affinity
gospel churches in partnership

THE BULLETIN

News and Reports from the Social issues Team

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The end of marriage in England and Wales

Marriage in England and Wales will become a completely different institution from the Summer of 2014 under the provisions of the Marriage (Same Sex Couples) Act, which received Royal Assent on 17 July 2013. Both Houses of Parliament had approved the new legislation by large majorities, in spite of a sustained 17-month high-profile campaign by Coalition for Marriage (C4M), a single-issue organisation set up to oppose any change to the existing definition of marriage.

The 2013 legislators at Westminster have overturned thousands of years of history, converting marriage from an institution based on a specific defined relationship to nothing more than a certificated status, open to couples in any one of three types of relationship.

The new legislation overturns the following well-known words from the legal judgment made by Lord Penzance in the case of Hyde v Hyde & Woodmansee, in 1866:

"What, then, is the nature of this institution as understood in Christendom? Its incidents vary in different countries, but what are its essential elements and invariable features? If it be of common acceptance and existence, it must needs (however varied in different countries in its minor incidents) have some pervading identity and universal basis. I conceive that marriage, as understood in Christendom, may for this purpose be defined as the voluntary union for life of one man and one woman, to the exclusion of all others."

Although the government has constantly asserted that the change is designed to strengthen marriage and society, by admitting more couples to its benefits, it is felt by some to be much more likely that the loss of meaning and centrality of marriage in society will lead to a significant reduction, rather than an increase, in the number of marriages taking place. The loss of its unique meaning will give heterosexual couples much less incentive to marry. In Spain in 2011 the number of marriages was 23% down on the number in 2004 – the last complete year before marriage was redefined in 2005. It cannot be proved that this reduction was entirely due to the redefinition of marriage, but there is a strong *prima facie* case.

In the course of the Parliamentary process at Westminster, amendments which would have made the provisions of the Bill more tolerable for those adversely affected by them were also heavily defeated.

> Those of us who have sat through all the stages of the Bill and have watched the Government knock down amendment after amendment have despaired at their intransigence. This House prides itself on being a revising Chamber. On this Bill it has been a bulldozer. We are being used to bulldoze through an ill thought through Bill, the ramifications of which the people have not begun to understand. All great issues are essentially very simple. We make them complicated when we do not want to face them or when we are anxious to hide their true meaning and purpose. This Bill is built entirely on pretence. It pretends that there is no difference between a man and a woman. From this deceit have sprung all the problems we have been wrestling with – problems we have failed to resolve and which will bedevil generations to come. How can we possibly give our blessing to legislation built on pretence?"
>
> *Lord Framlingham, House of Lords, 15 July 2013*

The change to marriage has been imposed upon the nation without the consent of the British people. The proposal was not in the manifesto of any of the main political parties at the 2010 General Election, and the public consultation on the proposal stated that it was being held on the basis that it was not about whether marriage should be redefined, but how the change should be implemented.

In addition, the consultation process was flawed, the Consultation Document (CD) contained fundamental misrepresentations and the result was engineered. The misrepresentations in the CD were in marked contrast to the CD published a few months earlier in connection with the review of the Public Order Act 1986, which was entirely accurate and a model of objectivity. As all the details of this flawed consultation have been covered in previous editions of *The Bulletin*, we will not repeat them here.

There had been no demand by any section of the community for marriage to be redefined. The impetus for change seems to have come from the Prime Minister's own personal support for it, the desire of policy-makers in the Conservative Party to give the Party a softer image, and the belief of the present establishment that the superficial, box-ticking definition of "equality" is an indisputable entitlement which enlightened governments should unhesitatingly incorporate into public policy. This latter assumption seemed to stifle debate on every other issue. At no time did the government seem to consider seriously, if at all, any of the arguments against redefining marriage. C4M's petition against the redefinition of marriage, which had attracted more than half a million signatures by the time the consultation ended in June 2012, will have been deemed to have failed to meet the cosmetic equality criteria, and was largely disregarded.

Instead of debating the main principle of whether the redefinition of marriage was an appropriate or beneficial step for individuals, families, society and the institution of marriage, the government's message to objectors was one of reassurance. It was all about reassuring them that the Bill, or other existing legislation, offered sufficient protection against the adverse effects which objectors might themselves be fearing they would experience.

Some of these government reassurances have been specifically given to Affinity by the Government Equalities Office (GEO) in an exchange of correspondence in April and May this year.

Three challenges to government

Affinity challenged the government over three potential areas of concern affecting churches or individual Christians – the impact of the obligations imposed on public authorities under the Public Sector Equality Duty (PSED); freedom of expression; and the right of a new church to register its premises only for mixed-sex marriages.

1. The Public Sector Equality Duty

With regard to the impact of the PSED, Affinity raised the hypothetical example of a church which had regularly hired a local school for its Sunday services suddenly being evicted by the school either because of the PSED or because it was afraid its own reputation would suffer because of its association with a group which believed exclusively in traditional marriage.

The GEO replied: "As well as being unlawful discrimination, such action would also be vulnerable on traditional administrative law grounds or human rights grounds, as Article 9 of the European Convention on Human Rights guarantees the right to freedom of religion. The PSED requires public authorities to have 'due regard' to the need to eliminate discrimination, advance equal opportunity and foster good relations. It is a duty to 'think,' not a duty to act. It cannot be used to justify what would otherwise be unlawful or oppressive action.

"This view has been supported by Lord Pannick QC, who suggested in oral evidence to the Public Bill Committee that a religious group would likely win any action against a local authority which penalised them for their belief in traditional marriage, since this is likely to qualify as philosophical belief.

"However, we are aware of the risk that public authorities might misinterpret their responsibilities. That is why we intend to ensure that relevant guidance makes clear that the PSED cannot be used to penalise organisations which oppose same sex marriage, and to provide relevant examples to demonstrate this point."

2. Registering premises only for mixed-sex marriages

In connection with the right of a new church to register its premises only for mixed-sex marriages, the GEO stated: "It will not be possible for the Registrar General to refuse an application to register a place of worship on the grounds that the application is only to solemnise marriages of opposite sex couples. Under section 41(3) of the Marriage Act 1949, provided that the application meets the statutory criteria set out in section 41(1) and (2) of that Act, there is no discretion which would allow the Registrar General to refuse such an application. Pursuant to section 41(3), the Registrar General 'shall' register the building – and section 41(4) clearly recognises this as a duty rather than a power. Any religious organisation will continue to be able to apply to solemnise marriages of opposite sex couples only, and an application which meets the statutory criteria cannot be refused."

3. Freedom of expression

In respect of the freedom of expression issue, Affinity raised the hypothetical case of an office worker who in ordinary conversation expressed the view that marriage should only be between a man and a woman. A colleague took exception to this and complained to the management that offence had been caused. Disciplinary action was taken by the employer.

The GEO replied: "The scenario you set out relates to discussions in an office setting, where an employer might take action against an employee for expressing views moderately. In our view, it would be hard to justify in a tribunal or court how expressing a moderate view on traditional marriage in an informal conversation in the workplace could lead to a disciplinary procedure. If there is no suggestion that the expression of such views might affect how they perform their job, or indicates that they may act inappropriately or in a discriminatory manner towards a fellow colleague or customer.

"However, in the scenario you provide, it would be unlikely that an employer would be able to show that disciplinary action or dismissal was acting in a proportionate manner in pursuit of a legitimate aim. Such action would therefore be unlawful.

"The judgment in Smith v Trafford Housing Trust (THT) showed that the action taken by his employer was unjustified. This case helps to make it clear that expressing views about an issue like same sex marriage in a measured and non-offensive manner does not justify disciplinary action by an employer. Although the Smith case concerned activity outside of work, we have no reason to believe that the Court would have reached a different conclusion had Mr Smith stated his views at his place of work.

"The High Court judgment is binding on tribunals and courts, and will help to reduce the likelihood of employers taking this kind of unlawful action in the future. The protections in the Bill, backed up by existing case law, safeguard their position. We are also considering how codes and guidance could be amended to make the position as clear as possible to employers."

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.

Mrs Maria Miller, Secretary of State for Culture, Media and Sport and Minister for Women and Equalities, House of Commons, 5 February 2013

Although prepared to take all the government reassurances seriously, and to give them the benefit of every merit they have, some of Affinity's concerns remain.

For instance, these assurances, however emphatically they are given, are not within the government's competence to guarantee. All of them are subject to the decisions of the European Court of Human Rights (ECtHR).

Secondly, in the cases concluded in the ECtHR in recent years, Article 14 discrimination rights have tended to trump Article 9 rights relating to freedom of thought, conscience and religion.

The government's statement that "Article 9 of the European Convention on Human Rights guarantees the right to freedom of religion" has to be viewed in that context. The Strasbourg court has effectively limited the rights available under Article 9.

Thirdly, in the case of Smith v THT, the employer clearly believed that it was acting appropriately in severely disciplining Mr Smith, in spite of the fact that, when it came to the High Court, the court found comprehensively against it. We live in a climate in which a significant public sector employer can think it reasonable, and even right, to take such oppressive steps. The victim not only suffers the loss and the ignominy caused by the employer's action, but has to take the trouble to bring the issue to court to vindicate his rights and obtain the justice he deserves. That employees should be treated this way is outrageous, and Affinity is not confident that "considering how codes and guidance could be amended to make the position as clear as possible to employers" will have the same protective effect as protections specifically written into law.

The Coalition for Marriage is to continue in being, promoting the traditional definition of marriage, and to hold the government to account over the freedom to believe and express that view of marriage in every context of life and society. If cases arise which show that these freedoms are not adequately protected, C4M will press for government action to provide the protective legislation which it has so far refused to support.

Churches and individual Christians will need to consider how they are to respond to the wide variety of implications of the new definition of marriage. Two particular requirements are that they continue to uphold the marriage of one man and one woman as a creation ordinance, and to pray for the people of our country as they experience the consequences of this momentous social change. As the first marriages under the new law are not expected to take place until next Summer, churches will have time to consider the extent to which they will co-operate with the new arrangements, and what changes, for example, are needed to the wording used at the wedding ceremonies they continue to conduct.

Rod Badams

Triumphalist government redefines society, as well as marriage

Within hours of the Marriage (Same Sex Couples) Bill becoming law, the government issued a triumphalist email to announce its enactment.

In this celebratory email, which makes for unhappy reading, the Women and Equalities Minister, Mrs Maria Miller, is quoted as saying that the passing of the Bill "says so much about the society that we are and the society that we want to live in".

There can be no doubt that the passing of the Bill says so much about the society that the government "wants society to live in". However, there is no evidence at all that the passing of the

Bill is reflective of the definition of marriage which the people of England and Wales want society to practise, as the people have not been asked to express a view.

The government's email also lists a number of amendments which were debated in the House of Lords but not adopted. These included a number of issues which would have helped to protect people who conscientiously believed that marriage could only be between one man and one woman. It is a continuing concern that the government refused to accept reasonable amendments which would have provided stronger safeguards for those at risk of being penalised for expressing those beliefs, or making decisions consistent with them.

The government's email is reproduced in full below:

"The Marriage (Same Sex Couples) Bill has successfully completed its parliamentary passage and today received Royal Assent.

The Marriage (Same Sex Couples) Act 2013 will, for the first time, allow same sex couples to marry in England and Wales in a civil ceremony. It will also allow them to marry in a religious ceremony, where the religious organisation has opted in to such marriages and the minister of religion agrees.

The new legislation also reiterates the Government's absolute commitment to religious freedom by ensuring that no religious organisation or individual minister can be forced to conduct same sex marriages.

Women and Equalities Minister, Maria Miller said:

"Marriage is the bedrock of our society and now irrespective of sexuality everyone in British society can make that commitment. It is a wonderful achievement and whilst this legislation may be about marriage, its impact is so much wider. Making marriage available to all couples demonstrates our society's respect for all individuals regardless of their sexuality. It demonstrates the importance we attach to being able to live freely. It says so much about the society that we are and the society that we want to live in.

"The fact that the Bill passed through both Houses undefeated is a huge accomplishment for the Government.

"This is a historic moment that will resonate in many people's lives. I am proud that we have made it happen, and I look forward to the first same sex wedding by next summer."

The Act, which applies to England and Wales, will:

- enable same sex couples to marry in civil ceremonies;
- ensure those religious organisations which wish to do so can opt in to marry same sex couples according to their rites;
- protect religious organisations and their representatives from successful legal challenge if they do not wish to marry same sex couples;
- enable civil partners to convert their partnership to a marriage, if they wish;
- enable individuals to change their legal gender without having to end their marriage;
- require a review (including full public consultation) on whether to enable celebrant-based authorisation of marriages by belief organisations, to be published before 1 January 2015;
- require a review (including full public consultation) of the operation and future of the Civil Partnership Act 2004 in England and Wales, to start as soon as practicable, and with a report on the outcome to be published;
- require a review of current survivor benefits of occupational pension schemes (including consultation) with a report on the outcome to be published before 1 July 2014.

