

THE BULLETIN

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Reviving Erastianism? ‘Spiritual Abuse’, Religious Liberty and the Paradoxes of Post-Christendom¹

In recent years the Roman Catholic Church, the Church of England and other religious bodies have been subject to growing public scrutiny for the handling in their midst of child abuse particularly, but of other forms of abuse too.² In response to this, some have developed a terminology of ‘Spiritual Abuse’ (SA) to define forms of non-physical or non-sexual abuse that might somehow be deemed distinctive to religious people and groups. Although characteristically well-meant, this development of SA discourse has come to present significant challenges for civic theology, and for religious liberties in particular. Moreover, those challenges are both surprising and paradoxical; surprising because they risk exhuming an Erastian-style statutory prohibition of specifically theological convictions – a prohibition that might otherwise have been thought long-interred by secularisation – and paradoxical because they would require an otherwise self-consciously secularising state to dispense distinctively theological judgments that, precisely *because* of such secularisation, it is less equipped than ever *to* dispense. Indeed, while SA started out three decades ago as a definition of harmful practices requiring specifically ecclesial healing ministry or pastoral care – practices like ‘heavy shepherding’ and enforced tithing – I want to suggest that the term has grown especially problematic of late, not least as it has become subject to growing mission creep.

Erastianism itself is defined as ‘the ascendancy of the State over the Church in ecclesiastical matters’, or as the ‘doctrine that the civil state has final earthly authority over expression and practice of religious beliefs’.³ It is named after the mid-16th century Heidelberg Zwinglian Thomas Erastus (1524-1583), and yet in his seminal 1900 article on the subject J.N. Figgis famously asked ‘Was Erastus an Erastian?’ and argued that the relationship between the two was at best partial.⁴ More specifically, Figgis emphasised that as a magisterial Protestant opposed to the imposition of autonomous church discipline by Calvinist Presbyteries in the Palatinate, Erastus ‘was concerned solely with the question of the proper method and authority of enforcing ecclesiastical discipline in a State *which was uniform in its religion*’⁵ – that is to say, where the statutory authorities share the same theological convictions as a single State church, such that the two are distinguished not by doctrinal belief, but simply by the scope of their jurisdiction. A similar uniformity was assumed by Richard Hooker in his *Laws of Ecclesiastical Polity* (1594) – the most foundational apologetic for the establishment of the Church of England. Indeed, Figgis insists that in his posthumously-published *Nullity of Church Censures*,⁶ Erastus was plainly ‘not concerned ... as to the coercive religious authority of a State which allowed more than one [form of religious expression]’. That scenario would pertain later, when Westminster Assembly divines like John Selden and Bulstrode Whitelocke were identified with Erastianism in 1643 for suggesting that the State should regulate a range of (albeit still Protestant) denominations, and when around the same time the great English philosopher Thomas Hobbes (1588-1679) proposed State regulation of the Established Church of England by a parliament that might nonetheless comprise those of

¹ This paper adapts and develops material from the research and writing I did for the February 2018 report of the Theology Advisory Group of the Evangelical Alliance (TAG) entitled *Reviewing the Discourse of ‘Spiritual Abuse’: Logical Problems and Unintended Consequences*. I chair TAG and was lead drafter of this report, which is available at <https://www.eauk.org/current-affairs/media/press-releases/upload/Reviewing-the-Discourse-of-Spiritual-Abuse.pdf> Accessed 1/6/18

² *Protecting All God’s Children: The Policy for Safeguarding Children in the Church of England (4th Edition)*. London: Church House Publishing, 2010, 16. Available at: <http://www.lincoln.anglican.org/media/6142/protecting-all-gods-children.pdf> Accessed 24/1/18. Jo Renee Formicola, *Clerical Sexual Abuse: How the Crisis Changed US Catholic Church-State Relations* (Palgrave Studies in Religion, Politics, and Policy) New York: Palgrave MacMillan, 2016; Thomas Plante & Kathleen McChesney (eds) *Sexual Abuse in the Catholic Church: A Decade of Crisis, 2002-2012* Santa Barbara, CA: Praeger, 2011; Mary Gail Frawley-O’Dea *Perversion of Power: Sexual Abuse in the Catholic Church* Nashville, TN: Vanderbilt University Press, 2007; <https://www.theguardian.com/australia-news/2017/dec/15/royal-commission-final-report-australia-child-abuse> Accessed 28/1/18; Zahra Tizro, *Domestic Violence in Iran: Women, Marriage and Islam*. London: Routledge, 2011; http://www.hinduwebsite.com/hinduism/h_violence.asp Accessed 28/1/18.

³ F.L. Cross & E.A. Livingstone, ‘Erastianism’ in *The Oxford Dictionary of the Christian Church*, Oxford: OUP, 1997, 558; David Little, ‘Erastianism’ in Donald K. McKim (ed), *Encyclopedia of the Reformed Faith*. Louisville, Ky & Edinburgh: Westminster/John Knox & St Andrew’s Press, 1992, 122; Peter Toon, ‘Erastianism’, in J.D. Douglas (ed.), *New International Dictionary of the Christian Church*. Grand Rapids: Zondervan, 1996, 35.

⁴ J.N. Figgis, ‘Erastus and Erastianism’, *JTS* 2 (1900), 66-78

⁵ Figgis, ‘Erastus’, 66. My emphasis.

⁶ Originally published in Latin in 1589 as *Explicatio Gravissimae Questionis*.

different denominational allegiances, or, indeed, of none.⁷ More particularly, as Figgis underlines, Erastus believed that the church should not excommunicate its own errant members, but that the magistracy should decide matters of ecclesial discipline and punishment *on behalf of* the church.

Today, of course, our British constitutional arrangements allow for a much greater plurality of religious expression – not just across and between different Christian churches, but across and between other faiths communities, too. In what Stuart Murray, Craig Carter and others term our ‘post-Christendom’ context, the Church of England might remain Established, but Establishment no longer implies a hegemony of one Christian, or indeed one religious, tradition.⁸ Nor would we realistically expect, as Hobbes did, that a religiously plural parliament could regulate the doctrine, liturgy and polity of the Established Church to anywhere near the extent that it did as recently as, say, 1928, when it rejected a revised version of the Anglican Prayer Book. And yet, SA today provides us with a case study of a surprisingly paradoxical mutation of Erastianism, if not of Erastus’ own civic theology. In that mutation, an increasingly and self-consciously secular and plural State is nonetheless being cast as a potential arbiter of theological propriety, and of theological disputes between one group of religious believers and another.

In a paper presented to the Royal College of Psychiatrists in April 2017, entitled ‘Spiritual Abuse – the Next Great Scandal for the Church’⁹, the senior lay Anglican Jayne Ozanne acknowledged that SA is not yet a legally-recognised category, but accumulated references to it in current Anglican, Methodist and United Reformed Church safeguarding literature,¹⁰ and linked these references to existing legislation on hate crime and hate speech.¹¹ The implication was that SA should be subject to the same punishment as these criminal offences, or that it should be circumscribed on a par with other existing forms of criminal abuse.¹² In the same paper Ozanne favourably cited work being done by the Churches’ Child Protection Advisory Service (CCPAS – since renamed Thirty-One Eight) to promote SA discourse, and endorsed its approach as a model of how to ‘deal with’ it. Since CCPAS/Thirty-One Eight has been the preferred safeguarding agency of several churches and Christian organisations, this rising profile of SA discourse needs to be examined carefully.¹³ In order to do this, it will be helpful to review how the concept SA has evolved historically to this point.

In 1991, Bethany House issued David Johnson and Jeff Van Vonderen’s *The Subtle Power of Spiritual Abuse*.¹⁴ In 1992, the similarly evangelical publisher Zondervan released Ronald Enroth’s *Churches That Abuse*.¹⁵ This was followed in 1993 by another title on the same theme from IVP America – Ken Blue’s *Healing Spiritual Abuse: How to Break Free from Bad Church Experience*.¹⁶ These and more recent texts using the phraseology of SA are undoubtedly motivated by genuine concern to support victims of the various baleful phenomena that phrase is taken to entail – namely domination or bullying of one person by another who is usually in a position of institutional authority over them, such that the victim manifests debilitating responses including shame, anxiety and depression.¹⁷

⁷ Hobbes, Thomas, *Leviathan* (ed. Richard Tuck), Cambridge: CUP, 1991 [1651], Ch. XLII ‘Of Power Ecclesiastical’, 338.

⁸ Stuart Murray Williams, *Post-Christendom: Church and Mission in a Strange New World (2nd Edn)*. Eugene, Or.: Cascade, 2018; Craig Carter, *Rethinking Christ And Culture: A Post-Christendom Perspective*. Grand Rapids: Baker, 2009.

⁹ <http://www.rcpsych.ac.uk/pdf/jayneozannespiritualabusetheNextGreatScandalForTheChurch.pdf> Accessed 15/11/17.

¹⁰ Ozanne cites references to SA in Church of England and Methodist Church of GB safeguarding literature, but concedes that it is *not* a term recognised or used by the Catholic Church or the Baptist Union of GB. Ozanne, ‘Spiritual Abuse’, 2-4.

¹¹ Ozanne, ‘Spiritual Abuse’, 6-8

¹² *Ibid.*, 6-9.

¹³ All the following current resources and pages from CCPAS’ website continue to promote the use of the term ‘Spiritual Abuse’: [http://files.ccpas.co.uk/documents/Help-SpiritualAbuse%20\(2015\).pdf](http://files.ccpas.co.uk/documents/Help-SpiritualAbuse%20(2015).pdf); <https://services.ccpas.co.uk/information/research>; <https://www.ccpas.co.uk/training>; <https://www.ccpas.co.uk/theology>; <https://www.ccpas.co.uk/review> All accessed 30/11/17.

Ozanne, ‘Spiritual Abuse’, 4. Ozanne’s PowerPoint presentation for her talk includes a final slide entitled ‘Dealing with Spiritual Abuse’, which depicts the CCPAS logo and commends CCPAS as the lead agency addressing SA.

<http://www.rcpsych.ac.uk/pdf/Ozanne%20Jayne%20-%20Spiritual%20Abuse%20-%20April%202017.pdf> Accessed 30/11/17.

¹⁴ Grand Rapids: Bethany House, 1991.

¹⁵ Ronald Enroth, *Churches That Abuse*. Grand Rapids: Zondervan, 1992. Text also available at <http://www.ccel.us/churches.toc.html> Accessed 27/11/17. See also Enroth’s follow-up volume from 1994, *Recovering from Churches that Abuse*. Grand Rapids: Zondervan, 1994. Available as a free e-book at http://www.agapecounselors.com/uploads/4/9/9/2/49921401/recovering_from_churches_that_abuse_-_ronald_m_enroth_web.pdf Accessed 28/1/18.

¹⁶ Downers Grove, Ill., 1993.

¹⁷ More recent books deploying the nomenclature of SA include Boyd D. Purcell, *Spiritual Terrorism: Spiritual Abuse from The Womb to The Tomb*. Bloomington, In., 2008; Yvonne Davis-Weir, *Spiritual Abuse: Learning and Overcoming Spiritual Abuse in the*

Legally, however, such phenomena would most often be identified as forms of Emotional or Psychological Abuse, and although the clearest delineation of this in UK law is that which defines Emotional Abuse as one form of *child* abuse alongside Sexual Abuse, Physical Abuse and Neglect, any prosecution of a crime which caused an *adult* victim to suffer Psychological Abuse would most likely be pursued with reference to the well-established offence of Common Assault. CCPAS in particular has additionally sought to present most or all of these phenomena as ‘religious’ forms of the more recently-codified category of abuse known as ‘Coercive and Controlling Behaviour’. Yet in statutory terms the language of Coercion and Control is focused on intimate domestic relationships and has not been read across to abuse that takes place distinctively in religious settings.¹⁸

Now it needs to be stressed here that Emotional or Psychological Abuse could be manifest in *all sorts* of settings – marital, commercial, medical, sporting, theatrical, party-political, in Hollywood or the media, as well as in so-called ‘spiritual’ contexts. From the sexual harassment scandals exposed by the ‘#MeToo’¹⁹, and ‘TimesUp’ movements²⁰, through recent accusations of bullying made against Speaker of the Commons John Bercow, to complaints upheld by British Cycling against its former Technical Director Shane Sutton for intimidating and denigrating female and Paralympic cyclists,²¹ testimonies to Psychological Abuse are gaining greater prominence. Yet there seems little appetite for re-categorising these diverse manifestations of Psychological Abuse specifically according to their context, with niche terms like ‘entertainment industry abuse’, ‘parliamentary abuse’ or ‘sporting abuse’ – precisely because such sub-categorisations might detract from the headline point that *all* such forms of abuse should be aligned to the extant statutory definition of Psychological Abuse, and if pursued legally, should meet the criminal threshold for prosecution according to that primary definition.

