order Act of displaying a threatening, abusive or insulting image likely to cause harassment, alarm or distress and both he and Kathryn Attwood were charged with resisting a police officer attempting to seize their banner.

Acquitting the couple of charges under Section 5(b) of the Public Order Act, the judge in the case, Judge Stephen Nicholson, explained that he "had not been persuaded" that Mr Stephenson's signs were "threatening, abusive, or insulting," as required for convictions under Section 5(b).

Additionally, Judge Nicholson explicitly rejected police and Crown Prosecutors' arguments that Mr Stephenson should have displayed pictures which were less graphic, or smaller, or that his pictures should have been made available only upon request. He also ruled that the police acted improperly when they confiscated abortion photo signs without authority to do so.

Prior to the trial, Andrea Minichiello Williams, chief executive of the Christian Legal Centre, commented: "This is a crucial test case for freedom of speech on the issue of abortion. The pictures are distressing because abortion is distressing. If we limit discussion of abortion, we are censoring a critical debate on an issue that affects hundreds of thousands of lives."

After the acquittals, Mrs Williams said: "The dismissal of these charges will be welcomed by all who value freedom of speech and expression."

The Christian Legal Centre is seeking an urgent meeting with leaders of the Association of Chief Police Officers about the interpretation of the Public Order Act "to explore whether better guidance can be drawn up over the policing of such activities, especially those motivated by religious convictions." *[Christian Legal Centre]*

### 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 were sued by a same sex couple (who are in a civil partnership) for refusing to provide a double room in their hotel in Marazion, near Penzance, Cornwall. In December 2010, a judge at Bristol County Court found in favour of the claimants and Mr and Mrs Bull were ordered to pay £3,600 in damages for discriminating unlawfully

on the grounds of sexual orientation. However, the judge also gave Mr and Mrs Bull permission to appeal.

In February 2012, the Court of Appeal upheld the earlier county court decision. However, in coming to this decision, the judges also helpfully stressed that a democratic society must ensure that the Bulls' beliefs about sexual practice remain open to be espoused and expressed.

The Bulls have been granted permission to appeal to the United Kingdom Supreme Court. A hearing is listed for 9-10 October 2013. *[The Christian Institute]*

## Shirley Chaplin

Shirley Chaplin, 56, from Exeter, is a former nurse who was told by her employers, The Royal Devon and Exeter Foundation NHS Trust to stop wearing her cross and chain while at work, even though she had done so without incident for almost 30 years. The Trust contended that it breached health and safety guidelines, although evidence was never produced to prove this.

Mrs Chaplin is one of four Christians whose separate cases were joined, in view of the similarities between them, for consideration by the European Court of Human Rights at Strasbourg (ECtHR). The other three individuals are Nadia Eweida, Lillian Ladele and Gary McFarlane.

A hearing of the four cases took place in Strasbourg on 4 September 2012. Judgment was handed down on 15 January 2013.

Although the ECtHR did not overturn the decision of the British courts, its judgment did state that Shirley's wearing of the cross was a manifestation of her Christian faith. This was in response to the British government's submissions that it was not, and it was a particularly important aspect of the ECtHR's judgment.

The ECtHR's decision is open to appeal to the Grand Chamber of the Council of Europe. *[Christian Legal Centre]*

## Lillian Ladele

Lillian Ladele was a civil registrar with Islington Borough Council. She was refused 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 grounds of her Christian belief. She won. However, the Employment Appeals Tribunal (EAT) overturned the decision. The EAT's judgment was subsequently confirmed by the Court of Appeal. When Miss Ladele was refused permission to appeal to the UK Supreme Court, she took her case to the European Court of Human Rights. Her case was heard in Strasbourg on 4 September 2012 alongside three other religious liberty cases against the United Kingdom – those of Nadia Eweida, Shirley Chaplin and Gary McFarlane. The UK government defended all four cases.

Judgment was handed down on 15 January 2013. Miss Ladele lost her claim for violation of her Article 14 (taken with Article 9) rights. Five judges ruled against her and two judges ruled strongly in her favour. The majority judges did not necessarily endorse the reasoning of the UK courts, but held that the decision of the UK courts fell within the "margin of appreciation" afforded to national states.

The European judges in several respects corrected the narrow approach of the UK courts to religious discrimination law. This may assist Christians who bring claims for religious discrimination in the future. However, although the Court held that it is no answer to a conflict of rights simply to conclude that someone must leave their job, the problem remains of what happens when there is a conflict between an employee's Christian beliefs and homosexual rights.

An appeal to the Grand Chamber of the European Court of Human Rights is open to Miss Ladele. A decision is expected shortly on whether this will be pursued. *[The Christian Institute]*

### Gary McFarlane

Gary McFarlane is a relationships counsellor who was dismissed for gross misconduct by Relate for saying, in a training session, that he would feel uncomfortable giving directive sex therapy to homosexual couples. He never refused to provide therapy to a 'live' couple.

Mr McFarlane is one of four Christians whose separate cases were joined, in view of the similarities between them, for consideration by the European Court of Human Rights (ECtHR) at Strasbourg. The other three individuals are Nadia Eweida, Shirley Chaplin and Lillian Ladele.

A hearing of the four cases took place in Strasbourg on 4 September 2012. Judgment was handed down on 15 January 2013.

Although the ECtHR did not overturn the decision of the British courts, which meant that Mr McFarlane was unsuccessful, the judgment did state that Gary's views on sexual ethics were a manifestation of his Christian faith. This is a step in the right direction in relation to protection for the right to hold and express biblical views.

The ECtHR's decision is open to appeal to the Grand Chamber of the Council of Europe. *[Christian Legal Centre]*

### Mid Sussex Citizens Advice Bureau

The Bureau had a volunteer worker who contended that volunteer workers are covered by the same employment discrimination law protections as apply to paid employees. The Bureau rejected this argument, and the volunteer worker took the matter through the courts. At each stage, the courts held that the EU Equal Treatment Directive does not protect volunteer workers.

In August 2011 the UK Supreme Court granted the volunteer worker permission to appeal, and on 24 January 2012 made an Order for the admission of The Christian Institute, the Home Secretary and the Equality and Human Rights Commission as Interveners. The Institute had concerns that the extension of discrimination law protections to volunteers would adversely affect churches and other voluntary bodies.

A hearing in the Supreme Court took place on 31 October and 1 November 2012 and judgment was handed down on 12 December 2012. The Court unanimously ruled that volunteers are not covered by the same discrimination rights as employees. The Court also ruled that there is no need for the issue to be referred to the EU Court of Justice in Luxembourg. *[The Christian Institute]*

### Susanne Wilkinson

In October 2010 a claim was issued by a same-sex couple, Mr Michael Black and Mr John Morgan, alleging discrimination on the grounds of sexual orientation, in that the couple were refused a

double room at Mrs Wilkinson's bed-and-breakfast establishment in Cookham, Berkshire. Although there are some similarities to the case of the Bulls in Cornwall, there are also some distinct differences. One key difference is that Mr Morgan and Mr Black are not in a civil partnership.

The case was heard at Reading County Court on 17 and 18 September 2012. The judge found that Mrs Wilkinson had breached the Equality Act in refusing accommodation to the same-sex couple, and awarded damages to the homosexual couples totalling £3,600. An appeal has been lodged, and the Court of Appeal will hear the case on 19 and 20 June 2013. *[The Christian Institute]*

## Contributors to this issue of *The Bulletin*

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