Issues debated at Lords Report stage and Third reading

A number of non-Government amendments were tabled and debated at Lords Report stage and Third Reading. Key issues debated included:

- different legal definitions of marriage of same sex couples and marriage of opposite sex couples;
- protection of the belief that marriage should be of one man with one woman;
- conscience opt-out for marriage registrars;
- how faith schools should approach teaching in sex education concerning the importance of marriage;
- whether statutory vows should be spoken at conversions of civil partnerships;
- whether the review of civil partnerships should look at carers and family members.

None of the amendments were accepted, resulting in no changes to the Bill.

Government amendments

The Government tabled 41 amendments at Report Stage. These included:

Meaning of "compelled"

Having listened to concerns that the meaning of "compelled" in section 2 of the Act, which provides that a religious organisation or representative cannot be compelled to consent to or conduct a marriage of a same sex couple, might be interpreted narrowly, the Government tabled an amendment to add clarity on the face of the Act. This clarified that "compelled" means "compelled by any means", with a non-exhaustive list of conduct that is covered.

Survivor benefits under occupational pension schemes

The Act now also includes requirement for the Secretary of State to arrange for a review of occupational pension scheme benefits provided to survivors of same sex and opposite sex couples in legal relationships, and the costs and other effects of equalising such survivor benefits in occupational pension schemes. This will include consultation with a report to be produced and published before 1 July 2014.

The Government also tabled a number of technical amendments; all were agreed to.

Next steps

Work on the three reviews set out in the Act has already begun and further information on the consultation process for each one will be available shortly. Officials are also working across Government to enable the first same sex weddings to take place by next summer.

For more information please visit the **DCMS website"**

The future of bigamy in Scotland

Under present marriage law, bigamy is a serious offence in Scotland, punishable under Common Law and carrying a maximum sentence of life imprisonment. A strong law on bigamy is a strong defence of the exclusiveness of the institution of marriage, and of individual marriages.

However, under the provisions of the Marriage and Civil Partnership (Scotland) Bill, the offence of bigamy will be significantly down-graded. The proposed new law will abolish the Common Law offence of bigamy, and replace it with a statutory law which provides for a maximum sentence of two years' imprisonment.

This is one of the indicators that marriage as an institution is being severely undermined. Instead of its being a fundamental and unique institution with a strong connection to the structure and stability of society as a whole, marriage will become simply a lifestyle choice between individuals, with no perceived impact upon society at all.

Personal beliefs and medical practice

New guidance on personal beliefs and medical practice was published by the General Medical Council (GMC) on 25 March – one of 10 supplements to the GMC's new core guidance, entitled *Good Medical Practice*.

This whole body of new guidance, the result of a major review and public consultation, is of vital significance to medical practitioners and their patients, since it constitutes the standard by which the conduct and practice of the medical profession in the UK is judged and disciplined. The new guidance became effective from 22 April 2013.

The supplement on personal beliefs and medical practice, which replaces guidance first issued in 2008, is of particular interest to Christians, since it addresses some of the issues of conscience and principle which are of concern to those wanting to practice medicine in accordance with a biblical worldview.

After considering all the representations received during the consultation, the GMC has produced a final version of the guidance which is substantially different, and markedly better, than the original draft.

In order to assess the extent to which the new guidance accommodates a biblical worldview, it will be useful to look back at the five main areas of concern identified by the Christian Medical Fellowship (CMF) as weaknesses in the original draft. To what extent has the GMC, in the final version, taken on board the points addressed, in response to the consultation, by the CMF and others?

1 Lack of reference to whole person medicine

Paragraph 3 of the new guidance (*Personal beliefs and values in medical practice*) reads as follows:

We recognise that personal beliefs and cultural practices are central to the lives of doctors and patients, and that all doctors have personal values that affect their day-to-day practice. We don't wish to prevent doctors from practising in line with their beliefs and values, as long as they also follow the guidance in *Good Medical Practice.* Neither do we wish to prevent patients from receiving care that is consistent with, or meets the requirements of, their beliefs and values.

Although the prologue of the draft guidance addressed the importance of *"adequately assessing the patient's conditions, taking account of their history (including the symptoms, and psychological, spiritual, religious, social and cultural factors)"* there was little if anything on the relationship between personal beliefs and health or which addressed holistic care in practice.

I was therefore pleased to see that the patient's 'beliefs and values' have been added as factors to take into account when taking patient histories. This is an improvement in the direction of acknowledging that all patients have a worldview which should be taken into account in considering their treatment options.

This is also helpfully acknowledged in the (now) clearer statement that *"personal beliefs and cultural practices are central to the lives of doctors and patients".*

2 A further tightening of restrictions about discussing personal beliefs

Paragraphs 29-31 of the new guidance (*Talking to patients about personal beliefs*) read as follows:

In assessing a patient's conditions and taking a history, you should take account of spiritual, religious, social and cultural factors, as well as their clinical history and symptoms (see *Good Medical Practice* paragraph 15a). It may therefore be appropriate to ask a patient about their personal beliefs. However, you must not put pressure on a patient to discuss or justify their beliefs, or the absence of them.

During a consultation, you should keep the discussion relevant to the patient's care and treatment. If you disclose any personal information to a patient, including talking to a patient about personal beliefs, you must be very careful not to breach the professional boundary that exists between you. These boundaries are essential to maintaining a relationship of trust between a doctor and a patient.

You may talk about your own personal beliefs only if a patient asks you directly about them, or indicates they would welcome such a discussion. You must not impose your beliefs and values on patients, or cause distress by the inappropriate or insensitive expression of them.

The original draft guidance said that: *"During a patient consultation, you may talk about your own personal beliefs only if a patient asks you directly about them or if you have reason to believe the patient would welcome such a discussion (e.g. The patient has a Bible or Quran with them or some other outward sign or symbol of their belief)."*

In its consultation submission, the CMF suggested that this wording should be amended to make it clear that patients may indicate, in response to sensitive questioning, that they would welcome such a discussion in the course of giving their spiritual or religious history. Doctors should not have to rely solely on unlikely non-verbal clues (such as carrying a Bible or Quran) to obtain this information.

We were therefore pleased to see that in the final version, the GMC had added into this section of the guidance the need to take account of *"spiritual, religious, social and cultural factors"* in *"assessing a patient's conditions and taking a history"* and has removed the rather comical reference to the patient carrying a Bible or Quran.

The new wording gives permission for a doctor to *"talk about your own personal beliefs"* but *"only if a patient asks you directly about them or indicates they would welcome such a discussion."*

It is hard to see how this wording will avoid inviting some vexatious complaints. Surely it would have been sufficient simply to have said that any sharing of personal beliefs must be done with permission, sensitivity and respect and with the patient's best interests foremost. Trust is, after all, best built through openness and compassion.

Like the 2008 guidance, the 2013 version recognises that "*personal beliefs and cultural practices are central in the lives of doctors and patients, and that all doctors have personal values that affect their day-to-day practice."*

This helpfully gives short shrift to the myth, held by some hard-line secularists, that only people who subscribe to a specific religious faith have 'beliefs' and 'values' and that atheists, by contrast, live their lives in a way that is belief and value free. The reality is very different. Everyone has a worldview – a set of basic beliefs about the nature of reality – which profoundly affects how they think and act. The acknowledgement that everyone has beliefs and values is a good starting point in the new guidance.

Also, as did the 2008 version, the new guidance underlines the fact that personal beliefs need to be expressed in a way that is sensitive and appropriate: *"You must not express your personal beliefs (including political, religious or moral beliefs) to patients in ways that exploit their vulnerability or that are likely to cause them distress."* This is foundational. All doctors are, to some extent, in a

position of power over their patients who often come to them at times of great need and crisis. I can't see anyone wanting to disagree with this.

Present in 2008, but absent in 2013, however, is any explicit statement that knowing about a patient's beliefs can be an important in addressing their clinical problems. The following statement from the original 2008 edition has now been removed: *"For some patients, acknowledging their beliefs or religious practices may be an important aspect of a holistic approach to their care. Discussing personal beliefs may, when approached sensitively, help you to work in partnership with patients to address their particular treatment needs. You must respect patients' right to hold religious or other beliefs and should take those beliefs into account where they may be relevant to treatment options."*

There is however additional text in 2013 which partly compensates for this omission by stressing the importance of spiritual factors in history-taking: *"In assessing a patient's conditions and taking a history, you should take account of spiritual, religious, social and cultural factors, as well as their clinical history and symptoms (see* Good medical practice *paragraph 15a). It may therefore be appropriate to ask a patient about their personal beliefs."*

The 2008 guidance made it clear that "*if patients do not wish to discuss their personal beliefs with you, you must respect their wishes. You should not normally discuss your personal beliefs with patients unless those beliefs are directly relevant to the patient's care. You must not impose your beliefs on patients, or cause distress by the inappropriate or insensitive expression of religious, political or other beliefs or views. Equally, you must not put pressure on patients to discuss or justify their beliefs (or the absence of them)."*

The last two sentences in this paragraph are reproduced almost verbatim in the 2013 guidance, but more care is taken to unpack the first sentence, giving still, I think, scope for mutually welcomed discussion of personal beliefs: "*During a consultation, you should keep the discussion relevant to the patient's care and treatment. If you disclose any personal information to a patient, including talking to a patient about personal beliefs, you must be very careful not to breach the professional boundary that exists between you… You may talk about your own personal beliefs only if a patient asks you directly about them, or indicates they would welcome such a discussion. You must not impose your beliefs and values on patients, or cause distress by the inappropriate or insensitive expression of them."*

So the key question is – "Has the patient either raised the issue or indicated that they would welcome such a discussion?" I do not imagine that any GP with good interpersonal skills will have much difficulty reading verbal and/or non-verbal cues to determine a clear answer to that in any individual case.

Christian doctors recognise that people's beliefs and life choices do have a significant impact upon health, and that a positive correlation exists between Christian faith and health. They will therefore not wish to exclude the possibility of discussing personal beliefs and values with patients provided this is welcomed, is relevant to the consultation and can be done with sensitivity, permission and respect.

They will rather see it in the context of building a relationship, practising holistic care, or as part of the normal exchanges which may take place within any other professional/client or tradesman/customer relationship. Good doctors will recognise when such discussions are appropriate and will be sensitive about professional boundaries.

Of course, the real test of the new guidance will be the way it is interpreted and applied in practice by the GMC itself. Will we see it applied with wisdom, discretion, flexibility and tact, or will it be used as a stick to police and beat doctors with? I hope it will be the former.

Christian doctors need to continue to be innocent as doves and wise as serpents: innocent as doves because they are in a position of power, and their patients can be needy and vulnerable; and wise as serpents, because there are those who would like to stop all faith-related discussions during medical consultations and others who will be only too willing to make vexatious complaints.

However, this is by no means a one-way street. Secularist doctors who demonstrate anti-religious prejudice, or who express their political or moral views in a way which exploits vulnerability, causes distress or is otherwise inappropriate need to realise that they too may be risking censure.

All in all, this section of the guidance could certainly have been worse, and it does at least grant some flexibility and freedom to tactful doctors.

3 The draft guidance was not clear enough about doctors having a legal right to object conscientiously to some procedures

Paragraph 8 of the new guidance (*Conscientious objection*) reads as follows:

You may choose to opt out of providing a particular procedure because of your personal beliefs and values, as long as this does not result in direct or indirect discrimination against, or harassment of, individual patients or groups of patients. This means you must not refuse to treat a particular patient or group of patients because of your personal beliefs or views about them. And you must not refuse to treat the health consequences of lifestyle choices to which you object because of your beliefs.

Like the draft, the final version confirms, in the legal annex, that "the Human Fertilisation and Embryology Act 1990 prevents any duty being placed on an individual to participate in any activity governed by the Act." So far, so good.

However it is much more vague in its summary of the legal position in relation to non-participation in the abortion process. The reference to abortion in the Legal Annex to the final guidance now reads as follows:

In England, Wales and Scotland the right to refuse to participate in terminations of pregnancy (other than where the termination is necessary to save the life of, or prevent grave injury to, the pregnant woman), is protected by law under section 4(1) of the Act. This right is limited to refusal to participate in the procedure(s) itself and not to pre- or post-treatment care, advice or management, see the Janaway case: Janaway v Salford Area Health Authority [1989] 1AC 537.

Does Section 4(1) of the Abortion Act really not exempt doctors from 'participating' in 'pre or post management care, advice or management'? This is actually still a grey area legally and not nearly as clear cut as the GMC implies.

I believe that the GMC's analysis rather over-reads the precedent of the Janaway case, which defined 'participation' as 'actually taking part in treatment designed to terminate a pregnancy'. If so this is quite serious, as it means that the GMC is misleading doctors about what the law actually says (For a thorough explanation of the current law on conscientious objection to abortion see *Conscientious Objection to Abortion – Ethics, Polemic and Law* by Charles Foster in the CMF journal *Triple Helix*).

Whether or not the GMC's new guidance correctly represents the legal position on the extent of the exemption, as it stood on 25 March, may no longer be crucial. This is because the GMC's interpretation of the law has now been overturned by a landmark ruling on 24 April by the Court of Appeal in Edinburgh. The court found in favour of two Roman Catholic midwives, employed as labour ward co-ordinators at Southern General Hospital, Glasgow, who had been denied exemption by NHS Greater Glasgow and Clyde because they were not involved directly in terminations, but only in the supervision of related care.