Despite all this, proponents of SA hold that there is something so distinctive about the ‘spiritual’ context in which Emotional and Psychological Abuse might occur, that it requires its own separate, headline definition. Thus, following the early work of Johnson, Van Vonderen, Enroth and Blue, Ozanne, CCPAS and others propose that for abuse to be deemed specifically ‘spiritual’ it must principally:

- a) be ‘justified’ by appeal to the divine,²² or to one or more sacred texts defined as having divine authority;²³
- b) be enacted by people associated in their role or function as religious,²⁴ and
- c) take place in settings identified in one way or another as religious.²⁵

Church and Home. Bloomington, In: WestBow, 2015; June Hunt, *Spiritual Abuse: Breaking Free from Religious Control (Hope for the Heart)*, 2015; F. Reimy Deiderich, *Broken Trust: A Practical Guide to Identify and Recover from Toxic Faith, Toxic Church, and Spiritual Abuse*. BISAC, 2017.

¹⁸ http://www.cps.gov.uk/legal/a_to_c/controlling_or_coercive_behaviour/ Accessed 28/11/17;

<https://www.gov.uk/guidance/domestic-violence-and-abuse> Accessed 28/1/18; <https://www.gov.uk/government/news/coercive-or-controlling-behaviour-now-a-crime> Accessed 28/11/17. The extrapolation of this domestic abuse-specific legal category of ‘coercion and control’ to distinctively religious contexts is made by CCPAS, for instance, in their current guideline booklet *I Want to Understand Spiritual Abuse*. [http://files.ccpas.co.uk/documents/Help-SpiritualAbuse%20\(2015\).pdf](http://files.ccpas.co.uk/documents/Help-SpiritualAbuse%20(2015).pdf) Accessed 28/11/17.

¹⁹ <https://www.theguardian.com/world/2017/oct/20/women-worldwide-use-hashtag-metoo-against-sexual-harassment> Accessed 24/1/18; <https://www.nytimes.com/2018/01/05/opinion/golden-globes-metoo.html> Accessed 20/1/18.

²⁰ <http://www.independent.co.uk/news/uk/politics/mps-sex-scandal-sleaze-spreadsheet-timeline-what-happened-explained-westminster-a8032531.html> Accessed 28/1/18; <https://www.theguardian.com/politics/2017/dec/19/corbyn-horrified-by-sexual-harassment-claims-in-westminster> Accessed 28/1/18; <http://time.com/5033751/sexual-harassment-politicians-roy-moore-al-franken/> Accessed 28/1/18; <https://www.nytimes.com/2016/11/03/us/politics/why-sexual-harassment-persists-in-politics.html> Accessed 28/1/18; TUC/Everyday Sexism, *Still Just a Bit of Banter? Sexual Harassment in the Workplace in 2016*. Online at: <https://www.tuc.org.uk/sites/default/files/SexualHarassmentreport2016.pdf> Accessed 27/1/18; <https://www.theguardian.com/world/2017/oct/16/facts-sexual-harassment-workplace-harvey-weinstein> Accessed 28/1/18; <https://www.theguardian.com/lifeandstyle/2016/aug/10/half-of-women-uk-have-been-sexually-harassed-at-work-tuc-study-everyday-sexism> Accessed 28/1/18.

²¹ <https://www.theguardian.com/sport/2016/oct/28/british-cycling-upholds-complaint-shane-sutton-jessica-varnish> Accessed 28/1/18.

²² Enroth, *Churches That Abuse*, 29.

²³ Johnson & Van Vonderen, *Spiritual Abuse*, 81-93.

²⁴ Blue, *Healing Spiritual Abuse*, 12-14; Johnson & Vonderen, *Spiritual Abuse*, 111-120.

²⁵ Enroth, *Churches That Abuse*, 15-34.

Theoretically, of course, SA could be taken to extend to *all* religious traditions. But in fact, virtually every popular and academic publication in English that uses this term is focused on Christianity. Most prominent among these is Lisa Oakley & Kathryn Kinmond's *Breaking the Silence on Spiritual Abuse* (2013).²⁶ Oakley herself is deployed as a consultant by Thirty-One Eight and has spoken at several of the SA-themed events it has run during the past two years or so.²⁷ She is also a member of the Psychology Department at Chester University. Her definition of SA builds on the preceding work cited above, as does her more particular delineation of SA as 'spiritual'. Moreover, the inclusion of 'coercion and control' language in her definition both echoes and informs the translation of that language from the legal codification of domestic abuse into religious contexts:

Spiritual abuse is coercion and control of one individual by another in a spiritual context. The target experiences spiritual abuse as a deeply emotional personal attack. This abuse may include: manipulation and exploitation, enforced accountability, censorship of decision making, requirements for secrecy and silence, pressure to conform, misuse of scripture or the pulpit to control behaviour, requirement of obedience to the abuser, the suggestion that the abuser has a 'divine' position, and isolation from others, especially those external to the abusive context.²⁸

At face value, this more formal definition seems commendable enough: after all, manipulation, domination and bullying offend not only modern secular morality; they are inimical to the gospel. In Matthew 23, Jesus sharply criticises religious leaders who unduly 'burden' others without supporting them (v.4); who 'shut the kingdom of heaven in people's faces' (v.13), and who insist on petty legalistic observances while neglecting to show 'justice, mercy and faithfulness' (v.23). In Mark 10:42-43, he contrasts existing Gentile rulers, who 'lord' it over those in their charge, with faithful Christian ministers who act as 'servants' to those in their care. Paul, likewise, castigates religious 'empty talkers and deceivers' who 'upset whole families' and 'teach things they should not teach' (Titus 1:10-11).

Insofar as the burgeoning discourse of SA represents a sincere attempt to safeguard against the negative traits identified in these biblical texts, the *motives* for its use might be understandable. All the same, sincerity of intent cannot serve as the only test for ministry and mission. We must be mindful also of the *consequences* of what we say and do, whether intended or not. Indeed, particularly within our current socio-political climate, the need for critical wisdom with respect to the actual *use* and *effect* of SA discourse is crucial.

Such critical wisdom has become even more necessary of late, in the wake of the first Determination by a Church of England Bishop's Disciplinary Tribunal to cite SA as a specific aspect of misconduct warranting sanction under the Clergy Discipline Measure (2003). In this Determination from December 2017, the Revd Timothy Davis, Vicar of Christ Church, Abingdon, was found by Oxford Diocese's Tribunal to have exercised 'abuse of spiritual power and authority' over a teenage schoolboy whose family were members of his congregation.²⁹ Specifically, the Tribunal concurred with the boy's and his mother's joint complaint that Mr Davis had subjected the boy to mentoring of 'such intensity ... that he was in breach of safeguarding procedures both of the national Church but also of the parish and that this amounted to spiritual abuse'.³⁰

In one sense, the Determinations of a Bishop's Disciplinary Tribunal are internal to the Church of England, and as such may deploy ecclesiastically-specific concepts and punishments *additional* to the precepts of the

²⁶ Basingstoke: Palgrave MacMillan, 2013.

²⁷ <http://services.ccpas.co.uk/information/media/press-releases/10-02-2017> Accessed 15/11/17.

[http://files.ccpas.co.uk/documents/Bio%20-%20Lisa%20Oakley%20\(July%202014\).pdf](http://files.ccpas.co.uk/documents/Bio%20-%20Lisa%20Oakley%20(July%202014).pdf) Accessed 15/11/17.

[http://files.ccpas.co.uk/documents/Help-SpiritualAbuse%20\(2015\).pdf](http://files.ccpas.co.uk/documents/Help-SpiritualAbuse%20(2015).pdf) Accessed 15/11/17;

<http://files.ccpas.co.uk/documents/SpiritualAbuseSummaryDocument.pdf> Accessed 29/1/18.

²⁸ Lisa Oakley & Kathryn Kinmond, *Breaking the Silence on Spiritual Abuse*, Basingstoke: Palgrave MacMillan, 2013, 21. This definition is prominently quoted on p.3 of the lead CCPAS guidebook, *Help: I Want to Understand Spiritual Abuse*.

[http://files.ccpas.co.uk/documents/Help-SpiritualAbuse%20\(2015\).pdf](http://files.ccpas.co.uk/documents/Help-SpiritualAbuse%20(2015).pdf) Accessed 30/11/17.

²⁹ <https://www.churchofengland.org/sites/default/files/2018-01/TD%20Judgement%20final%2020181228.pdf> pp.1, 18. Accessed 5/1/18.

³⁰ <https://www.churchofengland.org/sites/default/files/2018-01/TD%20Judgement%20final%2020181228.pdf> pp.11-18. Accessed 5/1/18.

law. Even so, the status of the Church of England as an established church, and the construal of Mr Davis' SA in relation to statutory safeguarding protocols, could be interpreted as lending proto-legal weight to the concept of SA. Specifically, it could be seen as providing ecclesiastical 'case law' which secular lawmakers might then cite, pursuant to placing a distinctive offence of 'Spiritual Abuse' on the statute book, or within associated secondary guidance, and prosecuting it as such.

Indeed, reviewing the outcome of the Davis case, Jayne Ozanne took the Oxford Tribunal's Determination as a cue for proposing that 'the government needs to recognise Spiritual Abuse as a formal category of harm – particularly with children – and add it to their current four-fold definition of abuse – physical, sexual, emotional abuse and neglect'.³¹ The Christian abuse survivors' charity Replenish similarly suggested that the current legal restriction of 'coercive and controlling' behaviour to intimate relationships in domestic contexts should be extrapolated to include ecclesial contexts also.³² Perhaps more predictably, Humanists UK have also begun campaigning for the extension of the same statute to cover SA. Yet one must ask in relation to these actual or potential construals of SA as a new legal proscription, 'How would the singling out of specifically spiritual/religious people and communities in this way for exclusive, additional prosecution over and above the existing secular framework not constitute religious discrimination?' Surely, it would require police officers, the Crown Prosecution Service, barristers and judges of diverse faiths *and none* to make granular theological distinctions that they could hardly be qualified to make. It would also potentially single out Emotional and Psychological Abuse perpetrated in contexts deemed to be 'spiritual' or 'religious' as somehow worthy of special, or even additional, legal punishment as compared to other forms of Emotional or Psychological Abuse.

As we have seen, Erastianism will the state to punish specifically theological offences defined in accordance with specifically sacred texts, ministries or settings. It makes the State the arbiter of both secular *and* ecclesial penal discipline, and to all intents and purposes conflates the two.³³ This is effectively what certain proponents SA discourse are seeking. Yet they are doing so from apparently liberal-progressive motives which are curiously at odds with the theocratic, mono-religious context that Erastus himself envisaged as the only viable context in which his polity could work, and that are at odds *also* with the context of Established church dominance that is required for latter-day Hobbesian-style Erastianism. My proposal is that in the interests of religious liberties so hard-won from theocratic hegemony and state-church coercion in the later seventeenth century, this new, hybrid form of 'neo-Erastianism' should be resisted.

In 1689, one of the great pioneers of religious rights and freedoms, John Locke, wrote in his *Letter Concerning Toleration* that 'the Magistrate's Power extends not to the establishing of any Articles of Faith, or Forms of Worship by the force of ... Laws. For Laws are of no force at all without Penalties, and Penalties in this case are absolutely impertinent, because they are not proper to convince the mind'.³⁴ Locke's point is that in a society where different people and groups manifestly hold different religious beliefs, it should not be the job of the law to arbitrate between those beliefs, since to do so would be to suggest that the law should compel certain theological convictions or doctrines as correct for society as a whole, and punish other theological convictions or doctrines as incorrect for society as a whole. Such compulsion and punishment, for Locke, would fundamentally misrepresent the nature of religious belief, which, if authentic, should be freely chosen, and freely permitted.

As things stand, a religious leader who preaches race-hate or incites terrorist bombing in Britain today will rightly be prosecuted in law not for their theologically or 'spiritually' abusive views as such, or because they are a specifically *religious* leader, but rather with regard to how their views issue in deeds that violate laws

³¹ Jayne Ozanne, 'Are You Suffering from Spiritual Abuse?' <https://viamedia.news/2018/01/08/are-you-suffering-from-spiritual-abuse/> Accessed 25/1/18.

³² Replenish, 'A Response to the Evangelical Alliance Theology Advisory Group Report'. <http://www.replenished.life/a-response-to-the-evangelical-alliance-theology-advisory-group-report> Accessed 14/2/18.

³³ A.M. Renwick, 'Erastianism', in Walter A. Elwell, *Evangelical Dictionary of Theology*. Carlisle: Paternoster Press, 1984, 361-362; J.N. Figgis, 'Erastus and Erastianism', *Journal of Theological Studies* 2 (1900): 66-101.

³⁴ John Locke, 'A Letter Concerning Toleration', in *Second Treatise of Government and A Letter Concerning Toleration*. Oxford: OUP, 2016 [1689], 129.

which must apply to all citizens, and not to religious believers alone. Again, the law in a secular democracy that cherishes religious freedom may be competent to try the *effects* of certain applications of certain theologies insofar as those same effects might be perpetrated by non-religious citizens as well. It is not competent, however, to try those theologies *qua* theologies, since to do so would be to require legal authorities to make specifically theological judgments that they cannot conceivably be competent to make. In his magisterial study *Free Speech: Ten Principles for a Connected World*, the Oxford political philosopher Timothy Garton Ash devotes a chapter to free speech and religion in which he exposes the various ‘bad, anachronistic, inconsistent, vacuous and counterproductive’ applications of laws intended to protect distinctively theological sensitivities in modern secular pluralist states, as well as to circumscribe the specifically theological convictions of particular faith groups within those states, rather than the more general, long-standing principle of religious freedom *per se*. Even then, as Garton Ash goes on to point out, New Labour’s 2006 legislation on ‘Incitement to Religious Hatred’ was amended to cover not just ‘religion’ but ‘any other belief system’ – so elusive is a clear definition of ‘religion’ or ‘spirituality’ when one moves as far away from theocracy or monocultural Establishment as today’s UK has moved from the contexts that Erastus and Hobbes assumed.³⁵

Precisely inasmuch as such ill-informed legal judgments of the ‘spiritual’, ‘religious’ or theological dimensions of abuse would institutionalise and compound religious discrimination, it is crucial to underline that such potential discrimination would apply just as much, if not more, to *other* faith traditions as to Christianity – and even, perhaps, to ‘belief systems’ like Marxism, that might bear certain anthropological traits of ‘religiosity’ without subscribing to theism, or theology as such. Thus, one must assume that SA perpetrated by ‘coercive and controlling’ application of the Qur’an, Guru Granth Sahib or Vedas by imams, Granthis or Hindu priests, by Orthodox Jewish or Sikh parents insisting on intra-religious marriages for their children, or by Islamic or Hindu family shame and honour codes, would be pursued as vigorously by safeguarding agencies and statutory authorities as instances of SA within Christianity. Yet the likelihood that this would stir up a highly toxic ‘culture war’ – one prone ironically to accusations of racism and ethnocentrism – ought to give serious pause for thought.³⁶ If such a bleak situation *is* allowed to develop, we shall surely have reanimated a *form* of Erastianism, but a strangely chimerical form whereby judges would purport to arbitrate between ‘right’ and ‘wrong’ spiritual beliefs and actions *qua* ‘spiritual’, not from a clearly-defined theological standpoint authorised by the state, but from a perspective that would not itself be specifically or even generically theological. In this scenario, such neo-Erastianism would not be so much paradoxical as incoherent. By association, the broader cogency and operativity of the term SA must be in serious doubt.

The tendency to separate out spiritually-related Emotional and Psychological Abuse as something requiring distinct legal sanction can also be critiqued on analogy with child sexual abuse. Granted, a judge might possibly *sentence* a paedophile church minister more severely than a non-religious paedophile who did not hold a professional duty of care to children. But the same additional severity in sentencing would apply to an atheist paediatric surgeon, child care worker or secular youth worker likewise convicted of child abuse. Again a ‘spiritual’ motivation, role or setting might be of concern to the specifically religious body from which the perpetrator has come, and that religious body might well take steps to condemn any attempt to justify or excuse such abuse theologically. But that should not be confused with the same religious body’s base-line responsibility to refer psychological and emotional abusers in its midst to the statutory authorities when their offences merit it, where they should be dealt with according to the non-theologically-specific precepts of the law.

Indeed, churches and other faith bodies might very well wish to apply *further* disciplinary measures over and above those applied by the law to emotional and psychological abusers in their midst (e.g. suspension or decommissioning from public ministry). To reiterate: of all communities the church should hold to the highest ethical and pastoral standards where this and other forms of abuse are concerned. But as in other

³⁵ Timothy Garton Ash, *Free Speech: Ten Principles for a Connected World*. London: Atlantic, 2016, 270-271.

³⁶ Another very difficult problem for prosecution authorities (let alone a jury) to overcome in this scenario would be the role of Sharia courts and Jewish courts such as the Beth din. The definitions of SA cited here could mean that such quasi-legal systems might routinely be deemed guilty of SA, which would again risk deepening inter-cultural and inter-ethnic tensions.

arenas of safeguarding and therapeutic care, diagnosis is key to more effective treatment, so cohesive diagnosis is key here, too. As it stands, the term SA might be equated to amorphous concepts like ‘The Vapours’, ‘Shellshock’ and ‘Hysteria’ that were common in psychology a century ago, but which have been superseded by more precise diagnoses like clinical depression, bipolar disorder, functional neurologic disorders, and post-traumatic stress disorder. As I have argued, reiterating default legal definitions of Emotional and Psychological Abuse would be the more lucid and more actionable diagnostic course for churches and other religious communities to take. Where appropriate, it *might* be helpful to identify the context in which such abuse has occurred as ‘religious’ or ‘spiritual’ – although as we have seen, precise definitions of these terms are notoriously elusive, and would be even more problematic for police, politicians and lawyers unschooled in theology or religious studies to define. In any case, there should be no suggestion that by appending such qualifiers to it, the abuse perpetrated should be subject to any distinctive *legal* sanction. Indeed, it is because the danger of such distinctive legal sanction for religious groups would be even greater if the discrete construct of SA continued to be oxygenated as described here, that its recent proliferation should be re-thought, reviewed, and reversed.

David Hilborn

The Rise and Normalisation of Transgenderism

This article aims to provide a general overview for the general reader of how transsexual/transgender rights and ideology developed in the United Kingdom and these have been normalised. Many Christians approach this topic to gain pastoral insights. Whilst this is entirely commendable, it is insufficient and inadequate to the task of understanding and confronting this phenomenon as one that now affects people from all walks of life. Transgenderism – or transsexualism as it used to be known – is not only a psychiatric condition, it is also an ideology that redefines human dignity and reality and fits with the now-dominant ideology of the UK government. This ideology is the right to be who you believe yourself to be. This is the polar opposite of the Christian outlook on life; it is modern-day gnosticism. The conflict we are in is therefore comparable to the ones the early Christians faced in the first three centuries.

Where did ‘transsexualism’ and ‘gender identity’ come from?

The short answer is, from gay rights activism and rebellion against Christian ethics. The whole field of the study of transsexualism and homosexuality started in Germany in the late 19th century.³⁷ Medics specialising in the study of human sexuality started publishing cases of ‘inversion’, the term for people who claimed to feel as if they were of the opposite sex (‘women trapped in men’s bodies’ and vice versa), and who lived according to this belief. ‘Inversion’ in this sense tended to be associated at the time with homosexuality. Eugen Steinach attempted transplantation on animals aimed at producing changes of sex by castrating male rodents, then implanting ovaries into them, thus feminising their behaviour. News of these experiments led people to start asking for similar operations for themselves, predominantly men requesting castration and women requesting hysterectomies. Magnus Hirschfeld coined the term ‘*Seelische Transsexualismus*’ (transsexualism of the soul) to refer to ‘inversion’. He called people who wanted to change their sex ‘transvestites’. Hirschfeld was a left-wing gay rights activist in Germany in the first half of the twentieth century, and was invited to the United States in 1930 by Harry Benjamin, the American doctor whose successful campaigning for ‘sex-change surgery’ aimed to marginalise psychiatric and psychotherapeutic interventions for patients. Benjamin pushed the erroneous view that a person’s sex was defined by hormones, a definition which deliberately bypassed the more fundamental role of chromosomes and which conveniently justified administering artificial cross-sex hormones to transsexuals.³⁸

After the Second World War the American psychiatrist David O. Cauldwell defined ‘transsexual’ as a person who wants to change their sex. Cauldwell refused to agree to ‘sex-change’ operations for such patients, stressing that transsexualism was caused by problems with socialisation. Here we can see that the therapeutic approach to transsexualism as the product of nurture not nature originated in the English-speaking ‘free’ world. That said, socially libertarian doctors who believed in sexual emancipation and ‘rights’ championed the view that it was biologically rooted and unchangeable in the USA as well. Thus Harry Benjamin became associated with the notorious ‘sex researcher’ Alfred Kinsey and shared research material on human sexuality, with the latter referring a male patient wishing to become a woman to him in 1949.

The notion that adult transsexual patients had a ‘psychological sex’ was invented by American medics in the 1950s, but they did this in order to reject the idea that this could be changed to correspond with a person’s genetically-rooted biological sex.³⁹ Particularly influential were John Money and his colleagues at the faculty of psychiatry in Johns Hopkins University when they started to use the term ‘gender’ and ‘gender identity’ to describe this idea. (Up until then ‘gender’ was merely a grammatical concept.) Money studied children born intersexed, whose appearance at birth made it hard to identify their biological sex.

³⁷ I am indebted for the history recounted here to Joanne Meyerowitz, *How Sex Changed: A History of Transsexuality in the United States*. Cambridge, Mass.: Harvard University Press, 2004: 15-50.

³⁸ Scientists had discovered hormones in the late 19th century and acknowledged chromosomes as the more fundamental determinants of sex in the early 20th century. Debates on the biological definition of sex were started by advocates of ‘sex-change’ surgery and cross-sex hormone treatment who wanted to make hormones, not chromosomes, the basis of this. Meyerowitz, *How Sex Changed*, 27.

³⁹ Meyerowitz, *How Sex Changed*, 112.

The argument was that intersexed children acquired their sense of being male or female from having been assigned to a particular sex at birth, and that attempting to modify gender later than early childhood was harmful.⁴⁰ The truth is that behind this seemingly rational and respectable dogma Money got away with terrible child abuse.