Appeal judges ruled that the conscientious objection rights of Mary Doogan, 58, and Concepta Wood, 52, included the right not only not to take part directly in the abortion process, but also to refuse to delegate, supervise or support staff involved in abortions.

If this latest ruling is not overturned by a higher court (and it is not yet clear if an appeal will be made by the Greater Glasgow and Clyde Health Board) then the latest GMC guidance, which ironically was published only two days before the ruling, will need to be rewritten.

Paragraph 33 of the court judgment makes clear that professional guidelines can be legally wrong and cannot overrule statute: "Great respect should be given to the advice provided hitherto by the professional bodies, but prior practice does not necessarily dictate interpretation. Moreover, when the subject of the advice concerns a matter of law, there is always the possibility that the advice from the professional body is incorrect."

Because this Judgment is from a Scottish Court (and Scotland is a different jurisdiction to England and Wales) it is not strictly binding on an English Court. However it will nonetheless have significant persuasive force in England. The Abortion Act 1967 applies in England, Wales and Scotland (but not in Northern Ireland) and when Scottish Courts have adjudicated on such 'cross border' legislation in the past their decisions have been taken very seriously in England and Wales, and vice versa.

The GMC, and the Royal College of Midwives (RCM) which has a similar interpretation of the law in its own guidance, now need to review and revise their guidance so that midwives and doctors with a conscientious objection to abortion are clear where they now stand.

4 Doctors who have a conscientious objection to a particular procedure have a duty to make arrangements for patients to be seen by another colleague who does not share their objection

Paragraph 13 of the new guidance (*Conscientious objection*) reads as follows:

If it's not practical for a patient to arrange to see another doctor, you must make sure that arrangements are made – without delay – for another suitably qualified colleague to advise, treat or refer the patient. You must bear in mind the patient's vulnerability and act promptly to make sure they are not denied appropriate treatment or services. If the patient has a disability, you should make reasonable adjustments to your practice to allow them to receive care to meet their needs. In emergencies, you must not refuse to provide treatment necessary to save the life of, or prevent serious deterioration in the health of, a person because the treatment conflicts with your personal beliefs.

Many doctors would regard participation in a questionable action as unethical complicity. For instance, if euthanasia became legal, how would a doctor feel about being struck off for refusing to 'make arrangements' for patients requesting euthanasia to see colleagues who would do the deed? I suspect none too pleased!

But Paragraph 13 appears to require this kind of complicity: "*If it's not practical for a patient to arrange to see another doctor, you must make sure that arrangements are made – without delay –*

for another suitably qualified colleague to advise, treat or refer the patient. You must bear in mind the patient's vulnerability and act promptly to make sure they are not denied appropriate treatment or services." This does not appear to leave much room for consistent conscientious objection.

The use of the word *must* in the guidance implies that this is a legal and not an ethical obligation. I am not sure that it actually is. There is nothing to stop the GMC recommending this course – in which case it ought to have used the word *should* – but the word implies that not to do so is breaking the law. Again the GMC may be overstretching itself here, leaving itself open to judicial review.

5 Conscientious objection to 'providing gender reassignment' or 'prescribing contraceptives to unmarried people'

The CMF challenged the GMC on both these issues, believing that the proposed guidance misrepresented the provisions of the Equality Act 2010.

I was therefore pleased to see that the GMC had completely back-tracked in the case of gender reassignment, but concerned that it was still arguing that doctors cannot prescribe contraceptives for married people while refusing to prescribe them for the unmarried. Being unmarried is not a protected characteristic under the Equality Act, a fact which leaves the issue open to a legal challenge.

Although there are still some assertions in the new guidance which do not appear to be legally watertight, and will need to be addressed, perhaps even by legal challenge, the guidance overall is not too bad, and could have been considerably worse. The substantial revisions which have been made clearly show that it was worth responding to the consultation, as the representations submitted have had a considerable impact on the final draft.

In this era of increasing hostility to Christian faith and values, Christian doctors will undoubtedly face more vexatious complaints from patients and colleagues who feel that they should be silent about their faith convictions or be forced to provide services to which they have a conscientious objection.

In the main, Christians will find the new GMC guidance in *Personal Beliefs and Medical Practice* more of a help than a hindrance. The real test will be how the new guidance is applied by the GMC in individual cases.

I suspect that a bigger threat will come from some of the new legislation introduced over recent years and from the way it has been, and will be, misinterpreted (or over-interpreted) by NHS Trusts and medical institutions.

We need to count the cost and to be prepared for challenges, while working hard with patients and colleagues to defuse potential conflicts and find ways forward which will enable conscientious objection to be respected. Everyone involved in the management of health care should act on the basis that reasonable accommodation of staff who wish to exercise a conscientious objection is far better than forcing them to do things which they believe are profoundly wrong.

Dr Peter Saunders
Chief Executive
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LIFE ISSUES

Abortion

Abortion statistics 2012

The annual abortion statistics for England and Wales are usually published in May, but this year they have been delayed until July. Why? Are the authorities nervous after last year's exposure of doctors failing to complete the legally-required returns, the practice of pre-signing authorisation forms, and so on? Is the system being abused? After the apparent discrepancies over the numbers of ground E (the handicap clause) abortions performed, can the official figures even be regarded as accurate?

Nevertheless, as promised, on 11 July, the statistics for 2012 were released. They are presented, with a subtle caveat, bearing in mind the above suspicions, as "... information from the abortion notification forms returned to the Chief Medical Officers of England and Wales".

The statistics are available at
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/211790/2012_Abortion_Statistics.pdf

The headline figure, the total of 190,972 abortions (composed of 185,122 residents plus 5,850 non-residents), represents a drop of 5,110 (2.6%) over the previous year. All such decreases are to be welcomed. It is part of a downward trend that started in 2007. Some have interpreted this decline as evidence of a shift towards a more pro-life mindset among the public, with more women choosing to continue their pregnancies. Maybe. However, this apparently good news must be tempered by the fact that the increased use of morning-after pills (MAPs), with their abortifacient mode of action, means that unknown numbers of early abortions are not recorded in the Department of Heath statistics. In other words, MAPs mask the true numbers of abortions – government figures will inevitably be underestimates.

A cursory assessment of the 2012 figures offers no comfort. The vast majority of abortions for residents (97% or 180,117) continued to be sanctioned under ground C, the infamous 'social clause'. Those performed under ground E, the 'handicap clause', were worryingly up from 2,307 in 2011 to 2,692 during 2012. This is a nearly 17% rise and confirms that eugenic abortion is on the increase. The number of late abortions also rose slightly with 2,860 terminations performed after 20 weeks.

A further concern is the rise in repeat abortions. Nearly 37% of all abortions were performed on women who had already had at least one previously. It is hard to believe that 33 women had had as many as eight or more abortions. Abortion for some women is looking like a form of contraception. These are all disconcerting trends.

One tiny glimmer of hope is that teenage abortions were down. For girls under 18, the figure was 12,873 compared with 14,599 the previous year. However, numbers were up for older women. For those in the age range of 30 to 49, the numbers were 57,275 in 2012 and 56,755 in 2011.

None of these figures can be regarded as pleasant news. They symbolise a bioethical black hole, a stubborn blot on our civilisation. Abortion has become the routine response to a crisis pregnancy.

The simple fact that in England and Wales, on average, 734 unborn children lose their lives every weekday remains a most disturbing truth. It is a cruel datum. It is deliberate killing on an industrial scale. It confirms that something is seriously wrong in the land.

Savita Halappanavar

The investigations into the sad case of Savita Halappanavar, the 31-year-old dentist, who was 17-weeks pregnant and who died at Galway University Hospital in October 2012, have come to a legal close with a report published on 13 June by the Health Service Executive. The official inquest into her death returned a verdict of death by medical misadventure, caused by a combination of septic shock, *E. coli* in the bloodstream and a miscarriage. In other words, her death was a result of clinical mistakes, including inadequate assessment and monitoring, rather than the strict abortion law of Ireland. Her family, and many others, believed she would have survived had she had an abortion. However, the inquest did not establish that lack of access to abortion was a contributing factor to Mrs Halappanavar's death. Abortion would not have saved her life.

The coroner, Dr Ciaran McLoughlin, proposed nine recommendations, mostly concerned with medical procedures and case management. One recommendation called for clearer guidelines to be issued to doctors and midwives concerning the circumstances in which a pregnancy might legally be terminated under Irish law. This has predictably been seized upon by pro-choice campaigners calling for a liberalisation of Irish abortion law. Nevertheless, what is generally misunderstood is the fact that current Irish abortion law would not have prevented Mrs Halappanavar being treated had her life been directly threatened by her pregnancy – the law has always allowed treatment, such as the premature induction of labour, to save the mother's life.

The Irish abortion Bill

The above case has been used as a battering ram to bring about changes to the abortion law enshrined in the Irish Constitution. In June, a proposal called *The Protection of Life During Pregnancy Bill* was published. Its central feature is that a woman may obtain an abortion if she is at risk of suicide. No psychiatrist presented evidence at the hearings that abortion is needed to save the life of a suicidal woman. The fear is that women will be coached to appear suicidal. This is reminiscent of the pre-1967 doctor's advice for obtaining an abortion in England and Wales – "Bring your daughter back when you find her with her head in the gas oven – and a suicide note would help."

On 2 July, the first vote on the Bill in the Dáil produced an overwhelming 138 votes to 24 in favour, thus sanctioning abortion through all nine months of pregnancy, no upper time limit being stipulated in the Bill, if the mother threatens suicide.

The Irish Prime Minister, Enda Kenny, claimed that this was simply clarifying existing law, which already allows abortion as an unintentional result of medical procedures carried out to preserve the mother's life if it is at risk. Pro-life campaigners claim the Bill is the first step towards an abortion regime for 'social reasons', similar to that of Great Britain. Early on 12 July, after a marathon two-day long and often acrimonious debate, the Dáil voted 127 votes to 31 to allow abortions if a panel of three doctors deems there is a credible risk of maternal suicide. The Bill now passes to the Upper House.

One casualty of the Bill is Lucinda Creighton, the Minister of State for European Affairs and tipped as a possible future leader of the Fine Gael party. She had the moral strength to vote against the suicide amendment and was promptly sacked for exercising her conscientious objection. She believed that the amendment was unworkable and that it "... has the potential to normalise suicidal ideation by enshrining suicide on our Statute Book for the first time." She went on: "When it comes to something that is essentially a matter of life and death, I think it is not really possible to compromise." The pity is that more politicians did not have the courage to vote according to their consciences, rather than for the party line.

Poor Ireland. Is it about to begin the journey travelled by most of the Western world towards the free supply of abortion – abortion-on-demand? That would be sad and ironic: sad, because easy abortion solves nothing; ironic, because Ireland is currently one of the safest countries in the world to be a pregnant woman, with a maternal mortality rate half that of the UK.

The Glasgow midwives

In April, Mary Doogan and Concepta Wood won their landmark case over their conscientious objection (CO) to abortion. The judges stated that the midwives could refuse to delegate, supervise or support staff involved in abortions, thus finding that CO extends beyond direct involvement in abortion. It was the first time that CO in the context of the 1967 Abortion Act had been clarified. The NHS Greater Glasgow and Clyde has declared that its health board intends to appeal this decision by the Inner House of the Court of Session. It looks as though the two brave midwives will be taken to the Supreme Court. CO is such a valuable and delicate flower, but some see it as an ugly weed and are determined to trample it underfoot.

No case to answer

The UK Department of Health has recently concluded that there is no evidence of sex-selective abortion in the UK. This is hard to believe, given the facts uncovered by *The Daily Telegraph* investigators last year and the skewed ratio of boys to girls born in certain areas of the UK. The Department's investigation did find that some groups of immigrant mothers gave birth to fewer female babies than is considered 'normal', but, the Department decided, there was no 'statistically significant' difference in the gender ratios between these groups and the general population. Calls from Fiona Bruce MP, Lord David Alton and other Parliamentarians for the gender of aborted babies to be recorded have fallen on deaf ears.

Assisted reproductive technologies

Three-parent IVF

On 28 June, the UK government announced that it would proceed with draft regulations to allow mitochondria replacement techniques, or what has become known as three-parent IVF, to be used for patient treatment. This historic decision follows on from the *Medical Frontiers: Debating mitochondria replacement* public consultation run by the Human Fertilisation and Embryology Authority (HFEA) during 2012, and to which Affinity wrote a submission. The HFEA insists that there was 'broad support' for the technique. This conclusion was flawed. The majority of submissions opposed the legalisation of the technique, but the HFEA gave unwarranted credence to opinions expressed during a limited number of its own 'public engagement' sessions, where the attendees were addressed by pro-three-parent IVF experts.