The most notorious instance was the now infamous experiment that Money conducted on Canadian boy David Reimer. Reimer underwent a botched circumcision operation at eight months of age, and Money persuaded his parents to rear him as a girl instead, subjecting Reimer to sex-reassignment surgery and 'psychological conditioning' – in other words, brainwashing.⁴¹ Reimer however later reported that he never considered himself a girl, was told that he was really a boy by his parents in his early teens and reverted to living as a boy at fifteen. Reimer also revealed that John Money had forced him and his twin brother to enact sexual experiments on each other, allegedly to prove the idea that sexual 'games' in childhood was good for healthy human development. Predictably, Reimer suffered psychologically throughout his life despite returning to live as a male, and committed suicide at the age of 38. John Money is now dead, but has become notorious due to these experiments on children's sex and sexuality.⁴²

Although the true history of John Money's abuse is now well-known, what is far less appreciated is the fact that 'sex-change' for children was practised in Nazi Germany. This is something that transgender activists rarely mention in their historical works. With the rise of Hitler to power in Germany, the Nazi regime burnt down Magnus Hirschfeld's extensive archival material on sexual minorities, the *Institut für Geschlechtswissenschaft*, allegedly because it contained so much incriminating evidence about the depraved sexual tendencies of prominent Nazis. Transgender activists tend to fixate on this episode whilst omitting the next stage in history, which is that 'sex-change' surgery was continued throughout the Nazi period, indeed it was alleged to have become more common, and that it was performed by the notorious doctor Josef Mengele 'the Angel of Death' in the concentration camp in Auschwitz, where he performed forced operations on boys.⁴³ Like many other Nazis, Mengele escaped to Argentina at the end of the Second World War. The State of Israel hunted for him in the early 1960s at the same time as Adolf Eichmann, but for various reasons unfortunately did not catch him.⁴⁴

John Randell and the origins of UK gender-identity clinics

The psychiatrist responsible for normalising transsexualism and 'sex-change' surgery in the UK was John Randell. He was appointed Physician for Psychological Medicine at Charing Cross Hospital on 1 January 1950. He died on 23 April 1982.⁴⁵ Randell started his work because his colleague Lennox Broster was working on people with Disorders of Sexual Development (intersex conditions) at Charing Cross during the 1930s and 1940s. Broster never operated on transsexuals and transvestites, being opposed, like most responsible doctors, to 'sex-change' surgery.⁴⁶ Initially Randell shared this view. In 1959 Randell wrote an article about fifty cases of transvestism and transsexualism seen by him. He completed an MD thesis at the University of Wales on the subject in 1960, discussing 61 male and 16 female patients. According to himself he saw an average of fifty new cases a year in the 1960s. In 1971 he gave a paper at a conference where he said that in 1969 44 males and 8 females had undergone surgery.⁴⁷

⁴⁰ Meyerowitz, *How Sex Changed*, 114ff.

⁴¹ John Colapinto, *As Nature Made Him: The Boy Who Was Raised as a Girl*. New York: Harper, 1997.

⁴² Judith Reisman unmasked Alfred Kinsey as an intellectual fraud who was morally bankrupt in Judith A. Reisman and Edward W. Eichel, *Kinsey, Sex and Fraud: The Indoctrination of a People*. Lafayette, Louisiana: Lochinvar Inc., 1990. See also her website http://www.drjudithreisman.com/the_kinsey_coverup.html

⁴³ Meyerowitz, *How Sex Changed*, 48. Katherine M. Ramsland, *Inside the Mind of Healthcare Serial Killers: Why They Kill*. Greenwood Publishing, 2007: 25.

⁴⁴ Sue Surkes, 'Honeytraps and birthday calls: Secret file reveals Mossad efforts to net Mengele', *The Times of Israel*, 5 September 2017. <https://www.timesofisrael.com/honeytraps-and-birthday-calls-secret-file-reveals-mossad-efforts-to-net-mengele/>

⁴⁵ Randell's biography from the Royal College of Physicians can be read at <http://munksroll.rcplondon.ac.uk/Biography/Details/3696>

⁴⁶ Obituary for Lennox Broster, *British Medical Journal* 1, 1965: 1130.

⁴⁷ John Bulmer Randell, *Cross-dressing and the desire to change sex*. M.D. Thesis. Cardiff: Welsh National School of Medicine, University of Wales, Cardiff, 1960. For the figures quoted, see Dave King and Richard Ekins, 'Pioneers of Transgendering: John Randell, 1918-1982', Gendys 2002, the Seventh International Gender Dysphoria Conference, Manchester, England, 2002. <http://www.gender.org.uk/conf/2002/king22.htm>

Sometime during the 1960s, it is not officially recorded when exactly, surgeons linked to Charing Cross Hospital Gender Identity Clinic started to perform 'sex-change' surgery upon a minority of patients seen by John Randell. The timing of the advent of such surgery to the United Kingdom, was significant. The sexual revolution and its ethos of turning conventional society upside down was the key contextual factor. There were at the time numerous psychotherapists and psychiatrists who preferred a psychological approach and who were opposed to surgery and cross-sex hormone treatment. Following the lead of Harry Benjamin those in favour of surgery, who were driving the agenda for physical treatment of transsexualism, disregarded the new evidence for post-operative misery and failure, such as that of the wealthy American female-to-male transsexual Reed Erickson.⁴⁸ This is important because amid the current talk of regret for gender reassignment (the current preferred term for 'sex-change surgery') and detransitioners (people who revert to living as members of their sex), readers must understand that for as long as there have been 'sex-change operations' performed, there have been people who regretted undergoing them. Not only that but the Reed Erickson Foundation continued to promote the matter. It organised the first International Symposium on the subject in London in 1969.⁴⁹

Then in the 1970s the annual number of patients seen by Randell increased from 100 to 200. This sounds very much like social contagion caused by increased media exposure during the sexual revolution. He claimed that around 30 patients a year underwent surgery during the 1970s. Randell reported that by 1980 he had seen 2,438 patients, 1,768 male and 670 female.⁵⁰ It is highly significant that Randell worked alone for many years, seemingly unaccountable to any colleagues. For in reality most doctors have never really approved of referring patients for surgery and cross-sex hormone treatment, seeing this not so much as medicine as an attempt at reinventing the human body. In addition, doctors have always worried that disappointment by patients when they learn from bitter experience that they have not truly 'changed sex' might lead to them being sued on grounds of medical negligence. It is perhaps not an accident that precise figures for the number of people who underwent surgery during Randell's time at Charing Cross are not available, though estimates are possible.⁵¹ It was in Randell's interest for there not to be comprehensive high quality record-keeping on the subject, making it easier to avoid the detection of serious mistakes.

Early history of campaigning in the UK

The earliest groups in the United Kingdom for people now known as 'transgender', namely tranvestites and transsexuals, were formed as overseas chapters of American organisations. For example, the highly influential American male transvestite Charles 'Virginia' Prince founded the Foundation for Personality Expression for male transvestites in 1960. In 1964 three British transvestites formed a British chapter, which became the Beaumont Society in 1966.⁵² Most of the members were heterosexual male transvestites, with many married. The Beaumont Society operated as a secret society originally, but slowly started to organise events to make transvestism respectable. It organised a conference in Leeds in 1974 to which a hundred people came. A small British chapter of the Transsexual Action Organisation was formed

⁴⁸ Harry Benjamin, 'Transvestism and Transsexualism', *International Journal of Sexology* 7, 1953, 12-14. Benjamin attacked all psychotherapy in relation to transsexualism and transvestism.

⁴⁹ The First International Symposium on Gender Dysphoria was held at the Piccadilly Hotel in London, 25-27 July 1969, co-sponsored by the Erickson Educational Foundation and the Albany Trust, a gay rights group. The chair was Prof. C. J. Dewhurst of Queen Charlotte's Hospital, London. One of the speakers was Labour MP David Kerr, Vice-President of the Socialist Medical Association, which was and is affiliated to the Labour Party. http://www.wpath.org/site_page.cfm?pk_association_webpage_menu=1347&pk_association_webpage=4229

⁵⁰ <http://www.gender.org.uk/conf/2002/king22.htm>

⁵¹ Gender Identity Research and Education Society (GIRES) estimated in 2008 that only around 10,000 people had hitherto presented themselves for gender dysphoria treatment. This is a credible estimate given the rise in referrals since 1999 when local NHS boards were legally required not to refuse gender reassignment. Yet GIRES also claimed, without providing supporting evidence, that 'the adults who present emerge from a large reservoir of transgender people, who experience some degree of gender variance. They may number 300,000, a prevalence of 600 per 100,000, of whom 80% were assigned boys at birth. However, the number would be nearly 500,000, if the gender balance among transgender people is equal.' Bernard Reed, Stephenne Rhodes, Dr. Pietà Schofield, Professor Kevan Wylie, *Gender Variance in the UK: Prevalence, Incidence, Growth and Geographic Distribution*, GIRES, 2009: 4. <https://web.archive.org/web/20100215040008/http://gires.org.uk:80/assets/Medpro-Assets/GenderVarianceUK-report.pdf> Curiously the article is no longer up on the GIRES website.

⁵² Mel Porter, 'Gender identity and sexual orientation', in Pat Thane (ed.), *Unequal Britain: Equalities in Britain since 1945*. London: Bloomsbury, 2010: 147-148.

in 1977. Stephen Whittle, a female-to-male transsexual born Stephanie, who became a lawyer to fight for transsexual rights, claims to have started the Self-Help Association for Transsexuals (SHAFT), which became the Gender Trust.⁵³

The road to transsexual rights

By the 1980s European transsexual activists were taking cases to court in their own countries, aiming to get them sent on for appeal at the European Court of Human Rights. Coincidentally, the European Parliament initiated the move towards transsexual rights in law across EU member states with a resolution opposing discrimination against transsexuals on 12 September 1989, calling on the Council of Europe to enact a convention for the protection of transsexuals. On 29 September 1989 the Parliamentary Assembly of the Council of Europe adopted Recommendation 1117 proposed by the Italian Communist MEP Stefano Rodotà:

Condition of transsexuals

Author(s): Parliamentary Assembly

Origin - Assembly debate on 29 September 1989 (21st Sitting) (see [Doc. 6100](#), report of the Legal Affairs Committee, Rapporteur : Mr Rodotà). Text adopted by the Assembly on 29 September 1989 (21st Sitting).

The Assembly,

1. Considering that transsexualism is a syndrome characterised by a dual personality, one physical, the other psychological, together with such a profound conviction of belonging to the other sex that the transsexual person is prompted to ask for the corresponding bodily 'correction' to be made;
2. Considering that modern medical progress, and in particular recourse to sexual conversion surgery, enable transsexuals to be given the appearance and, to a great extent, the characteristics of the sex opposite to that which appears on their birth certificate;
3. Observing that this treatment is of a nature to bring the physical sex and the psychological sex into harmony with one another, and so give such persons a sexual identity which, moreover, constitutes a decisive feature of their personality
4. Believing that account of the changes brought about should be taken in the transsexual's civil status records by adding such details to the original record so as to update the data concerning sex in the birth certificate and identity papers, and by authorising a subsequent change of forename;
5. Considering that a refusal of such amendment of the civil status papers exposes persons in this situation to the risk of being obliged to reveal to numerous people the reasons for the discrepancy between their physical appearance and legal status;
6. Noting that transsexualism raises relatively new and complex questions to which states are called upon to find answers compatible with respect for human rights;
7. Observing that, in the absence of specific rules, transsexuals are often the victims of discrimination and violation of their private life;
8. Considering, furthermore, that the legislation of many member states is seriously deficient in this area and does not permit transsexuals, particularly those who have undergone an operation, to have civil status amendments made to take account of their appearance, external morphology, psychology and social behaviour;
9. Considering the case-law of the European Commission and Court of Human Rights;
10. Referring to the resolution which the European Parliament adopted on 12 September 1989, in which, among other things, it called on the Council of Europe to enact a convention for the protection of transsexuals,
11. Recommends that the Committee of Ministers draw up a recommendation inviting member states to introduce legislation whereby, in the case of irreversible transsexualism:

⁵³ This evidence is from the TRANS-ACADEMIC archives on JISCM@ail, 1 June 1999. <https://www.iisjmail.ac.uk/cgi-bin/webadmin?A2=trans-academic;d79f3aba.99> Also see <http://www.lawsociety.org.uk/Policy-campaigns/documents/Stephen-Whittle-bio-June-2015/>

- a. the reference to the sex of the person concerned is to be rectified in the register of births and in the identity papers;
- b. a change of forename is to be authorised;
- c. the person's private life is to be protected;
- d. all discrimination in the enjoyment of fundamental rights and freedoms is prohibited in accordance with Article 14 of the European Convention on Human Rights.