The arguments in favour of three-parent IVF were summarised by the UK's Chief Medical Officer, Professor Dame Sally Davies, when she stated: "Scientists have developed ground-breaking new procedures which could stop these diseases being passed on, bringing hope to many families seeking to prevent their future children inheriting them. It's only right that we look to introduce this life-saving treatment as soon as we can." The counter-arguments are, first, that the techniques are unproven and possibly unsafe – an element of experimentation may be the precursor of all medical advances, but these are about radical germ-line therapy. Second, these will not be cures – they are about preventing affected embryos from living. Third, the emotional petitions of a few – perhaps 10 families per year – have trumped the ethical objections of the many. Fourth, because we 'can', does not mean we 'ought'. Fifth, these techniques will provide no relief for current sufferers of mitochondrial diseases. Sixth, some say that less than 1% DNA from a maternal donor hardly justifies

the pejorative term 'three-parent' – yet these remain novel and previously-banned techniques. Seventh, the methods involved will require large numbers of human ova, which will be unnaturally and often hazardously obtained from impecunious female students and the like. Eighth, this hurry to legislate is strongly linked to ensuring that the UK maintains a worldwide scientific (and financial) foothold on this sort of technology. Ninth, did anyone mention bioethical considerations?

Whatever the bias of the public consultation results, or the rushed impetus to exploit the methods, the predictable upshot is that the creation of three-parent, genetically-altered embryos is likely to go ahead and a related therapy will become available on the NHS in 2014. If so, the Rubicon of 'germ-line' (as opposed to the bioethically-acceptable 'somatic') gene therapy will be crossed. No other country allows this. When implemented, the genetic alterations will be permanent and transferred to subsequent generations. In other words, eugenics will again be advanced, just a little, under the guise of respectable medical treatment. It will set a precedent for more, and greater, genetic manipulations – the designer baby is on the horizon.

IVF and developmental problems

There is already substantial evidence that IVF babies, especially those conceived after intracytoplasmic sperm injection (ICSI) treatment, are more likely to suffer from conditions such as retinoblastoma, Angelman or Beckwith-Wiedemann syndromes, heart valve defects, cleft lips and palates, than their naturally-conceived counterparts. Now an additional link between IVF and developmental problems has been reported, especially when babies are born prematurely. An Australian study involving 10 neonatal intensive care units examined neuro-developmental outcomes in 1,473 infants, born at less than 29 weeks gestation, between 1998 and 2004. A total of 217 were conceived after IVF treatment and compared with 1,256 babies conceived naturally.

Abdel-Latif and colleagues found that those very premature babies born after IVF were more likely to have some functional disability at ages between two and three years than the babies who were conceived naturally. The disabilities included developmental delays, cerebral palsy, deafness and blindness. These differences were not evident when the babies were born at between 27 and 28 weeks gestation.

'Safer' IVF

While the incidence and extent of adverse effects of IVF on mothers and their children is often disputed, there is universal agreement that IVF procedures are unsuccessful – typically, one treatment cycle results in only a 25% probability of a live birth. Some IVF practitioners dismiss this high (75%) failure rate as merely similar to that of 'natural' conception. Nevertheless, techniques that might improve IVF success rates are continually being sought. Any positive outcomes are often promoted as 'safer' IVF, and three such cases follow.

For example, doctors at the Hammersmith Hospital and Imperial College in London have recently developed 'kisspeptin treatment'. Conventional IVF methods superovulate women with fertility drugs, but in a third of women these medications can cause ovarian hyperstimulation syndrome (OHSS), with 5% suffering from what are classified as moderate or severe forms, and in a very few women it has proved fatal. Treatment with the hormone kisspeptin apparently stimulates the ovaries more gently rather than pushing them into overdrive. The first 'kisspeptin' IVF baby was born in London during April.

A crucial part of IVF is the production of multiple embryos, followed by their scrutiny and selection in their first few days of life. This selection process is fairly subjective – picking the biggest and the best-looking. Now, scientists at a few IVF clinics, including the CARE fertility clinic in Manchester, are

using time-lapse embryo imaging to follow the development of embryos in order to track the most likely 'best' ones to transfer to their mothers.

To assist all those women, who are too busy with their careers to have children, or who have yet to meet Mr Right, there is now the possibility not just to freeze their ova for future IVF use, but to freeze-dry them and keep them in a sealed packet, in dry and dark conditions, in a kitchen cupboard. Think of the savings accrued by not having to store them in liquid nitrogen – from cryopreservation to 'on shelf' conservation. When the woman is ready to conceive, the ova can be brought to life by just adding water – from instant coffee to instant baby! This is the concept reported by Amir Arav, founder and chief technology officer of an Israeli company, Core Dynamics, which, according to a statement on its website, "brings science fiction to life". According to Dr Arav, the procedure already works for ova from cows, so why not for women?

Same-sex 'marriage' and surrogacy

This is not the place to discuss the most contentious issue of the moment, namely, same-sex 'marriage'. Countries of the Western world are too busy legislating to give much thought about its future adverse effects.

One such negative outcome will be an increase in surrogacy arrangements. Surrogacy already has a long and twisted, mainly clandestine, history. Whenever and wherever same-sex 'marriage' is granted legal status the demand for surrogate mothers will proliferate. Although India has recently tightened its rules about gay couples from foreign countries seeking surrogacy arrangements, the trade will shift easily to other places like Cyprus, Guatemala and the Ukraine, and of course, for the ultra-rich, to California.

Surrogacy is dehumanising because it treats a woman in her most intimate and unique physiological role of a mother as merely a paid, or unpaid, nine-month incubator, who will then hand over her child. She becomes a reproductive appliance. Surrogacy is then little different from renting out her sexual-reproductive organs, as in prostitution. She is exploited physically and emotionally. Surrogacy deliberately breaks the deep relationship between birth mother and baby, with money usually as the accepted salve for a wounded heart and conscience. Moreover, it is frequently the poor, who are cajoled into selling their generative potential because surrogacy tends to involve the exploitation of one class by another – it nearly always consists of the hard-up student or domestic worker bearing a child for the wealthy architect or accountant. While it is entirely right and proper to pay for goods and services, childbearing should never become part of such trading deals.

Same-sex 'marriage', in particular that between two men, with their biological impossibility of procreation, will inevitably drive an increased demand for surrogacy, or as it is more politely known, 'outsourced pregnancy'. Have governments thought about that yet?

Stem-cell Technologies

Human embryonic stem cells and SCNT

After several false starts, some fraud, and lots of over-hyped publicity generated by cranks and charlatans, it does appear that human embryonic stem cells have now been genuinely created by cloning. It is a feat that has eluded scientists for more than a decade. Shoukhrat Mitalipov and his research team, mostly from the Oregon Health and Science University, published an article, *Human Embryonic Stem Cells Derived by Somatic Cell Nuclear Transfer,* in the May edition of the journal, *Cell* (153:1228-1238).

The technique was basically that which Ian Wilmut and his colleagues used to create Dolly the sheep clone, namely, somatic cell nuclear transfer (SCNT). The Oregon team spent years tweaking some key factors in the Wilmut protocol and finally they optimised the procedure and successfully reprogrammed human somatic cells to a pluripotent state. The method allows patient-specific stem cells, which could then be further tweaked into brain, heart, kidney and suchlike cells, to be generated from ordinary somatic cells, including those from the patient's skin.

The Oregon results are highly controversial. Some say it is a giant leap forward in stem-cell technology. Some say this sort of work will demand a supply of scarce ova to be donated by women and obtained by a medically-risky procedure. Some say it is bioethically unjustified because it involves the deliberate destruction of human embryos in order to harvest the embryonic stem cells. Some say that the exploitation of this sort of 'therapeutic cloning' will lead to cures for diseases including the big four, namely, diabetes, Parkinson's, Alzheimer's and various cancers. Others say why bother, since 'adult' stem cells and induced pluripotent stem (iPS) cells are already available, ethical, cheaper and effective. Some say it will lead to 'reproductive cloning', since the two types of cloning have a common starting point.

Already Ian Wilmut has cautioned: "The new work may encourage some people to attempt human reproductive cloning, but the general experience is that it still results in late foetal loss and the birth of abnormal offspring. It would be cruel to cause this in humans until techniques had been vastly improved." Some say we need laws now to stop researchers crossing the line between generating embryonic stem cells and trying to bring a cloned human embryo to term. The only way to accomplish this effectively is to ban all human SCNT.

Human induced pluripotent stem (iPS) cell trial

We have already witnessed the success of numerous therapies based on the use of 'adult' stem cells. Now the world's first human induced pluripotent stem (iPS) cell trial is set to begin in Japan. Masayo Takahashi, an ophthalmologist at the RIKEN Center for Developmental Biology in Kobe, hopes to start recruiting patients as early as this September. She hopes initially to treat around six people who have severe age-related macular degeneration, a common cause of blindness that affects people aged over 50. This phase 1 safety trial is expected to be approved by the Japanese authorities for commencement early in 2014.

Takahashi proposes to use small skin samples from the upper arms of her patients. She will use the Yamanaka procedure to reprogram these skin cells into iPS cells and then she will transform the iPS cells into retinal cells. Small sheets of these iPS-retinal cells will be placed under the damaged area of the patients' retinas, where they should grow and repair the damaged pigment epithelium.

The world will be watching. Success will allay the fears about the medical safety of such a ground-breaking venture. Will the iPS cells provoke an adverse immune reaction? Will they multiply uncontrollably and form tumours? Preliminary data suggest not. Takahashi's primary concern is to prove that the procedure is safe. The Japanese government's hope is that the trial is safe and effective and thus it will feel justified in its vast funding of iPS-cell technology.

Another triumph for induced pluripotent stem (iPS) cells

An online paper in *Nature* by Takanori Takebe and colleagues at the Yokohama City University Graduate School of Medicine reported that they had grown human tissue 'resembling the adult liver' in a laboratory mouse. This is the first report of the generation of a complex, human, three-dimensional, functioning, vascularised organ – a process known as organogenesis – from induced

pluripotent stem cells. It may mark a major step forward in alleviating the critical shortage of donor organs.

The research team first created induced pluripotent stem (iPS) cells, which they mixed *in vitro* with two other stem cell types – endothelial stem cells from umbilical cord blood, which can produce the lining of blood vessels, and mesenchymal stem cells, which can produce bone, cartilage and fat tissues.

Amazingly, the cells self-organised into 'liver buds', the precursor clusters that later develop into mature livers. When these approximately 5mm buds were transplanted into mice suffering from liver failure the buds were transformed into 'functional human liver' complete with the necessary blood vessels and they kept the mice alive. This proof-of-concept of organ-bud generation and transplantation is a novel and promising advance for regenerative medicine – and not a human embryo in sight.

Stem cells and 3D printing

This is nearly unbelievable. While most people have become familiar with stem cells, 3D printing is a new and curious technology. It is a process for making three-dimensional solid objects from a digital model. 3D printing has recently made headline news after reports of its use to manufacture printable weapons, such as handguns. A downloadable computer file and a 3D printer can together create deadly weapons, relatively cheaply in what has been described as an 'emerging worldwide threat'. Biologically, 3D printing has been previously reported to 'print' embryonic mouse cells.

Now a group of researchers at the Heriot-Watt University, Edinburgh, led by Alan Faulkner-Jones, have, for the first time, succeeded in developing a 3D printing technology that generates living, human embryonic stem cells – each a copy of a human stem cell 'template'. The research was published in the March issue of the journal *Biofabrication* under the title *Development of a valve-based cell printer for the formation of human embryonic stem cell spheroid aggregates*.

The article concludes: "The ability to print hESCs [human embryonic stem cells] for the generation of 3D structures will allow us to create more accurate human tissue model, which is essential to the in-vitro drug development and toxicity-testing. Additionally, this may also pave the way for human stem cells to be incorporated into clinical protocols either for patient implantation of in-vitro regenerated organ or direct in-vivo cell printing for tissue regeneration."

Fascinating, yet also weird. Could this process also signal the beginning of the end of traditional organ donation and transplantation?

Life issues in the USA

A vote against abortion in the USA

To the surprise of many, the US House of Representatives voted on 18 June, by 228 votes to 196, in favour of banning most abortions after 20 weeks. The vote was taken on the so-called *Pain-Capable Unborn Child Protection Act*, sponsored by Representative Trent Franks of Arizona. However, there is not a hope of this becoming law because Congress is Democrat-dominated and the Obama administration is decidedly pro-abortion. The President considered the Act to be "an assault on a woman's right to choose" and "a direct challenge to Roe vs. Wade". He promised that if it ever passed into law, he would veto it.

The premise of the Bill was simple. Growing scientific and medical evidence now shows that unborn babies feel pain. It was explained during the debate: "By eight weeks after fertilisation, the unborn child reacts to touch. After 20 weeks, the unborn child reacts to stimuli that would be recognised as painful if applied to an adult human, for example, by recoiling." Therefore the unborn child of 20 weeks plus would feel pain during an abortion. Former abortionist Anthony Levatino added during his testimony before the House: "If you refuse to believe that this procedure inflicts severe pain on that unborn child, please think again." According to a recent Gallup poll, 80% of Americans consider that third trimester abortions should be illegal. The battle goes on.

Texas and abortion

There is little doubt that pro-life sentiment is growing in the USA. A 2012 Gallup poll showed that a new high of 50% of Americans identified themselves as 'pro-life'. The 'pro-choice' camp registered just 41%, its lowest figure since this annual survey began in 1995. Gallup has described this move towards a personal pro-life stance as 'the new normal'. Moreover, more and more US states are introducing pro-life legislation and closing more abortion clinics. In the first six months of 2013, at least 30 abortion clinics have closed as a result of new enforcement measures and a lack of business.