Here we can see that the concept of 'psychological sex' noted above, as having originated among gender identity professionals in the USA, came via the Legal Affairs Committee of the Parliamentary Assembly of the Council of Europe, which was responsible for picking the judges of the European Court of Human Rights. This meant that it was only a matter of time before this idea entered the court's jurisprudence, enabling transsexual activists to win victories against member states of the Council of Europe.

The militant transsexual rights campaign group Press For Change was formed in 1992 by Stephen Whittle.⁵⁴ PFC focused on legal and lobbying activity. Out of PFC ten activists formed Gender Identity Research and Education Society (GIRES) in October 1997, an organisation which became a charity in 1998.⁵⁵ GIRES are still very active today. In 1994 Lynn Jones, the Labour MP for Selly Oak in Birmingham, along with Jane Playdon, formed the Parliamentary Forum for Transsexualism. The occasion for this was concern about transsexual prisoners brought up by a constituent.⁵⁶ During this period transsexual rights activists targeted key public institutions to influence them. Press For Change and the Gender and Sexuality Alliance (which closed in 1998) were invited by the Home Office in 1996 to prepare a report as part of a proposed review of Prison Service Guidelines regarding transsexual prisoners. The Home Secretary at the time was Michael Howard. A male-to-female transsexual called Kate More wrote Guideline proposals in June 1996.⁵⁷ This document cited Bryan Tully's three-year longitudinal study of transsexuals at Charing Cross Hospital Gender Identity Clinic in the 1980s, which found that over half of the male-to-female patients and roughly one third of the female-to-male patients had criminal backgrounds.⁵⁸ Kate More was also responsible for arguing that rape crisis centres for women should allow male-to-female transsexuals in. More also supported male-to-female transsexual/transgender prostitutes.⁵⁹ Thus we can see that today's debates about males in women's prisons, rape crisis centres and domestic violence shelters actually have their root in some very shady dealings over twenty years ago. (One of the serious shortcomings of the evidence on transsexualism/ transgenderism in the UK is in criminology. I know of very few studies since Tully's of the criminal background of people referred to gender identity clinics. Today's discussions of transgenderism and crime are stunted by the fact that police forces do not record the transgender status and biological sex of people arrested and charged for particular crimes. Hate crime data records the transgender status of victims, however, resulting in a one-sided picture.)

Transsexual rights campaigning in the UK in the early 2000s focused on campaigning for the Gender Recognition Bill to become law. This was a Bill tabled by the Blair government in response to the UK losing a case at the European Court of Human Rights.⁶⁰ Specifically, the Department for Constitutional Affairs (previously the Lord Chancellor's Department and now the Ministry of Justice) conducted a Final Regulatory Impact Assessment for the Bill in November 2004 just before it was tabled in the House of Lords, assessing the costs of not implementing the Bill. Consideration was only really given to the risk of continued litigation by transsexual right activists.⁶¹ No consideration was given to the effects on families and children, single-

⁵⁴ <https://web.archive.org/web/19990506043352/http://www.pfc.org.uk:80/legal/tsprison.htm>

⁵⁵ <http://www.gires.org.uk>

⁵⁶ <http://www.lynnjones.org.uk/lynn-jones-mp/transsex.htm#forum>

⁵⁷ <https://web.archive.org/web/19990506043352/http://www.pfc.org.uk:80/legal/tsprison.htm>

⁵⁸ Bryan Tully, *Accounting for Transsexualism and Transhomosexuality*. London: Whiting and Birch Ltd, 1992: 267.

⁵⁹ Kate More and Sandra Laframboise with Deborah Brady, 'Testimonies of HIV Activism', in Stephen Whittle and Kate More (eds.), *Reclaiming Genders: Transsexual Grammars at the Fin de Siecle*. London: Bloomsbury [1999], 2016: 144. <http://www.gender.org.uk/gendys/bookshop/more.htm>

⁶⁰ The decision of the European Court of Human Rights in the case of Goodwin v. United Kingdom in 2002 gave transsexuals the right to change the sex/gender on their birth certificates. <https://hudoc.echr.coe.int/eng#%7B22itemid%22001-60596%22%5D%7D>

⁶¹ The Final Regulatory Impact Assessment for the Gender Recognition Bill was published in November 2003, with three Options. Option 1 was 'Do nothing': 'The government is obliged to breaches of international law. A declaration of incompatibility with the [European] Convention [of Human Rights] can be made by a UK court and its effect is similar, i.e. if the government does nothing, the pressure to legislate will continue to build and further challenges and claims for compensation will continue to be brought.' The other options were a remedial order or primary legislation. <http://webarchive.nationalarchives.gov.uk/20040722074350/> <http://www.dca.gov.uk/risl/grbria.htm>

sex spaces, services and facilities, women's prisons, educational institutions, the quality and consistency of official data, the funding and staffing of the NHS, the effect on psychiatry and mental health, or other relevant fields. Only now are we seeing people starting to identify the problems involved, but only really in relation to transgender as a category that has been stretched by the Equality Act 2010 and of course the current proposals to allow legal gender change without medical checks. What is really required is an assessment of the implementation of the Gender Recognition Act since 2004.

Conclusion

I have used the term 'transsexual' in this article partly because this was the term used for people who fantasised about living as members of the opposite sex during the period about which I have been writing. Since then activists have pushed for the term 'transgender' to be used. This seems to be in response to the fact that the 2004 law safeguarded the definition of biological sex in UK law by using John Money's idea that people were choosing to live in something called a 'gender'. Activists keep on changing the terms; now we have 'gender identity' (or 'identities'), gender-neutral or non-binary (refusing to be known as either male or female). The general direction of travel remains the same as always – away from the person's biological sex towards the reconstruction of the body according to an idea in his or her head, and the demand now enshrined as a right in law, that everybody else should play along and call a man a woman and a woman a man.

Carys Moseley

Regrets – An Overlooked Problem?

'Non, je ne regrette rien'. So sang Edith Piaf back in the 1960s. Frank Sinatra also had a similar perception in his popular song 'My Way' in which he sings, 'Regrets, I've had a few, but then again, too few to mention'. If what they sang reflects what they actually experienced, then Piaf and Sinatra are very unusual. Indeed, you have to say they show an attitude to life's disappointments and failures that is very self-satisfied and self-justifying. And that comes through in Sinatra's song where he goes on to sing, 'I did what I had to do, and saw it through without exemption.' Of course, these are just the words of two songs which have been very popular. But they are interesting in that they express one approach to what is a very common, but rarely discussed problem for people – regrets.

Most people have regrets about things that have happened in their lives. Regret is both a feeling and a way of thinking where one dwells on or constantly replays some incident from the past, recent or long ago. The range of things that create regrets are extremely varied, from events that cannot be controlled, through disappointments, losses, broken relationships and family disputes. Personal failures and wrong choices may include things done and things left undone; disappointments may include things that happened or those longed-for things that never materialised.

Regrets may serve a positive end, but usually they are disturbing and can be very destructive. They can strike at every age and stage of life, but they are in some ways especially an issue in later life. Indeed, they can become a significant problem as people get older and have more time to reflect on life.

Dwelling on the past in this way can become a major hindrance to enjoying life, the ability to serve others... and readiness to die. The sense of guilt that may arise from dwelling on past events can be emotionally and spiritually debilitating. The remembrance of some things may induce great shame and distress, while others can leave one feeling empty and deeply sad; others memories bring back grief and deep feelings of pain and frustration.

Judging by my own experience of older people, and through talking with others who minister to this age group, it is clear that this is a fairly widespread problem. Let me illustrate: I was recently speaking to a group of about sixty older people on this theme and the Bible's response. At the close of the meeting I was surprised to find that almost everybody present said that I had described their own experience. A small number indicated that certain regrets filled their minds much of the time and robbed them of their joy in Christ. Those who minister to the dying will know that some will want to talk about past events that trouble them. I could give more anecdotes to show that this is a real issue and more frequent than we often think. It makes the absence of preaching and teaching on this theme rather surprising.

There is a real and profound difference between the Christian and the unbeliever. For a non-Christian, recurring and disturbing regrets may be an evidence of a troubled conscience. We can all recall some who have known deep conviction of sin and their regrets have become quite overwhelming. This can sometimes be an opportunity to bring the hope and comfort of the gospel. To then see such older people find peace is a joy and delight. Paul calls this experience of regret that leads to salvation 'godly sorrow' in 2 Corinthians 7:10. However, worldly people's regrets are utterly destructive because they have no sense of the glorious forgiveness of Christ.

On the other hand, for believers the recalling of past sins should only be in order to magnify the grace of God, rather than 'beat themselves up' because of their unworthiness. For them, regrets can be the memory of sins for which forgiveness has been found through the atoning sacrifice of Christ, or events and circumstances that Providence has subsequently overruled, sometimes in the most glorious way (1 Timothy 1:12-14). So, the recurrence of such memories must be answered with the Word of God and total reliance on God's promises to his children.

Paul is clearly referring to this, at least in part, in Philippians 3:

But one thing I do: forgetting what lies behind and reaching forward to those things which are ahead, I press on toward the goal for the prize of the upward call of God in Christ Jesus (vv13-14).

‘Forgetting those things which are behind’ is a daunting task and one with which we often struggle. That is undoubtedly why Paul adds, ‘reaching forward to those things which are ahead’. A clear focus on service for God and an anticipation of the blessings that are stored up in future for us leave little opportunity for the past to thrust itself into our minds for long. But that is the very reason why in later life regrets can become more prominent. There is more time to muse excessively on the things that are past and less opportunity for activity, especially if the limitations of age inhibit such.

A good thing to do in these circumstances is to follow the hymnwriter’s example:

*I muse on the things that are past,
wherein my defence Thou hast proved.
Nor wilt thou relinquish at last,
a sinner so signally loved.*

(‘A Sovereign Protector I Have’, Augustus Toplady, 1740-78)

Redirecting thought onto the triumphs of grace in our lives is a powerful tool against destructive regrets.

The objective reality of forgiveness through faith in the finished work of Christ and the personal enjoyment of the assurance of that forgiveness may not always coincide. Tender pastoral care is needed to help those who struggle to find a clearer view of the reality of grace and fix itself in the heart and mind. However, for some there this will be a life-long battle, so that though they are real believers, they will journey to heaven with a faltering gait, in need of regular spiritual medicine to heal the troubled soul’s recurring ‘fainting fits’. Part of the reason for writing this article is to encourage those who minister to older people to address this issue in a tender and sympathetic way, but also in a way that emphasises the glory of the redeeming work of Christ.

In addition, there can be no doubt that the Lord sometimes uses regret to provoke his people to righteousness when they have been behaving foolishly or been neglectful of duties as his people. Dave (not his real name) was a godly and effective minister of the gospel for many years. But in his last days he became very agitated by regret over his own conduct some years previously. Some people in a church he was pastoring had caused an unnecessary split in the congregation. He had stood for what was right but had been a little over-zealous and harsh in his response to the trouble-makers. This had disturbed him, but he had locked it away in the back of his mind. Occasionally it would reappear, but he always pushed it away and got on with the things he had to do. Now at the end of his days he was constantly troubled by the memory, wishing he had behaved better, and that he had sought reconciliation earlier. He shared the matter with his pastor and though not well enough himself to do so, asked him to write to the men involved asking for pardon and reconciliation. He read and approved the letters the pastor produced. Replies were received quite quickly in which each person acknowledged their own wrong and asked for his forgiveness. Meetings took place and there was true reconciliation. After that Dave’s final days were truly precious, and in them he knew such overwhelming peace and joy in Christ.

It must also be observed that sometimes regret may be misguided, based on a false or confused interpretation of events due to illness or stress. The experience of Job illustrates this powerfully (see, for example, Job 3:3 & 11). He regretted that he was ever born, but that was because of the awful things that had happened to him and his own physical pain. When he subsequently saw his life’s events in the light of the greatness of God (Job 42), he lost his regrets and gained both clarity of understanding and a wonderful restoration of blessing. This reminds us that it may be necessary in helping someone with regrets to ascertain the truth about some of the things that are being regretted. Gentle and sympathetic correction of misunderstanding may need to follow.

Finally, it may be helpful to note the difference between regret, remorse and conviction of sin. Regret, as we have seen, is essentially just recalling past failures and bad events. They may be just passing memories, or they can be things that are nurtured by self-pity and so become destructive. Remorse is a more intense

feeling; the word comes from a root that means 'to bite', and remorse does just that. It may well lead onto change in life and values. Judas and Peter are examples of remorse, but the outcomes were very different in their cases: Judas' remorse prompted his suicide, while Peter's led to tears, repentance and ultimately restoration. Remorse can be the outcome of regret but that is not always the case. Conviction of sin is more than remorse; according to Jesus in John 16:5-11, it is the work of the Holy Spirit. And when he comes in this way, he often brings people to Christ. So, these three things may go together – regret leads to remorse, remorse leads to conviction of sin and repentance. But often they are separate.

Loss of peace and joy, the restriction and hindrance of spiritual life, and the diminution of hope – these are the sad impact of regrets that are not dealt with. Too many believers in their last years feel this pain and sorrow. Surely this is what David was speaking about in Psalm 6:

*I am worn out from my groaning.
All night long I flood my bed with weeping
and drench my couch with tears.
My eyes grow weak with sorrow;
they fail because of all my foes. (vv6-7)*

But older Christians, being of the generation they are, often say nothing because they are not accustomed to sharing personal emotions and concerns; they are embarrassed to do so, and may end up feeling that no-one else experiences these things.

The Scripture quoted in this article show that there is a biblical answer to regret and clear examples of godly people who experienced such issues (many other references could be given). It is therefore incumbent on those of us who seek to minister to older people to take the opportunity to raise this matter in a caring and careful way, and then to apply the balm of Scripture.

Roger Hitchings

Introducing LovewiseOnline.org

Lovewise is a charity which seeks to help parents, youth groups and schools by providing presentations on the subjects of marriage, sex and relationships from a Christian perspective. The Affinity Social Issues Team would like to bring to the attention of a wider audience their new online resource for young people and so asked them to provide the following article about it.

During the summer of 2017, a youth leader contacted the Lovewise office to enquire whether we knew of a website where young people could access biblically faithful information about relationships, marriage and sex. She was seeking an alternative to the many secular websites for young people that particularly deal with relationships and sex. As we could not find a Christian website to fulfil this aim, and knowing that young people increasingly search for information online, we were challenged to prayerfully consider whether our next project at Lovewise should be to design and maintain a second website that young people could access directly.



A new website was built and in May 2018 LovewiseOnline.org was launched. The design of the site aimed to be visually led – to give a navigational style that young people are familiar with and is similar to existing platforms such as YouTube, iPlayer, Netflix, iTunes etc. Articles prepared for young people aged 13+ are now published on an approximately 2-3 weekly basis under the three categories of relationships, sex and wise living.



We aim to present biblical teaching in a clear and engaging way in order to both encourage and challenge Christian young people. In an increasingly confusing culture, it is important that they know what the Bible teaches about marriage, relationships and sex, and are aware of medical facts and sociological studies that confirm the Bible's teaching.

Some articles have been published as a short series; for example, on the dangers of pornography or on tips to make a marriage successful. Others are single articles covering topics such as social media, sexually

transmitted infections, various aspects of going out, transgender, singleness, consent, abortion, sexuality, commitment and marriage.

Interestingly, of the over forty articles published so far, the most viewed are:

- [5 questions to ask yourself before going out with someone](#)
- [Handle with care: How physical should you be when you are in a relationship?](#)
- [What does the Bible say about gay relationships?](#)
- [Lessons from Love Island](#)
- [Transgender in children: a medical perspective](#)
- [What's all the controversy about gender and identity?](#)



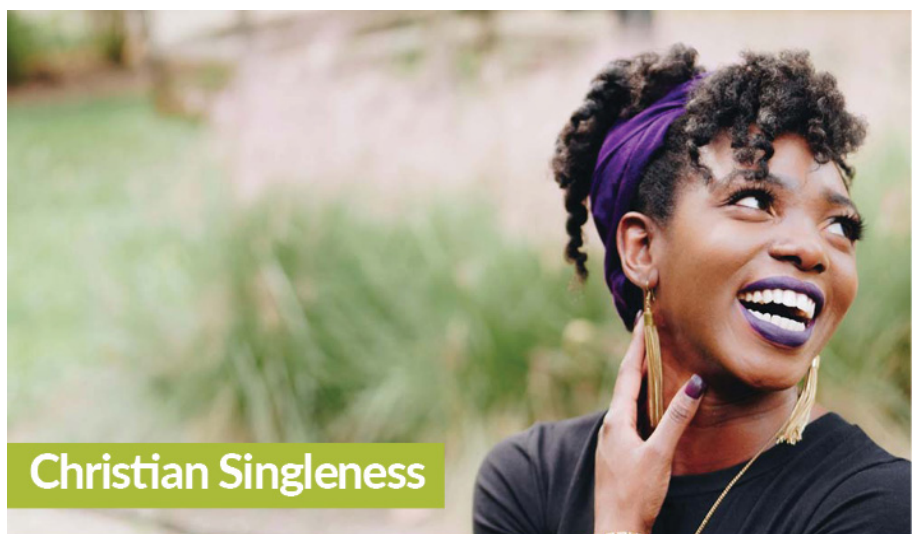
Making good decisions about pornography

As pornography is dangerous, it is important not to become involved or get caught out by it. Only you can make the final decision about what you look at.

We are aiming to cover subjects that are of particular relevance and concern to Christian young people. We have consulted youth groups and asked young people to suggest questions they would like answered. Many of these have already led to articles that have been posted. We should be pleased to receive more questions or suggestions for articles that young people would find helpful. The website includes the ability to contact us with suggestions and feedback, or people can email us at info@lovewiselyonline.org.

It is our hope and prayer that the website will become better known by churches and Christian groups, and that parents, pastors and youth group leaders will direct their young people to it. Lovewiselyonline.org has dedicated social media accounts that are separate from any social media for Lovewisely as an organisation. Young people can sign up, in the footer of any page of the website, to receive updates when new articles are posted.

We hope that this website will help Christian young people to grow in their confidence in biblical teaching and that they will also feel able to share it with non-Christian friends.



Christian Singleness

In terms of relationships, the Bible teaches that there are only two ways to live – single or married – and both states are gifts from God.

Why Christians should learn about dementia

**Book Review: *Dementia from the Inside: A Doctor's Personal Journey of Hope*
Dr Jennifer Bute with Louise Morse, SPCK, 2018, 116pp, £9.18 (Kindle £6.99)**

With so much to learn and so little time, selecting helpful, informative and educational literature that doesn't waste one's time is important. Reading Dr. Jennifer Bute's *Dementia from the Inside* would be time well spent as an introduction and help for pastors, church officers and members alike.

Dementia is common

The sad reality is that dementia is very common. In 2015 around 850,000 people in the United Kingdom were struggling with the condition and this is expected to increase to over one million by 2025 and could be over two million by 2051.

Dementia is complex and often misunderstood

Alzheimer's is a form of dementia, but not everyone with dementia has Alzheimer's. While Alzheimer's – which deteriorates and shrinks the brain – accounts for around 60% of all cases, there are said to be over a hundred other causes. Dr. Bute gives an overview of the most common forms and how they affect the individual, including:

Vascular dementia – from a lack of oxygen to the brain caused by a stroke and other brain damage;

Lewy Body dementia – often accompanied by severe hallucinations, immobility and lack of balance;

Pick's disease (frontotemporal dementia) – a much rarer form that causes speech difficulties, behavioural problems and personality changes;

Parkinson's dementia – this is a direct progression from Parkinson's disease and is distinct from Lewy Body dementia which often accompanies Parkinson's;

Korsakoff's syndrome – resulting from a thiamine deficiency due to heavy alcohol intake.

Certainly, the last thing dementia sufferers need is DIY doctors giving speculative diagnoses about what form of the disease may be affecting them. But knowing there are different varieties of dementia, with different symptoms, can increase appreciation of its complexity and how it affects each individual in different ways.

Dementia strugglers need appropriate care and understanding

In the first two chapters author Jennifer Bute tells her own story and how she came to be diagnosed with early-onset dementia. This autobiographical introduction helps the reader to understand the person behind the condition and the deep peace and hope she has through her faith in Jesus Christ. I was drawn into Dr. Bute's account; her easy-to-read style provides far more practical understanding of her condition than a clinical dissertation ever could. As she recounts the highs and lows of her life, alongside her husband Stanley and their family, and I found myself sharing in both the frustrations and joys of her experience.

Particularly sad to me is Dr. Bute's account of the unhelpful lack of compassion and understanding she has sometimes received since her diagnosis. Some examples of poor pastoral care show that many Christians, even those in leadership roles, don't have much of a clue how to care for the elderly and others struggling with dementia. In one instance a pastoral care team member questioned whether it was worth visiting someone with dementia as she might not remember the visit or the visitor! In another incident, following her husband's death, Dr. Bute relates how she warned her church leaders about the possibility of her having a public meltdown at some point (a common side-effect of dementia often due to confusion, too much going on in the immediate environment, and being among unfamiliar people). One response was, 'Well don't come to church then', which displayed a shocking lack of compassion and empathy.

Sadly, this lack of consistent and compassionate care for the elderly and those suffering from dementia is more widespread in evangelical churches than we would like to think. I remember one occasion when a student worker from a large, well-known, centre-city evangelical Anglican church responded to a testimony I gave of my personal work with the elderly with unbridled incredulity: 'But you're a cool guy! Why are you spending so much time hanging out with old people? You should spend more time with students.' Are not the elderly and dementia strugglers worthy of our care and attention too?

How churches can be more accessible to dementia strugglers

Reading *Dementia from the Inside*, should challenge and stimulate both pastoral workers and everyday Christians to think of ways in which better care and understanding of those with dementia can be engendered. Some initial points of application for pastoral teams include:

- Consider providing or publicising seminars on old age and dementia for everyone

Practical teaching on the potential consequences of old age will both prepare us all for the challenges we will likely face one day if we live that long, and help church communities better appreciate the struggles some currently face – including dementia – and the biblical hope that can be had in the midst of such difficulties.

- Create an atmosphere of welcome and understanding in church

Exclusion is not an option! A care home should not be the first option to be considered when thinking of how to provide for church members with dementia. Ideally, provision should be made to enable the sufferer to continue to take part for as long as they are able in normal church events. Dr. Bute gives three helpful reminders to this end:

1. *There is always a reason why a person is behaving in a particular way*
2. *When facts are forgotten, feelings remain*
3. *Familiar patterns of behaviour continue*

So, when a sufferer's confusion is evident in a public setting, conversation should be steered away from direct questions that require memory, patient reassurance should be given, and a gentle removing of the person from the source of the distress (without drawing attention to the situation) are steps that can be taken to limit embarrassment and make ongoing community involvement more sustainable.