In 1991, there were 2,176 abortion clinics in the USA. By mid-2013, there were only 630 left. One example of this 'new normal' has been the Senate Bill SB5 brought before the Texas legislature in the State House, Austin, during June. The Bill sought to ban abortions after 20 weeks and impose stricter regulations on abortion clinics. Opponents maintained it would force the closure of 37 of the State's 42 abortion facilities.

In a last ditch attempt to prevent the Bill's passage through the Texan Senate, senator Wendy Davis spoke for a marathon 11 hours on the final day of debate, thereby filibustering the Bill and preventing a decisive vote from being taken. Nevertheless, a few days later, the Texas governor, the pro-life Republican, Rick Perry, brought back the Bill and declared a special 30-day session of the legislature which should ensure sufficient time for the Bill's success. The Bill is likely to be enacted because there are strong Republican majorities in both the Texas Senate and the House. Once passed, it will undoubtedly face legal challenges, but the pro-life trend, in Texas and elsewhere in the US, is clear and determined.

On 18 July, Governor Rick Perry signed the Bill into law. At the brief ceremony he declared that, 'Today's signing builds on our continued commitment to protecting life for more than a decade. This is an important day for those who support life and the health of women in Texas. Signing HB2 further solidifies the foundation on which the culture of life in Texas is built.'

MAPs over the counter

Morning-after pills (MAPs) have always been contentious wherever they have become available. In the UK, the commonly-used brands are Levonelle and ellaOne, said to be effective after three and five days of unprotected sex respectively. In the US, where they are known as Plan B One-Step and ella, the battle to move the MAP from prescription-only to over-the-counter status has continued for over a decade.

In 2011, the US Food and Drug Administration (FDA) recommended that the MAP should be available on prescription to girls over 17. It later advised that the MAP should be available for purchase over-the-counter by women and girls of all ages. Then the Obama administration's Health and Human Services secretary, Kathleen Sebelius, in an unprecedented move, overruled the FDA's recommendation to revoke the age restriction. She said she was worried that girls as young as 11

could obtain and use the MAP without supervision. President Obama echoed that concern in relation to his two teenage daughters.

On 5 April this year, District Court Judge Edward Korman set the cat among the pigeons by ordering that MAPs must be made available over-the-counter, without a prescription or point-of-sale or age restrictions. He stated that the government's decision to restrict sales of the MAP was "politically motivated, scientifically unjustified and contrary to agency precedent". The US government promptly appealed against the Judge's ruling. Initially this looked like a strong ethical stance by the White House, but, on further reflection it had, in fact, realised that it had got itself into a messy, no-win position.

So on 10 June, the Department of Justice notified Judge Korman that it was reversing its objection and seeking the FDA's approval for the purchase of the MAP at local pharmacies, from open shelves, by anyone, regardless of age or gender. On 12 June, Judge Korman granted the Obama administration's proposal to make the MAP available to all ages without a prescription. So 13-year-old American girls can now buy the MAP. Liberals argue that easier access to the MAP will cut unintended pregnancies. Conservatives refute that claim and further maintain that the move undermines the rights of parents and could endanger young girls. Time will tell who is right.

Obamacare and Hobby Lobby

The Hobby Lobby saga continues. Hobby Lobby, together with its sister company, Mardel, is a Christian-owned arts and crafts business, employing 13,000 people in more than 500 stores across the USA. It, and specifically, its founder and CEO David Green, has objected to the enforcement of health insurance provisions which include the availability of abortifacient 'contraceptives' for employees, under the *Affordable Care Act*, otherwise known as Obamacare.

Hobby Lobby has been in and out of various courts, seeking exemption from this mandate on religious grounds, since September 2012. The latest pronouncement was that of the District Court in Oklahoma, which ruled that Hobby Lobby was not exempt. However, on 28 June, the Tenth Circuit Court of Appeals in Denver overturned that ruling, stating: "Because the contraceptive-coverage requirement places substantial pressure on Hobby Lobby and Mardel to violate their sincere religious beliefs, their exercise of religion is substantially burdened." The Court therefore issued a temporary restraining order on the US Government not to enforce the Obamacare abortion-drug mandate against Hobby Lobby while the case continues. So while the legal proceedings are in progress, Hobby Lobby will not incur fines for non-compliance, which have been threatened and which would amount to $1.3 million per day.

On 19 July, US district judge Joseph Heaton temporarily exempted Hobby Lobby from the 2010 federal health care law. He put the case on hold until 1 October to give the federal government time to decide whether to file an appeal to the US Supreme Court.

Euthanasia and assisted suicide

Euthanasia and assisted suicide in the UK

From 13 to 15 May, the Court of Appeal heard the cases of Jane Nicklinson, wife of the late Tony Nicklinson, the locked-in syndrome sufferer who sought a change in the law; Paul Lamb, paralysed as a result of a road accident; and a man known as 'Martin,' who also suffers from locked-in syndrome. The cases focus on the right of those who are incurably suffering, but not terminally ill, to receive

assistance to end their lives. They are challenging the High Court decision of last August that 'voluntary euthanasia is murder'. The British Humanist Association is supporting the appeals.

At the beginning of the hearing, sitting with the Master of the Rolls, Lord Dyson and Lord Justice Elias, the Lord Chief Justice, Lord Judge stated: "We are acutely aware of the desperate situation in which the appellants find themselves and we are very sympathetic. But we know, and they surely know, that we cannot decide this case as a matter of personal sympathy. We have to decide it as a point of law." Judgment is awaited.

The Falconer Bill

Lord Charlie Falconer is at it again. In a carefully orchestrated ploy, the day after the final day of the Nicklinson, Lamb and 'Martin' Court of Appeal hearing, Lord Falconer tabled his *Assisted Dying Bill* in the House of Lords. This first reading of the Bill received virtually no press attention, and there is no date scheduled for its second reading. The Bill is a modified version of the conclusions of his sham 2010 Commission on Assisted Dying and that of Oregon's *Death with Dignity Act*. It would allow doctors to provide a lethal dose of drugs to patients judged to have less than six months to live and to assist the patients if they could not lift or swallow the drugs. It is no surprise that the Falconer Bill is backed by the All Party Parliamentary Group (APPG) on Choice at the End of Life as well as the Dignity in Dying organisation.

Assisted suicide in Switzerland

Here is another example of the slippery slope of bioethics – denied by some, but evident to most. In March, an 83-year-old retired professor of petroleum engineering became the first known Briton to end his life by assisted suicide at the Dignitas clinic in Switzerland because he had been diagnosed with dementia, rather than with a terminal illness, such as cancer, or severe physical disabilities. He was in only the early stages of the condition.

Apparently Michael Irwin, a retired general practitioner and campaigner for the legalisation of euthanasia, assisted him in making the necessary arrangements, including a psychiatrist's report attesting to his mental competence after he had been originally refused by Dignitas. Dr Irwin has claimed to have helped at least 50 terminally-ill patients to die – he is a dangerous man. Irwin has been sometime chairman of the Voluntary Euthanasia Society and President of the World Federation of Right to Die Societies. In 2003, he was arrested following his confession that he had tried to assist a terminally-ill friend to die. No charges followed, but in 2005 he was struck off the medical register after an inquiry by the General Medical Council.

Euthanasia in Belgium

The situation in Belgium, the next-door neighbour of euthanasia-friendly Holland, is getting worse. Belgium legalised euthanasia in 2002. In 2011, there were 1,133 cases of euthanasia officially reported, which is equivalent to about 2% of the total Belgian deaths in that year. The following year, in 2012, there were 1,432, an increase of 26% over the previous year. Bear in mind, that like those from Holland, these Belgian figures do not include unreported assisted deaths, a generally-recognised, though illegal, feature of both countries.

Such data, however, are never enough for euthanasia enthusiasts. A Bill has now been presented in Belgium which would sanction euthanasia for patients with Alzheimer's, other diseases leading to advanced dementia, and general incompetence. Even that is not enough. The talk now is about allowing children to access euthanasia. Doctors would assess whether or not a child is mature enough to make the decision to end his or her own life. Is it not perverse that a child might be

allowed to choose to die, but still be disallowed to drive a car, vote in an election, or drink alcohol until they are 18 years old?

Euthanasia and assisted suicide worldwide

On 23 May, the Upper House of New South Wales in Australia rejected *The Rights of the Terminally Ill Bill 2013*, which would have permitted euthanasia, by 23 votes to 13. On 31 May, the House of Representatives in the US state of Maine rejected an assisted suicide bill entitled, *An Act for Patient-directed Care at the End of Life*, by 94 votes to 43. Three days later, the Maine Senate endorsed the Bill's rejection. However, Vermont has now become the third US state to approve assisted suicide. The legalisation process in Vermont differed from that used in Oregon and Washington. The laws in the latter were adopted after voter referendums, whereas Vermont is the first to pass such a law by means of a vote in a state legislature. The new law is based on the Oregon model, but with fewer safeguards.

On 12 June, Bill 52 was tabled in Québec's national assembly. The Bill has a subtitle, *An Act Respecting End-of-Life Care*, which anti-euthanasia campaigners claim is a euphemism for euthanasia, because, they maintain, the Bill will not relieve suffering so much as kill the people who are suffering.

On 1 July, President Francois Hollande of France reaffirmed his election pledge of last year to legalise voluntary euthanasia, even though France's national ethics committee advised him not to let doctors help the terminally-ill to take their lives. The President insists that the country will hold a national debate on the issue in the coming months and his government will submit a bill in the French parliament by the end of the year.

The lives and deaths of the bioethically good and bad

C Everett Koop

In February 2013, at the age of 96, C Everett Koop, the US surgeon general extraordinaire during the Reagan and Bush administrations from 1982 to 1989, died. He was always controversial. He looked like a bearded Old Testament prophet and he often sported his admiral's uniform of office. Yet he was widely regarded as a voice of compassion and reason, while many considered him to be the most influential public health administrator in American history. For example, in 1986, he published a seminal report – "written personally by me to provide the necessary understanding of AIDS" – and he repeatedly warned against the dangers of tobacco smoking. Though he often managed to incur the wrath of liberals and conservatives, he changed public attitudes to both these health issues and became affectionately known as the Nation's Family Doctor.

Charles Everett Koop was born on 14 October 1916 and grew up in South Brooklyn, surrounded by relatives – his grandparents, uncles, aunts and cousins lived on the same street. He was an only child and he could trace his ancestry to the seventeenth-century Dutch settlers of New York. His interest in medicine started early. He practised complex tasks with both hands and operated on rabbits, rats and stray cats during his teenage years. Soon after graduating from medical school he was offered the post of surgeon-in-chief at the Children's Hospital in Philadelphia at the tender age of 29. He became famous for innovative surgery, such as separating conjoined twins and operating on premature infants, especially those with oesophageal atresia, a previously fatal condition. He provided extraordinary care for the most helpless of patients.

Koop's 1976 book, *The Right to Live; The Right to Die*, set out his thinking on the issues of abortion and euthanasia. Such medical fame and pro-life stance inevitably generated controversy. Though

parents had the legal right to withhold treatment from their severely-impaired children, Koop believed that the medical and legal establishments had a duty to protect citizens against such neglect and discrimination, no matter what their age.

Evangelical, biblical Christianity was central to Koop's life. It helped him to cope with the death of his 19-year-old son who was killed in a climbing accident. It formulated his opposition to abortion, which he maintained was a violation of God's law. Nevertheless, while in public office, much to the disappointment of many within the pro-life movement, he failed to speak out publically against abortion – he considered it to be a moral and religious issue, not a health issue and he refused to use his public office as a pulpit from which to preach against it.

I will always remember Dr Koop as the medical collaborator with the theologian Francis Schaeffer in their film and book project, *Whatever Happened to the Human Race?* It introduced me, and many others, to serious bioethical issues and it certainly changed my life.

Edith Schaeffer

In March 2013, Edith Schaeffer, widow of Francis, died at her home in Switzerland, aged 98. She was born in Wenzhou, China, to George and Jessie Seville, missionaries serving with the China Inland Mission. She met Francis at Beaver College, Pennsylvania, and they were married in 1935 and had four children.

In 1948, the Independent Board for Presbyterian Foreign Missions sent them to Switzerland. And in 1955 they began L'Abri, a unique community where people from around the world came to seek intellectually honest and culturally informed answers to questions about God and the meaning of life. She wrote numerous books, including *The Hidden Art of Homemaking.* In 2000, Edith was listed among the 100 Christian Women Who Changed the Twentieth Century.

Anecdotes abound about this driven woman. When cooking, she strove to make everyone's favourite meal. She would garden by torchlight at the end of a demanding day. However, it was her unwavering belief in the God of the Bible, the beauty of his creation and the dignity of every bearer of the *imago Dei* that were the real drivers of her extraordinary life. Her contribution to 20th-century evangelical Christianity, womanhood, creativity and the pro-life cause still resonates today.