Cultivate relationships with the elderly and dementia strugglers

Dr. Bute helpfully highlights that the ability to receive and give love never disappears, regardless of the stage of dementia. This is why developing relationships and conversations with dementia strugglers is so crucial to the individual's well-being. Coordinating means of spiritual, mental and emotional support through befriending, providing transport, playing games, and Bible study is Christ-like and immensely worthwhile.

Conclusion

Dementia from the Inside is a must read for any pastoral worker who desires to helpfully minister to those struggling with the disease. This is not an academic book and would be very useful to family members and friends of someone recently diagnosed. It could potentially be a comfort and help to sufferers as well. I am sure that Dr. Bute's volume, along with other resources she has published, will continue to be an aid and blessing to many for years to come.

Regan King

What Does the Research on Same-Sex Parenting Tell Us?

Book Review: Same-Sex Parenting Research – A Critical Assessment
Walter R Schumm, Wilberforce Publications, 2018, 306pp, £14.00

It is frequently presented as a settled fact that children raised by same-sex parents are just as healthy and well-adjusted as those raised by their biological mother and father, and any challenges to the claimed 'consensus' are considered an expression of hatred and bigotry. Conscious of the extent to which scholarship on LGBT parenting has been heavily politicised, this thorough overview of the research evidence has been written to enable readers to determine the facts for themselves and to weigh how honestly the data has been handled by academics and others.

Walter Schumm is Professor of Applied Family Science in the School of Family Studies and Human Services at Kansas State University and editor-in-chief of the academic journal *Marriage and Family Review*. In his assessment of same-sex parenting, Professor Schumm has set out to be scrupulously honest and faces up to the complexities of the research.

His primary motivation is that he cares about how science is done and how it is used in the public square. He is concerned that people should think more carefully about scientific research in areas of political controversy and be less eager to jump to conclusions that are not warranted by a careful, detailed, systematic review of the research literature. He writes:

Research on same-sex parenting has often been cited because it came to the politically correct conclusions, not because it was of the highest quality... In one sense, this book is an attempt to redress that imbalance. In another sense, it is a call for scientists to be more careful in the future and not deceive courts about scientific evidence...

He expresses the hope that his contribution to the debate will persuade the courts and the lay public that 'science is far from perfect and is capable of making mistakes that are not discovered for decades, especially when there are financial or political pressures pushing the process more than scientific curiosity by itself'.

Focus on evidence

At the outset Professor Schumm emphasises that his focus is more on assessing 'difference' rather than 'harm', since difference can be tested scientifically, whereas some harms are a matter of probability and only become evident over the longer term. He also stresses that the purpose of the book is not to address legal or political questions; his focus is solely on the research evidence. He is therefore at pains to resist the common temptation in a politicised and media-driven academic environment to inflate results to gain scholarly or media attention.

After an introductory section in which he discusses social science theory and methodological questions, Professor Schumm proceeds to address what we know about same-sex parents: How many are there? How stable are their families? Is sexual abuse more common among them? What about their values and behaviours?

He then considers what is known about the children of same-sex parents in terms of sexual orientation, gender identity, gender roles and mental health. In each section, he considers in turn what has been claimed and what is known, before providing a literature review, and identifying the limitations of the data currently available and areas where further research is required. Only then does he attempt to offer any conclusions.

Comprehensive and careful

In drawing his conclusions, Professor Schumm honestly acknowledges where the research is sparse or inconclusive and is careful not to make assertions beyond what is warranted by the data.

Nevertheless, his comprehensive overview of research findings demonstrates that ‘there are both significant and substantial differences in a variety of areas with respect to both same-sex parenting in general and with respect to the outcomes for children’. He is persuaded that the data ‘overturns the so-called research consensus in this area of science and contradicts the views of hundreds, maybe even thousands, of professional social scientists as well as probably dozens of scholarly professional organisations’.

He is concerned that ‘substantial amounts of “fact” have been ignored or suppressed in the process of moving forward the civil rights agenda of LGBT persons’ and insists that in a politically-charged area of social science, ‘Scholars must resist any temptation to accept simplistic solutions, especially if those solutions contradict well-established, common sense social science theory.’

Norman Wells

What does the research on same-sex parenting tell us?

‘[S]ame-sex parents may have lower rates of stability, especially lesbian mothers. [They] may be less likely to emphasise traditional gender roles, traditional views of gender as a binary factor, and traditional views of sexual expression (e.g. restricting sex to legal marriage). They may value self-control less in their children than heterosexual parents. The children of same-sex parents may be more likely to question their sexual orientation or sexuality while growing up and more likely to try same-sex sexuality, even if not sexually attracted to same-sex persons. The children are less likely to adopt traditional gender roles and perhaps be more likely to reject traditional definitions of gender. In the USA, the children of same-sex parents appear more likely to engage in substance abuse, at least occasionally. The children’s mental health from their mothers’ perspectives appears fine, but as rated in terms of drug abuse or by other observers seems more questionable...

‘[T]he primary “take-away” is that, despite many declarations to the contrary for decades by many scholars, children do learn from their parents – not just reading or mathematics, but personal values as they relate to sexuality, sexual expression, gender roles, the meaning of gender itself, and possibly even the importance of self-control or emotional self-regulation. Same-sex parents appear to hold more progressive values with respect to such issues and those values would seem to have been adopted in many cases by at least some of their children... This is pretty much common sense, in agreement with most social science theories, except that it has been denied for decades in the interests of promoting or protecting the civil rights of LGBT persons. While the rights of LGBT persons may have been advanced, it is not clear that the integrity of social science in general has been protected nearly as much.’

(Same-Sex Parenting Research: A Critical Assessment, **pp. 213, 215**)

Update on Life Issues

Abortion

2017 abortion statistics

The total number of abortions in England and Wales reached a 10-year high in 2017. There were 197,533 abortions performed in 2017, a rise of 4% on 2016 and the highest figure since 2008, when there were more than 200,000. The total for women not normally resident in England or Wales was 4,633. Of these non-residents, 65% travelled from the Republic of Ireland and 19% from Northern Ireland. In addition, the overall rate of abortion for residents increased from 16.0 per thousand women aged 15 to 44 in 2016 to 16.7 in 2017. There is no consolation in these figures.

Decriminalisation on the Isle of Man

The Isle of Man – that pretty, self-governing region of the British Isles – has become the first, and so far the only, place in the British Isles to decriminalise abortion, that is, take it out of the criminal law and make it a mere health issue. The new law will allow abortion ‘on request’ for any reason up to 14 weeks and in certain circumstances, such as ‘serious social grounds’, between 15 and 23 weeks. From 24 weeks until birth, abortion will be permitted when pregnancy could cause risk to the mother’s life or if the baby when born would suffer serious impairment or die shortly after birth. Those seeking abortions up to 14 weeks will not need the approval of two doctors. In addition, there will be an opt-out clause for conscientious objectors and a provision for ‘buffer zones’ around abortion clinics.

Abortion in the Republic of Ireland

Sadly, on New Year’s Day 2019, abortion services became legal in the Republic of Ireland. In May last year, 66.4% of voters backed the repeal of the Eight Amendment to the Irish Constitution in a referendum. This Amendment protected unborn children and permitted abortion only when the life of the mother was at stake. The new law makes abortion legal up to 12 weeks gestation. There is also a mandatory three-day ‘cooling off’ period for women requesting abortions.

By December 2018, the Bill to legalise abortion services in the Republic had passed all its stages after members of the Dáil had voted in favour of the legislation by 90 votes to 15, with 12 abstentions. It followed hours of debate and more than 60 amendments. The Health Minister, Simon Harris, promised an abortion service would be available from 1 January 2019, but Irish GPs and obstetricians doubted that the country’s first abortions would go ahead as planned by that date. At that time, only 4.13% of GPs – 165 out of 4,000 – had signed up to provide abortion services. In addition, numerous pharmacists, nurses and midwives had all expressed opposition to the new law. In anticipation of the forthcoming changes, on 30 November, misoprostol, the first ever abortion pill for use in Ireland, had been officially approved.

Far from everyone is happy. The former Sinn Fein politician, Peadar Tobin, lamented the change in the law. He said, ‘Leo Varadkar [the Irish Taoiseach], stated this week [in his New Year’s Day statement] that the introduction of one of the most extreme abortion regimes in Europe was a sign of social progress. It shows how upside down our world has become that when the State seeks to end the lives of thousands of individual human beings it is considered progress.’

Abortion pill in England

On 27 December, the Department of Health and Social Care made the requisite authorisations to allow the home-use of the abortion pill, misoprostol, in England. This is the second pill used in medical abortion procedures. The first pill is mifepristone, which must still be obtained by attendance at a clinic. This means that from 27 December it has been legal for women in England to self-administer the second abortion pill at home. Such arrangements have already been made in Wales (from June 2018) and Scotland (from October 2017). There are continuing concerns about its use without medical supervision as well as its safety and associated emotional aspects.

Abortion in Northern Ireland

A cross-party group of MPs at Westminster, seeking to liberalise the abortion laws in Northern Ireland, has accused the government of attempting to scupper its plans in order to protect its survival deal with the Ulster Democratic Unionist Party (DUP). In the latest attempt in January, the Labour backbencher, Stella Creasy, had intended to put down an amendment to the current draft Domestic Abuse Bill, but she claims her plans had been thwarted. Most of that Bill had nothing to do with Northern Ireland. The Westminster government has long insisted that abortion is a devolved matter and therefore an issue for the Northern Ireland government at Stormont – this is presently dissolved because of power-sharing disagreements between its two major parties, the DUP and Sinn Fein. Stella Creasy and others, driven by the vogue for decriminalisation of abortion and their rancour that Northern Ireland is not subject to the 1967 Abortion Act, are trying to force some political leverage so that Northern Irish women can procure abortions in their homeland. This is despite the results of a ComRes poll, published in October 2018, that showed that 66% of these women want decisions about abortion taken by locally-elected politicians, not those at Westminster. The fight goes on.

Abortion in Wales for NI women

The introduction of legal abortion in Ireland has increased the pressure on Northern Ireland to legalise it there. In 2017, free terminations were made available for women from Northern Ireland in both England and Scotland. In what seemed like an act of UK solidarity, the Welsh Assembly government announced on 6 November 2018 that women from Northern Ireland could have free abortions on the Welsh NHS. What the Assembly failed to announce in its press release was the result of the public consultation on this scheme. It showed that 98.26% were against the proposal. Only 1.74% of respondents were in favour. And not one person from Northern Ireland who responded was in accord with it. So why was it introduced? Darren Millar, a member of the Welsh Assembly, commented, 'This is one of the most ridiculous consultation exercises I have ever witnessed. What is the point of holding a public consultation if you simply end up doing what you want to do anyway? This consultation is a complete sham. Clearly it was nothing more than a tick-box exercise for the Welsh Government.' Too true. But abortion advocates take no prisoners.

Assisted Reproductive Technologies

Surrogacy gone mad, again

No-one could predict this mess. A 35-year-old woman, known as Ms XX, received a late cancer diagnosis from the NHS. Her botched surgical treatment meant that she was left with severe damage to her bladder and bowel and irreparable damage to her uterus and ovaries. However, she had 12 of her own ova harvested before her cancer treatment. She is now infertile but wants to have four surrogate babies in the USA at UK taxpayers' expense. The High Court and the Court of Appeal have already awarded her compensation of more than £1.1m, including up to £558,945 for commercial surrogacy in America. On 15 January 2019, the NHS submitted a 28-page application to the Supreme Court seeking permission to appeal against the pay-outs. A decision is awaited.

Mitochondrial donation for infertility

Mitochondrial donation (MD) was developed to prevent passing on potentially deadly mitochondrial diseases. If a woman's ova contain mitochondria with a deleterious gene mutation she would previously have been unable to give birth to healthy, genetically-related children. Now, for the first time, MD has been used to treat infertility. Greek and Spanish researchers have announced, though details have yet to be published, that a clinical trial using MD has resulted in a pregnancy. Once born, the baby will be the first as a result of treatment for infertility by maternal spindle transfer (MST). MST is not permitted in Spain, so the Barcelona-based Embryotools partnered with the Institute of Life in Athens, Greece, to carry out the clinical trial. The pregnant woman is a 32-year-old Greek, and has previously had four failed IVF cycles and two surgeries for endometriosis. She is one of 25 women taking part in the study, but the researchers are waiting to see the outcome of this first pregnancy before performing more embryo transfers.