Barbara Willkie

In April 2013, the pro-life movement lost one of its trailblazers, Barbara Willke. She died in Cincinnati, Ohio, at the age of 90. She was the wife of Dr John Willke and together, as nurse and doctor, they educated hundreds of thousands of people around the world about the evils of abortion and its terrible after-effects. With her husband she co-authored 12 books on human sexuality and abortion. One of them, *Abortion – Questions & Answers*, was regarded as essential reading in the early years of the pro-life movement. In addition, the Willkes produced audio and visual teaching materials, which have been translated into 30 languages and they appeared together on TV and radio shows in 64 different countries.

Margaret White

Margaret White, another stalwart of the pro-life movement, died in April 2013, aged 93. She was born in Whitby, North Yorkshire, and qualified as a doctor at Sheffield Medical School. Soon after marriage and a move to Lowestoft, she started sex education discussion groups in local youth clubs as well as a local authority family planning clinic. The Whites later moved to Croydon, where Margaret served as an Assistant Medical Officer of Health for 12 years before going into general

practice with her husband. She became the central vice-president of the Mothers' Union, a magistrate, a member of General Synod of the Church of England and among several other commitments, she was later elected to the General Medical Council.

She will be best remembered, however, for her voluntary work as vice president of the Society for the Protection of the Unborn Child (SPUC) and her anti-euthanasia stance. At times these resulted in television and radio debates where she was a fierce upholder of the pro-life cause. In one such encounter on BBC Radio in 1997, she even left the historian Dr David Starkey lost for words.

Margaret White was in constant demand to address conferences worldwide. When one of her grand-daughters, Anna, was born with Down's syndrome, she set up the Lejeune Clinic in London offering tests, counsel, therapy and advice. In her free time, she was a talented painter. She was a get-up-and-go woman, determined yet sweet.

Dr White campaigned against abortion from the beginning in 1966. In 1987, her book, *Two Million Silent Killings,* was published. A random flick through it chanced on page 123: "If 470 baby rabbits were killed each day instead of 470 unborn babies, there would be riots in the street." We have lost a doughty, compassionate pro-life campaigner.

Robert Edwards

To date, some five million people worldwide can attribute their lives to Robert Edwards. He, together with Patrick Steptoe, was the pioneer of in vitro fertilisation (IVF). On the other hand, the failure of Edwards' and Steptoe's techniques has led to the death of perhaps 100 million human embryos.

Edwards, who died in April 2013, was born in Batley, West Yorkshire in 1925. He studied at Bangor University and managed only a pass degree in agriculture and zoology, followed by a diploma in animal genetics and a PhD at Edinburgh, on the control of ovulation in mice. After some post-doctoral studies in the US, he returned to a post at the National Institute for Medical Research in London. There he dabbled in the causes of the ripening of ova, a prerequisite of IVF. During the 1960s, research into human IVF was banned at the NIMR, so Edwards moved to the University of Cambridge to continue working on ova *in vitro*.

As a mere physiologist, he needed a medical collaborator in order to obtain human ova. At a Royal Society of Medicine gathering in London, he met Patrick Steptoe, a gynaecologist from Oldham and a specialist in laparoscopy, a technique able to collect the human ova that Edwards needed.

In 1969, Edwards and colleagues produced the first evidence of human fertilisation *in vitro*. He was fêted by the media and condemned by scientists, politicians and many others. Edwards and Steptoe were refused Medical Research Council funding. They persisted on limited resources for almost another decade, until, in 1978, Louise Brown, the world's first test-tube baby, was born.

Everyone likes a bouncing baby and much of the earlier criticism quickly disappeared. Edwards and Steptoe founded Bourn Hall as a private fertility clinic just outside Cambridge. Edwards, though himself the father of five daughters, was concerned to help the infertile. He retired in 1989 and by then IVF had become part of mainstream medicine. In 2010, he was awarded the Nobel Prize in Physiology or Medicine and in 2011, he was honoured with a knighthood.

I do not doubt that many infertile couples are enormously grateful to Robert Edwards for alleviating their infertility. But for me, Edwards opened a Pandora's Box of bioethical issues. His work not only instigated IVF, but also sanctioned and encouraged the onset of 'inside-out' science. Edwards

allowed the formerly, strictly 'inside' human embryo to be latterly relocated 'outside.' Now it could be used and abused. As a result, countless millions of human embryos around the world have been knowingly wiped out. IVF has been a modern scientific venture of irrecoverable loss. Human embryos once enjoyed respect, protection, wonder and status. Now those attributes are all gone, with barely an opposing voice, and all within a generation. The human embryo should never be regarded as product, object, or means to an end.

In short, IVF has further encouraged the trivialisation of human life, sanctioned and accomplished the destruction of human embryos on an immeasurable, industrial scale. The human embryo as 'raw material' is a troubling concept – intuitively something seems wrong. Essentially, it was the development of IVF as a treatment that bequeathed the human embryo to research scientists for experimentation. This unprecedented access to the human embryo has not only revolutionised the ARTs; it has also ushered in the wholly destructive discipline of human embryo experimentation. Edwards' lifetime work did just that.

Henry Morgentaler

In May 2013, Henekh 'Henry' Morgentaler, militant atheist and 'Canada's Father of Abortion', died aged 90. Morgentaler was a Polish-born Canadian physician and pro-choice advocate who fought numerous legal battles aimed at expanding abortion rights across Canada.

During World War II, Morgentaler, as a young man in Poland, was imprisoned at the Łódź ghetto and later at the Auschwitz and Dachau concentration camps. In 1950, he and his wife, Chava, emigrated to Canada, where their marriage ended in divorce in the mid-1970s.

In 1953, he graduated in medicine from the Université de Montréal and from 1955 he worked as a general practitioner, though he soon began specialising in family planning. He was the first Canadian doctor to perform vasectomies; and to insert intrauterine devices (IUDs) and provide contraceptive pills to unmarried women. In 1969, he opened his first abortion clinic in Montreal and became a pioneer in the use of vacuum aspiration as an abortion method. In all, he opened 20 abortion clinics and was responsible for training over 100 abortionists.

In 1967, Morgentaler addressed the Canadian House of Common's Health and Welfare Committee on the issue of illegal abortion, declaring that women should have the right to safe abortion. He had not anticipated the subsequent avalanche of requests from women asking for his help in procuring abortions for them.

At that time, Canadian abortion was strictly against the law, but eventually, at personal risk of losing his career and the prospect of long-term imprisonment, he started performing abortions. By 1973, Morgentaler claimed to have performed over 5,000 illegal terminations. In 1983, he opened the first abortion clinic in Toronto and he was charged with procuring illegal abortions.

By 1986, his case reached the Supreme Court of Canada and in 1988 the Supreme Court ruled in his favour in the landmark decision of R vs. Morgentaler. By this so-called Morgentaler Decision, the Court removed the few remaining protections for the unborn in the 1969 *Criminal Law Amendment Act*, which already sanctioned permissive abortion.

While the Morgentaler Decision did not give women a constitutional 'right' to abortion, it declared as 'unconstitutional' Section 251 of the Criminal Code that governed the entirety of Canadian abortion. Thus the Court left the abortion question to Parliament to 'pronounce on and to direct social policy'.

To date the Canadian Parliament has failed to pass any such abortion-related legislation and so any pregnant Canadian woman can legally terminate the life of her unborn child, during all nine months of pregnancy, for any reason whatsoever. Canada remains one of the few countries with no legal restrictions on abortion. In 2008, he was honoured with the award of the Order of Canada for securing the right to legal abortion on-demand for Canadian women.

His legacy is one of great harm. It is also ironic that he, as a Jew, escaped the horrors of the Holocaust in Europe, only to bring the horrors of abortion to the Gentile population of Canada. To be described as 'the arch-abortionist' of that country is no honour. Morgentaler clearly had no understanding, or fear, of Genesis 9:6.

John R Ling

Distancing Britain from its Christian heritage

Early in April, Downing Street issued one of the most significant statements of all time, overturning the understanding of many with regard to the British nation. It said this:

"The government strongly backs faith and Christianity in particular, including backing the rights of people wanting to wear crosses at work and hold prayers at council meetings. The prime minister values the profound contribution that Christianity has made and continues to make to the country, which is why he strongly backs it."

The statement was a response to an article by Lord Carey, published in the *Daily Mail* on 30 March 2013, in which the former Archbishop of Canterbury accused the prime minister personally of feeding the anxieties of the more than two-thirds of Christians in the UK who, a survey had shown, felt that they were part of a persecuted minority.

Ironically, in making its statement, Downing Street's intention was to be positive and reassuring about Christianity and to allay any such fears. In the event, however, all the Prime Minister's office succeeded in doing was to produce a classic example of damnation by faint praise, and to re-write the history of the place of Christianity in the life of the nation.

Describing Christianity as having made a "profound contribution" to the country, rather than being part of the essential definition of the character of Britain, amounts to a distortion of the country's true heritage. It makes room for the idea that Britain can be defined, and its history traced, independently of its Christian roots.

To use a chemical analogy, it identifies the British heritage as a mixture rather than a compound. If those particles which are Christian were to be taken away from the pages of our history, or from the present-day definition of its essential character, what is left is still a coherent whole. All that has happened in the past, in the logic of the Downing Street statement, is that the fundamental structures of British life and history have been greatly influenced by Christianity, but Christianity is not foundational.

The implications of this re-writing of history are hugely significant, for three reasons:

- To seek to distance Britain from its essential Christian roots makes the further marginalisation of Christianity much more likely to happen;

- If Christianity is only a profound contributor to Britain's national life – past and present – who or what have been, or are, the other contributors? Isn't it time that these were identified,

admitted to and assessed? Or is the nation to be overtaken by forces, nostrums and ideologies from we know not where, quickly creating a new and unassailable orthodoxy? Or has this already happened, through all the manifestations of political-correctness over the past 20 years?

- If Christianity is only a profound contributor to Britain's character and history, what does lie at the heart of its nationhood? Contributors come and go, and what they offer is not foundational. What, then, is officially recognised as foundational to British life, and where has it come from?

The evidence that Christianity is foundational – part of the fabric of the nation – is overwhelming.

In his book *Anglo-Saxon England*, the historian Frank Stenton asserts: "There is no doubt that Christianity was the dominant religion throughout England in 664." The dominance of Christianity has been the common thread of the history of Britain in the 1,349 years since then. In the 2011 census, 59.3% of the population of England and Wales professed that their religion was Christian. The proportion in 2001 was 71.7%.

In assessing the governance of the country in the Anglo-Saxon period, Stenton describes the emergence of the "interdependence" of Church and State in the seventh century. Whether one likes it or not, that interdependence still remains in the formal links which bind the Church of England to the State, and vice versa. In the centuries before Henry VIII's break from Rome and the establishment of the Church of England, there was no doubting that England was essentially a part of Christendom, and that the country's legal framework, the governance of its land, and its public administration, was inextricably bound up with the Christian establishment.

Prior to 1837 there was no civil registration of births, marriages and deaths, and such records as were kept were kept by the church.

In fact, up until the 1830s, the secular State provided very little of what we would now call the public services – education, health and welfare services being provided by the Church, private benefactors and charities, overwhelmingly motivated by Christian pre-suppositions and altruism. The education offered by these agencies from the 16th century Reformation onwards, had the Bible as its central textbook.

Throughout its history, Christianity has not only been integral to the formal framework of British life, but has been a vital ingredient of the personal lives of millions of the country's people throughout the centuries.

The 1851 census in England and Wales, for instance, revealed that on Census Sunday (30 March), 7,261,032 out of a population of 17,927,609 attended a church service. This amounts to 40.5% of the population. Of these, 3,773,474 attended Church of England churches (21% of the population). All these, at their services, would have been uttering this prayer to God: "But thou, O Lord, have mercy upon us, miserable offenders. Spare thou them, O God, which confess their faults. Restore thou them that are penitent; According to thy promises declared unto mankind in Christ Jesus our Lord. And grant, O most merciful Father, for his sake, that we may hereafter live a godly, righteous and sober life, to the glory of thy holy Name. Amen." When millions of people are using such words to mend their relationships with God, it clearly understates the position to describe the place of Christianity as a "contribution".

The writer of one Britain's most popular histories, John Richard Green (1837-1883), summarised the place of Christianity succinctly in just 12 words: "England became the people of a book, and that book the Bible."

It is the secular State which is the "johnny-come-lately" and which might more justly be described as only having made a "contribution" to the identity of Britain.

Downing Street's April statement, therefore, exposes both the lack of any proper sense of history, and the absence of humility, on the part of the present government establishment. The statement was clearly put together with the purpose of placating Christians, rather than being a measured attempt to define the nature of the role of Christianity in British life.

Oddly, though, the Downing Street statement conflicts with a widely-publicised speech made by David Cameron himself only 16 months previously to commemorate the 400th anniversary of the King James Bible. Describing Britain as "a Christian country", the Prime Minister in that speech acknowledged the Bible as a book which had "shaped our country", and was "absolutely pivotal to our culture".

> Great and manifold were the blessings, most dread Sovereign, which Almighty God, the Father of all mercies, bestowed upon us the people of England, when first he sent Your Majesty's Royal Person to rule and reign over us. For whereas it was the expectation of many, who wished not well unto our Sion, that upon the setting of that bright Occidental Star, Queen Elizabeth of most happy memory, some thick and palpable clouds of darkness would so have overshadowed this Land, that men should have been in doubt which way they were to walk; and that it should hardly be known, who was to direct the unsettled State; the appearance of Your Majesty, as of the sun in his strength, instantly dispelled those supposed and surmised mists, and gave unto all that were well affected exceeding cause of comfort.
>
> *From the translators' preface to the King James Version of the Bible*

Quoting the late Lady Thatcher, Mr Cameron said: "We are a nation whose ideals are founded on the Bible." He added that "saying we are a Christian country and standing up for Christian values" was "absolutely fundamental to who we are as a people, what we stand for, and the kind of society we want to build".

The Downing Street statement in April seems to distance itself from Christianity as decisively as Mr Cameron's speech in December 2011 seems to embrace it.

What happened, in the 16 months between those events, to bring about this change?

The following are two possible answers:

(a) On 11 December 2012, the Office for National Statistics published the findings of the 2011 census with regard to religious adherence. The figures showed a reduction since 2001, from 71.7% to 59.3% in the proportion of the population of England and Wales who regarded themselves as "Christian". Perhaps this significant decline in the proportion of the population of England and Wales identifying with Christianity might have given the government establishment a greater boldness to distance Christianity from the State.

(b) On 24 January 2013, the government launched the Marriage (Same Sex Couples) Bill in the House of Commons. It was one of the ironies of the commemoration of the 400th anniversary of the KJV Bible that while politicians, academics, historians and serious media figures all enthused about the historical significance, literary value and cultural influence of the KJV, hardly any of these identified

with its moral content – or indeed with anything that it actually said. In saying, in his own speech at the commemoration, that the Bible was "absolutely pivotal to our culture", David Cameron had come very close to being disingenuous, given that in recent years he has consistently and unequivocally personally supported the redefining of marriage to include same-sex couples – relationships which the Bible indisputably condemns.

If Christianity is believed by the secular State only to be a profound contributor to what Britain is, and has achieved, it is pertinent to ask who or what the other contributors are, and, even more importantly, what values do constitute the cornerstone of the British nation, and from where have they come? We look forward to the government's answer to those questions.

Editor

Evolution and the national curriculum

Early in July, the Department for Education released details of the study programmes on which the National Curriculum is planned to be based from 2014. This followed a public consultation which closed on 16 April 2013.

Affinity submitted a response to the consultation in respect of the draft programmes of study for the Year 4 and Year 6 science curriculum.

Under the heading *Evolution and inheritance,* the Year 4 draft programme contained the following as statutory requirements (page 119):

Pupils should be taught to:

- identify how plants and animals, including humans, resemble their parents in many features
- recognise that living things have changed over time and that fossils provide information about living things that inhabited the Earth millions of years ago
- identify how animals and plants are suited to and adapt to their environment in different ways.

It contained the following as non-statutory notes and guidance (pages 119-120):

Pupils should be introduced to the idea that characteristics are passed from parents to their offspring, for instance by exploring the family trees and family resemblances of historical personalities such as the Tudors or the Hapsburgs.

Note: At this stage, pupils are not expected to understand how genes and chromosomes work.

Building on the topic on rocks in Year 3, pupils should be reintroduced to fossils and find out, for example by studying dinosaurs, how things living on the Earth have changed over time. Pupils might find out about the work of palaeontologists such as Mary Anning.

Pupils might work scientifically by identifying, comparing and recording similarities and differences among themselves and other animals and looking for patterns; observing and raising questions about local animals and how they are adapted to their environment; finding out about how some other animals and plants, beyond their own locality, adapt to their environments.

Under the same *Evolution and inheritance* heading, the draft programme of study for Year 6 contained the following as statutory requirements (page 131):

Pupils should be taught to:

- recognise that living things produce offspring of the same kind, but normally offspring vary and are not identical to their parents
- describe how adaptation leads to evolution
- recognise how and why the human skeleton has changed over time, since we separated from other primates.

It contained the following as non-statutory notes and guidance (page 131):

Building on what they have learned about evolution and inheritance in Year 4, pupils should look in more detail at how living things evolve. They should be introduced to the idea that variation in offspring over time can make animals more or less able to survive in particular environments and lead to evolutionary change. Pupils might find out about Charles Darwin's work on evolution.

Pupils might work scientifically by: comparing how some living things are adapted to survive in extreme conditions, for example cacti, penguins and camels.

They might analyse the advantages and disadvantages of specific adaptations, such as being on two feet rather than four, having a long or a short beak, having gills or lungs, tendrils on climbing plants, brightly coloured and scented flowers.

Affinity's comments on the above sections of the draft programmes of study were as follows:

1. General points: The details in the draft programme are insufficient to clearly understand what the government intends to be taught under these and other headings. Affinity would welcome contact with the Minister or other ministers or officials to clarify these and other matters. The consultation period has been far too short and has not allowed sufficient time for organisations such as ours to consider these important changes. The following comments are made in light of the current limited understanding of the government's intentions.

2. By no means are all qualified and competent scientists in this area agreed on the interpretation of the fossil record or the age of the Earth. Given the clear and well-justified intention to teach children to be rationally inquisitive, questioning and challenging, particularly of established thinking – in true scientific tradition – we strongly advocate that the rational, scientifically-justified criticisms of these and other aspects of evolution form a key part of any scientific discussion of evolutionary theory in science lessons.

This does not rule out discussion of views of Creation in RE but recognises (see point 3 below) that scientific reasoning cannot be detached from underlying explicit or implicit Worldviews. What is important is that children learn how to discuss scientific methods in the context of such views – a need well illustrated by the poor nature of debate by our generation on these issues.

3. We are very disturbed at the attempts by the British Humanist Association (BHA) and similar organisations to eliminate rational discussion of evolutionary theory in the classroom by those whose arguments may have their origins in, or be associated with, a Christian worldview. It has been clearly demonstrated by highly-acclaimed scientists, such as Michael Polanyi in his book *Personal Knowledge*, that scientific endeavour is never a purely objective review of evidence and reasoning; observations require observers and they bring their own personal knowledge to their task.

The position of the BHA and others is also hypocritical since they clearly subscribe to an atheistic worldview. This, and the nature of their opposition, clearly implies their objections to such classroom discussion are ideologically-based and not scientific.

4. Successive governments have pronounced on creationism, intelligent design and scientific method and theories without demonstrating a clear understanding of these terms. In addition, there appears to be an unjustified bias in government thinking towards atheistic-derived definitions of these terms. Again, we would welcome an opportunity to discuss this concern and to clarify these terms in the context of true scientific discussion.

5. We note that the consultation document sets out the legal obligations of the National Curriculum, including that it should promote "…the spiritual, moral, cultural, mental and physical development of pupils at the school and of society…" We do not believe that these goals can be properly met if debate is closed down on issues which are clearly without scientific certainty, such as those to which we draw attention above. Such closing down would, by definition, run contrary to the stated ideal of a 'broadly-based' curriculum.

Particular point:

1. We do not have any issues with the teaching of adaptation but we do differentiate between adaptation and evolution – they are clearly not the same and children need to be aware of the significant differences between the two ideas. For example, adaptation can be clearly and unambiguously demonstrated; evolution is much more problematic and adaptation should not be portrayed as a justification for evolution or confused with it.

On 8 July, having considered the responses to the consultation, the DfE released its revised 224-page framework document containing the National Curriculum to take effect from September 2014.

The Department has taken account of the submission made by Affinity, to the extent that the final science curriculum makes more of a distinction between adaptation and evolution than the draft version did. In the draft version of the Year 6 curriculum, it would have been a statutory requirement for teachers to "describe how adaptation leads to evolution". In the final version this has been softened to a requirement to "identify how animals and plants are adapted to suit their environment in different ways and that adaptation may lead to evolution".

The change from *leads to* to *may lead* is small but significant as it appears to respond to Affinity's submission that adaptation, which we fully accept, is not necessarily proof of, or the same as, evolution, and that the matter should be open to discussion.

A further helpful modification of the curriculum is that in the non-statutory notes and guidance section which accompany the statutory requirements, the final version of the curriculum only mentions evolution as an idea of Darwin and others "to be found out about". The draft version had expanded on this, suggesting that children should be "introduced to the idea that variation in offspring over time can make animals more or less able to survive in particular environments and lead to evolutionary change". The draft had also suggested that "pupils should look in more detail at how living things evolve". Both these more detailed summaries of the evolutionary model have now been removed.

Another significant change between the draft and final curricula is that Year 4 pupils will no longer consider anything under the heading of *Evolution and Inheritance.* Instead, teaching under this heading has all been consolidated into Year 6.

Under the final curriculum it will not be compulsory for children to be taught that man, sometime in his past, "separated from other primates". This has been dropped from the draft version.

A downside of the final curriculum is that it will be an obligation for children in Year 6 to be taught that the earth is millions of years old.

The final curriculum has been incorporated into a draft legislative order which is currently the subject of a further consultation. Those wanting to make further representations must do so by 8 August. There is an opportunity to do this on-line, but details of all methods of submitting representations are available on the DfE website.

The quickest way to the appropriate website page is to enter *curriculum framework consultation 8 August* into a search engine, and click into the top website listed.

Peter Fearnley

The following is what has now been agreed for inclusion under *Evolution and Inheritance* in the science curriculum from September 2014.

Year 6 programme of study (statutory requirements)	Notes and guidance (non-statutory)
Evolution and inheritance Pupils should be taught to: • recognise that living things have changed over time and that fossils provide information about living things that inhabited the Earth millions of years ago • recognise that living things produce offspring of the same kind, but normally offspring vary and are not identical to their parents • identify how animals and plants are adapted to suit their environment in different ways and that adaptation may lead to evolution	Evolution and inheritance Building on what they learned about fossils in the topic on rocks in year 3, pupils should find out more about how living things on earth have changed over time. They should be introduced to the idea that characteristics are passed from parents to their offspring, for instance by considering different breeds of dogs, and what happens when, for example, labradors are crossed with poodles. They should also appreciate that variation in offspring over time can make animals more or less able to survive in particular environments, for example by exploring how giraffes' necks got longer, or the development of insulating fur on the arctic fox. Pupils might find out about the work of palaeontologists such as Mary Anning and about how Alfred Wallace and Charles Darwin developed their ideas on evolution. Note: At this stage, pupils are not expected to understand how genes and chromosomes work. Pupils might work scientifically by: observing and raising questions about local animals and how they are adapted to their environment; comparing how some living things are adapted to survive in extreme conditions, for example cactuses, penguins and camels. They might analyse the advantages and disadvantages of specific adaptations, such as being on two feet rather than four, having a long or a short beak, having gills or lungs, tendrils on climbing plants, brightly coloured and scented flowers.

Insults no longer unlawful

After a three-year campaign, Parliament has finally agreed to remove the word “insulting” from Section 5 of the Public Order Act 1986 (POA).

The mechanism for achieving this was the Crime and Courts Act (C and CA), which received Royal Assent on 25 April 2013, and included the following in its provisions:

57 Public order offences

(1) The Public Order Act 1986 is amended as follows.

(2) In section 5(1) (harassment, alarm or distress) for “abusive or insulting” in the two places where it occurs substitute “or abusive”.

(3) In section 6(4) (mental element: miscellaneous) for “abusive or insulting” in the two places where it occurs substitute “or abusive”.

After strongly opposing the change for most of the campaign, the government finally capitulated in January, following a vote by the House of Lords in December in favour of the amendment.

Slightly worrying, however, is the fact that nearly three months after the C and CA was passed, the POA has still not been amended. No date was written into the C and CA for the new version of the Act to take effect, it being left to the Home Office to implement the change.
Meanwhile, however, police in London have continued to use the superseded wording as the basis for the arrest of a street-preacher on 1 July – an action which makes the police look more like legalistic opportunists than upholders of Parliamentary democracy. The street preacher was released without charge a few hours later, but while in custody was questioned about his beliefs, which are nothing to do with the police’s duty to maintain public order.

In recent years, there have been too many cases in which the police service has appeared to assume that it has a responsibility for resolving discrimination issues, rather than being merely required to maintain public order.

The removal of the word “insulting” from Section 5 of the POA will make it much less likely in future that the police will be able to intervene in cases where street preachers and others are exercising their right of free speech, in a courteous and unthreatening manner.

A nation’s goodbye to its faith

As far as its religion is concerned, Britain is two nations.

In 2001, 71.7% of the population of England and Wales answered “Christian” to the voluntary census question: What is your religion? At that time, the proportion of the population claiming to have no religion was 14.8%.

For those over the age of 40, the latest figures from the 2011 census released by the Office for National Statistics (ONS) in May this year are not greatly different from the 2001 findings. Of this age group, 70.1% profess to be Christian, and 17.2% to have no religion.

In stark contrast, however, are the figures for the under 40s, which show that 21st century Britain is rapidly saying goodbye to its historic faith. Of this younger half of the population, only 48.8% identifies with Christianity and 32.8% have no religion at all.

Age band	All categories	Christian		Muslim		Other religions		No religion		Religion not stated	
	England and Wales	Number	%	Number	%	Number	%	Number	%	Number	%
All	56,075,912	33,243,175	59.3	2,706,066	4.8	1,991,410	3.6	14,097,229	25.1	4,038,032	7.2
0-39	28,490,453	13,894,776	48.8	2,080,331	7.3	1,159,008	4.1	9,356,671	32.8	2,102,217	7.4
40+	27,585,459	19,348,399	70.1	625,735	2.3	832,402	3.0	4,740,558	17.2	1,935,815	7.0

Christianity's decline is most pronounced in the 20-29 age group, which represents 13.8% of the total population. In this age band the proportion claiming to be "Christian" falls to 45.3% and professing no religion rises to 36.8%.

These figures represent the picture for the whole of England and Wales, but there are pockets of the country where the departure from Christianity is even more pronounced.

In the 20-29 age group, the city of Norwich has nearly twice as many people with no religion (56.1%) than claim to be Christian (31.0%). In Brighton and Hove, the proportion of "Christians" in their 20s (30.2%) is even lower, while 55.2% have no religion.

Since many of the country's future leaders will come from among the students of Oxford and Cambridge Universities, the religious outlook of the 2011 student bodies there is always likely to be significant. The figures for the 18-24 age group in these two cities will not include all the students at the universities, since some students will have registered for the census in their home areas. However, a large number of Oxford's 22,177 and Cambridge's 20,065 students will be included in the figures for the 18-24 age group in these two cities.

20-24 age band	All categories	Christian		Muslim		Other religions		No religion		Religion not stated	
		Number	%	Number	%	Number	%	Number	%	Number	%
England & Wales	5,267,401	2,429,535	46.1	325,263	6.2	207,415	3.9	1,940,162	36.8	365,026	6.9
Oxford	30,856	11,726	38.0	1,509	4.9	1,296	4.2	13,902	45.1	2,423	7.9
Cambridge	24,790	8,369	33.8	969	3.9	1,253	5.1	12,085	48.7	2,114	8.5

The 18-24 figures show that, for all their intellectual brilliance, the Oxbridge mindset is significantly less Christian than that of the nation as a whole. At Cambridge, nearly half (48.7%) those aged 20-29 have an entirely secular view of life. The comparable figure for Oxford is 45.1%.

The rise of Islam is powerfully documented in the latest statistics. Between 2001 and 2011, the proportion of Muslims in the population of England and Wales has risen from 3.00% to 4.8% – numerically, this represents an increase of 1,160,421 Muslims to 2,706,066. More than three-quarters (76.9%) of Muslims in England and Wales are under the age of 40 (58.5% under 30), compared with only 41.8% of those identifying with Christianity. This creates the basis for a considerable natural rise in the Muslim population in the coming years.

The Muslim population is not evenly-spread, but is concentrated mainly in London boroughs and in midland and northern cities. London is home for more than a million of Britain's Muslims. The proportion of Muslims there (12.4%) is two-and-a-half times the proportion for the country as a

whole (4.8%). Birmingham, however, is the local authority area with the highest number of Muslims. It has 234,411 Muslims – 21.8% of the population. Of these, 61.7% are under 30. Since 2001, the number of Muslims in Birmingham has increased by 94,378, and their percentage from 14.3 to 21.8.

London	All categories	Christian		Muslim		Other religions		No religion		Religion not stated	
Age band	Number	Number	%	Number	%	Number	%	Number	%	Number	%
All	8,173,941	3,957,984	48.4	1,012,82	12.4	816,023	10.0	1,694,372	20.7	692,739	8.5
0-39	4,926,700	2,104,561	42.7	754,944	15.3	485,928	9.9	1,162,895	23.6	418,372	8.5
40-plus	3,247,241	1,857,773	57.2	257,879	7.9	330,095	10.2	583,298	18.0	274,367	8.4

The 28.5 million women of England and Wales are more religious, and more Christian, than the 27.6 million men. The percentage of the women claiming to be Christian is 62.7, compared with only 55.7% of men. Only 22.3% of women profess to have no religion, compared with 28.1% of men.

Figures for the under-20 age groups contain a higher proportion of Christians, and a lower proportion of people without a religion, than the 20-29 age group. However, these are not as meaningful a guide as for older groups, since the census answers for most of the children and young people involved will have been completed by their parents.

Readers wanting to study the latest analyses for themselves should go to www.nomisweb.co.uk and click on Key Statistics datasets index, then on Detailed Characteristics, then on DC2107EW Religion by sex by age. From there select an area, row and column from the menu.

If all the changes recorded between the 2001 and 2011 censuses continue in the same direction at the same rate, the 2021 census, if there is one, will show a population for England and Wales of 60.5 million. The "Christian" portion of this will have fallen to 48.9%, the percentage of Muslims risen to 7.7% and the section without a religion grown to 42.7%. Over the next 10 years, however, many things could happen capable of interrupting the current pattern of change. One of them could be the outpouring of the Spirit of God in mercy and grace upon our nation and people, re-establishing the authority of God and the Bible at the heart of our society.

Editor

All figures are quoted, and tables reproduced, some in revised formats, by permission of the Office for National Statistics (ONS).

Dementia-awareness training for churches

Pilgrims' Friend Society is responding to the growing concern in society over the increasing number of people who are suffering from dementia by offering a short course to develop awareness of the condition.

The training is designed both to inform participants of the facts about dementia, and also to equip local churches to be able to support and care for those with dementia and those who care for them. The training comes in a half-day, introductory course which has four sessions:

- **What is dementia?** – understanding the nature of the disease, the indicators that dementia may be developing, and the initial responses that need to be made

- **Living with dementia** – how the condition affects the individual, immediate carers and family, and the wider circle of friends and neighbours; its progressive nature.

- **Practical support to people with dementia** – changes in the home and lifestyle, and in the local church, which become necessary, empowering family and friends to support

- **Spiritual Care for people with dementia and those who care for them** – the vital necessity of, and practical approaches to, spiritual care.

Individual churches or groups of churches who are interested in this training should contact Roger Hitchings – tel. 01793 334849, email: roger.hitchings@ntlworld.com. Alternatively write to 53 Horseshoe Crescent, Peatmoor, Swindon SN5 5AX or Pilgrims' Friend Society, 175 Tower Bridge Road, London SE1 2AL (tel. 0300 303 1400; email: info@pilgrimsfriend.org.uk).

Roger Hitchings

A recent study, reported in *The Daily Telegraph* on 17 July 2013, has concluded that the proportion of over-65s in Britain with dementia has dropped from 8.3% in 1991 to 6.5% today. The drop has been attributed to better public health and education. In spite of this percentage reduction, however, the actual number of dementia sufferers in the population is likely still to be growing, because of the increase in life expectancy, and therefore the number of over-65s in the population, since 1991. The study, led by Professor Carol Brayne, of Cambridge University's Institute of Public Health, has contributed to the revising down of previous estimates of the present number of dementia sufferers from 800,000 to 670,000.

Liverpool Care Pathway (LCP) axed

The Liverpool Care Pathway (see article *What are we to make of the Liverpool Care Pathway?* in the March 2013 issue of The Bulletin) is to be axed, and will be replaced by a personalised treatment programme agreed with patients and their families. This decision has been taken on the recommendation of a review panel led by Baroness Neuberger. Although the LCP had been designed to ease suffering and increase patient comfort as patients approached the end of life, the panel heard evidence claiming that the LCP had been used actively to hasten death, or that food and fluids had been withheld without consultation with family members. The panel also criticised the availability of financial incentives encouraging hospitals to place patients on the LCP.

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.

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.

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 were 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.

On 27 May 2013, the ECtHR refused Mrs Chaplin leave 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.

On the positive side, the European judges across the four cases corrected aspects of the UK courts' approach to religious liberty cases (see below, under Susanne Wilkinson).

On 27 May 2013, the ECtHR refused Miss Ladele leave to appeal to the Grand Chamber of the Council of Europe. *[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 find that his 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.

On 27 May 2013, the ECtHR refused Mr McFarlane leave to appeal to the Grand Chamber of the Council of Europe. *[Christian Legal Centre]*

Tony Miano

On 1 July 2013, police arrested Tony Miano in South West London for using "homophobic" speech whilst street preaching. A US citizen, Mr Miano was questioned by the police after a member of the public called them to the scene.

He had been speaking on the subject of sexual immorality and the need to abstain from it based on a passage from the Bible (1 Thessalonians 4:1-12).

Mr Miano was then arrested at 4:40pm and taken to the local police station where he was photographed, fingerprinted and had a DNA sample taken.

The investigating officer offered him a £90 fine which he said would ensure Mr Miano's immediate release and an assurance that he would be able to return to the UK. Mr Miano opted to wait for the arrival of his solicitor before making a decision.

He was then later interviewed by the investigating officer with his solicitor, Michael Phillips, instructed by Christian Legal Centre, present. One of the questions the officer asked was whether Mr Miano would help a homosexual who asks him for a "favour", Mr Miano indicated that he would by saying "the word of God tells me to love your neighbour as myself".

The two final questions that the officer asked him were: "Do you feel that what you did... is 100 per cent acceptable in a public place?" and "Will you do this again tomorrow?" Mr Miano replied affirmatively to both questions. The investigating officer told Mr Miano's solicitor that his answers to these last two questions left him no choice but to seek prosecution.

He was then escorted back to his cell and was given, upon request, a Bible to read – the very book whose teachings had led to his arrest.

About an hour later, the investigating officer entered Mr Miano's cell and told him that the inspector had decided to release him with no further action. At midnight Mr Miano was released after just over seven hours in custody.

Mr Miano said: "The language I used was not homophobic, as I was not promoting fear or hatred of homosexuals. I began my message by assuring the people that mine was not a message of hate but of love. I was simply explaining a passage in the Bible which speaks of sexual immorality and that people should abstain from it (1 Thessalonians 4:1-12).

"I did not speak solely about homosexuality as a form of sexual immorality but also about any kind of sex outside of marriage between one man and one woman, as well as lustful thoughts. All of these are considered mainstream Christian positions and have been taught and believed by Christians for thousands of years.

"It was very distressing to be arrested and interrogated for openly expressing my deeply held Christian beliefs."

Mr Miano said that it surprised him that a "person could be taken to jail for their thoughts".
"As the questioning started it became apparent that the interrogation was about more than the incident that took place in the street – I was being interrogated about my thoughts.
"It surprised me that, here in the country that produced Magna Carta, an otherwise law-abiding person could lose his freedom because one person was offended by the content of my speech."
Mr Miano sent a letter to every member of both Houses of Parliament, expressing his concerns about diminishing free speech in the UK and his fears that the proposed legislation redefining marriage will lead to an increasing number of cases like his. *[Christian Legal Centre]*

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 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 totalling £3,600.

An appeal was heard by the Court of Appeal on 19 June 2013, and judgment was handed down on 9 July 2013. Although the appeal did not succeed, the judgment included some positive content. On the question of *direct* discrimination, the judges said that they did not accept the Court of Appeal's reasoning in the case of Mr and Mrs Bull but they were bound to follow it. In this, the Master of the Rolls said that he "reluctantly" followed the decision in the Bulls' case and wished that he did not have to do so.

Although the judges said they would still find against Mrs Wilkinson on the question of *indirect* discrimination, the court conceded that it could envisage circumstances where indirect

discrimination on the grounds of sexual orientation might be lawfully justified in the context of a person manifesting religious beliefs. In this the Court of Appeal seems genuinely to have sought to engage in balancing conflicting rights.

The Court of Appeal also stated that sexual orientation rights are not intrinsically more important than religious rights. Following the direction of the Strasbourg court in the recent UK religious liberty cases (see above, under Lilian Ladele), the Court of Appeal rejected the approach in previous case law which indicated that if a person is able to acquire another job then there cannot be any interference with his religious rights. *[The Christian Institute]*

Nick Williamson

Nick Williamson runs Bluefire Media, his own printing and design business in Portadown, Northern Ireland. In late March, he was approached by email by the editor of MyGayZine, an online magazine for the LGBT community. The editor said that MyGayZine planned to produce its first print edition in June to coincide with Belfast Gay Pride. He asked Mr Williamson to quote for the print work. Mr Williamson replied explaining that he would not be able to quote for this work because the content of the magazine (which included sexually provocative images) would conflict with his Christian faith.

During the Easter weekend, gay rights activist Patrick Strudwick wrote a report of the story in the *Guardian.* It was reported that the editor of MyGayZine had forwarded his exchange of emails with Mr Williamson to the Northern Ireland Equality Commission and is taking advice from a solicitor who specialises in LGBT rights. The magazine has publicly stated that it will issue legal proceedings against Mr Williamson if possible.

It remains to be seen whether MyGayZine will pursue a case against Mr Williamson. It has until September to initiate court proceedings. *[The Christian Institute]*

Contributors to this issue of *The Bulletin*

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Roger Hitchings retired in 2011 from the pastorate of a small church in the East Midlands. He worked for 23 years in the field of social welfare with a particular emphasis on older people, and continues with that area of interest through writing and speaking. He is a Trustee of Pilgrim Friends Society and a member of the Board of Management of London Theological Seminary.

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