The first MD-child resulting from MST was born in Mexico in 2017 to an Israeli couple who had lost previous children to Leigh syndrome. A clinic in Ukraine previously claimed to have established MD pregnancies

using the related technique, pronuclear transfer (PNT). The difference is that MST takes place before the ovum is fertilised, and PNT just after. Both MST and PNT are legal in the UK following a decision by Parliament in 2015, but only when used to prevent passing on serious mitochondrial diseases. The first patients were approved for the treatment in February 2018, but so far, no children have been born as a result.

Polycystic ovary syndrome (POS)

POS is the most common cause of female infertility, affecting up to 1 in 5 women worldwide, many of whom struggle to become pregnant. The condition is typically characterised by high levels of testosterone, ovarian cysts, irregular menstrual cycles, and problems regulating blood sugar, but the causes have long been a mystery. Recent research suggests that it may be caused by a hormonal imbalance before birth. The findings have already led to a cure in mice, and a drug trial is set to begin with women.

Paolo Giacobinin and colleagues at the French National Institute of Health and Medical Research have found that the syndrome may be triggered before birth by excess exposure in the womb to a hormone called anti-Müllerian hormone. The research was published as Tata *et al.*, 'Elevated prenatal anti-Müllerian hormone reprograms the fetus and induces polycystic ovary syndrome in adulthood', *Nature Medicine* (2018, 24: 834–846). The researchers injected mice with excess anti-Müllerian hormone which in turn raised the concentrations of testosterone and resulted in the females displaying many of the hallmark symptoms of POS. These effects were reversed by administering cetorelix, a drug used to control hormones during IVF treatments.

If POS is indeed passed from mothers to daughters via hormones in the womb, that could explain why it has been so hard to pinpoint any genetic cause of the disorder. The findings may also explain why women with POS seem to become pregnant more easily in their late 30s and early 40s because anti-Müllerian hormone concentrations are known to decline with age. These findings also open up a range of possibilities for further investigations and possible POS treatments.

Embryo testing for IQ

An American genomics company is negotiating with IVF clinics to provide genetic 'risk scores' for embryos with intellectual disability. Genomic Predictions, based in North Brunswick, New Jersey, claims that it can offer prospective parents a risk profile for a range of conditions, like breast cancer, diabetes and, most controversially, low intelligence or low IQ. Nathan Treff, a co-founder of the company, told *The Times* (16 November 2018) that this is an extension of screening that currently exists for other conditions, such as Down's syndrome. 'Chromosomal abnormalities are already evaluated,' he said. 'For complex disorders, though, we have to evaluate the entire genome in order to get the risk. The very extreme end of risk, the opposite of intellectual ability, is intellectual disability. There is a potential to avoid that condition by selecting an embryo that does not have it.' He however failed to mention the corollary, namely that human embryos 'with that condition' would be readily destroyed.

The company's system does not identify the disabilities in a particular embryo. Instead it gives the risk of predisposition to diseases. It claims to be the first to identify polygenic risk scores for embryos rather than adults. In theory, the same technology could be used to select for high intelligence. But Genomic Predictions claims that it will only offer it for 'mental disability', although another co-founder of the enterprise, Stephen Hsu, told *New Scientist*, 'If we don't do it, some other company will.'

The idea might become popular with IVF clinics, because it means that parents could soon choose to have children through IVF partly on the basis of their intelligence. Currently, the system is available only in the US. In order to be approved in the UK the test would need to be licensed by the Human Fertilisation and Embryology Authority. Simon Fishel, president of Care Fertility, believes it should do so. Fishel told *The Times*, 'It's always about balancing the good versus the potential for bad.' He does not believe that the possibility of selecting against embryos with intellectual disabilities is part of a slippery slope. 'Cognitive disability is a health issue. We're not talking about whether we need to make more intelligent people in society,' he said. But not everyone has been in favour. Ewan Birney, director of the European Bioinformatics Institute, said he was worried about using this to select for intellect. He believes that,

scientifically there could be unintended consequences, with not enough yet known about the mechanism through which these genetic variants affect intelligence. Lynn Murray, spokesperson for Don't Screen Us Out, a group that campaigns against prenatal testing for Down's syndrome, told the *New Scientist*, 'If we consider inclusion and diversity to be a measure of societal progress, then IQ screening proposals are unethical. There must be wide consultation.' All screening procedures have a downside – they can so easily become 'search and destroy' missions, especially where human embryos are concerned. And is screening sensible if no treatment is available?

Genetic engineering

What has He done?

There is but one story in this section. He is Dr He (pronounced 'hay') Jiankui, a researcher from the Southern University of Science and Technology in Shenzhen, China. He claims to have created the world's first genetically-engineered human babies. It was always bound to happen, some time, somewhere, but when the news broke on 26 November 2018 it was no less stunning. They happen to be non-identical twins, who have been given the likely aliases of Lula and Nana to protect their privacy. The girls were born prematurely to their mother Grace a few weeks before, though they were apparently healthy.

He Jiankui maintains he used the gene-editing technique, CRISPR-Cas9, to alter the girls' DNA to give them immunity from HIV. He's team first recruited seven couples from an Aids advocacy organisation, based in Beijing, called Baihualin – the husbands were HIV-positive whereas the wives were not. Sperm samples from the men were washed to ensure that no HIV was present. The researchers then used ICSI (intracytoplasmic sperm injection) to inject a single sperm from each of the men into an ovum obtained from each of the men's partners. Then the CRISPR-Cas9 toolkits were added. When the embryos were three to five days old, a few cells were removed and checked to assess if editing had been accomplished. A total of 22 embryos were created, 16 of these were successfully gene edited and 11 of these embryos were transferred in six IVF cycles. Only one pregnancy resulted and went to term, though there is reportedly an additional 'early-stage' pregnancy from the trial. The fate of the remaining embryos is uncertain. The procedure, now commonly referred to as 'gene surgery', disabled the CCR5 gene which codes for a protein that allows some common strains of HIV, the virus that causes Aids, to enter a cell – in other words, the aim was to protect the girls from future HIV infection. However, while one of the twins, Nana, has both copies of the CCR5 gene edited, the other twin, Lula, has inadvertently received only one edited copy. This means that the latter twin will probably not be protected from HIV infection, but might instead have a slower disease progression if she ever did contract the virus. In addition, CRISPR-Cas9 can cause mosaicism, whereby not all copies of the target gene are edited, which could, later in life, prove to be catastrophic. Why then transfer that embryo? Evidently the parents wanted to, but were they ever properly informed of the risks, or were they simply enticed by free IVF treatment? There is evidence that they thought they were merely part of an Aids vaccine development project.

By all measures, He has crossed that widest of bioethical red lines – human reproductive germline editing. Others have tinkered with human embryos but they have never transferred them to women for reproductive purposes, thus making a permanent change to the germline that can be passed onto future generations. Not unnaturally, controversy and widespread condemnation surrounded the announcement of this event. There are at least eight unsettling aspects to consider. First, the news was broadcast by Dr He himself via an initial YouTube video, followed by others, and then two days later, on 28 November, at the Second International Summit on Human Genome Editing in Hong Kong, rather than by the customary route of a detailed paper in a peer-reviewed scientific journal, or even as a preprint. He appeared contrite, 'I must apologise this result was leaked unexpectedly.' Really? Who made the videos? Second, it was premature. The science is novel and insufficiently tested for efficacy and safety. Moreover, it is banned in most countries. The work has therefore been condemned as dangerous and unethical. Lord Winston spoke for the majority of the research community when he said, 'If this is a false report, it is scientific misconduct and deeply irresponsible. If true, it is still scientific misconduct.' Similarly, Robin Lovell-Badge, from the Francis Crick Institute in London, who attended the Hong Kong Summit, was also critical of He's work, 'It's a very foolish thing to embark on what's clearly a very novel, provocative technique when you clearly don't fully understand the gene you're working with.' The Summit's organising committee declared in a closing

statement, 'We heard an unexpected and deeply disturbing claim that human embryos had been edited and implanted, resulting in a pregnancy and the birth of twins. Even if the modifications are verified, the procedure was irresponsible and failed to conform with international norms.'

Third, why use this complex protocol to knock out CCR5 and protect against HIV? There are other, simpler methods readily available, such as standard antiretroviral therapy for HIV or Caesarean sections to deliver the babies of mothers with the virus. Moreover, loss of CCR5 function increases the risk of severe or fatal reactions to some other infectious diseases. In other words, the trial was not one of unmet medical need, but one that was life-risking rather than life-saving. Fourth, who is this Dr He? He is a 34-year-old who first worked with the CRISPR gene-editing technology while obtaining a doctorate in biophysics from Rice University in Houston. He then undertook postdoctoral research at Stanford and returned to his native China in 2012. There he founded two genetic-testing companies and became affiliated to the University in Shenzhen. Though he presented some preliminary CRISPR-Cas9 research at scientific conferences in the United States, he disclosed to only a very few people that he was planning to transfer gene-edited human embryos to women in order to create pregnancies. Moreover, He had no experience of running human clinical trials. When asked at the Summit why he went ahead with the experiment despite the global opposition to such research, he simply did not answer the question. But evidently He had long wanted to get into gene editing. He had visited Feng Zhang, a CRISPR pioneer, at his laboratory at MIT, who warned him against editing human embryos for reproduction. Mark DeWitt, a geneticist at the University of California, Berkeley, says that he advised the same. Jennifer Doudna at Berkeley, another CRISPR pioneer, refused He's request for a visit because she thought he was not doing anything related to this technology. Now, she wonders whether He was 'trying to leave a trail' of reputable contacts so he could say that he had broad support for his work. So, was he grossly incompetent, utterly naïve, or out-and-out grandstanding?

Fifth, the hospital linked to the alleged births has denied authorising the procedure and has accused He of forgery. This HarMoniCare Women & Children's Hospital in Shenzhen has said that the signature approving the experiment may have been falsified – it has asked the police to investigate. A precautionary statement on a social media site, issued by 100 Chinese scientists, called for better State legislation, 'It is a great blow to the global reputation and development of biomedical research in China.' A Chinese government minister said, 'China has banned reproductive use of gene editing in human embryos. The experiment has violated laws and regulations in China.' Dr He may be in serious trouble. A week after his appearance at the Hong Kong conference, He was reported to be under house arrest at his university and then on 21 January it fired him. There are rumours He may face charges of bribery and corruption – crimes which are severely punishable, even by the death penalty, in China.

Sixth, safety remains the fundamental concern. Would unintended and unexpected changes occur in the girls' genomes? Apparently, multiple whole genome and targeted deep sequencing techniques were undertaken before embryo transfer, during the pregnancy, and then after birth. The results, according to He, indicate that the girls' genomes were changed as intended and that no off-target editing or large deletions had occurred. Only time will tell. As yet the work has received no independent confirmation. Seventh, He has, somewhat belatedly, stated that his intention is to publish full details of the methods used and the results obtained in the near future, 'My raw data will be made available for third-party review.'

And eighth and lastly, there is the hefty matter of ethics. Many say they are troubled about the ethical implications of He's work. Herein is a strange bioethical paradox. Most of these upset scientists have no ethical qualms about germline engineering in principle, only it seems, in practice. Take for example, Dr Kathy Niakan of the Francis Crick Institute in London, who holds the first UK licence to use CRISPR-Cas9 in human embryos. She has said, 'If true, the report is very concerning. This would be a highly irresponsible, unethical and dangerous use of genome editing technology.' 'Unethical' eh? This is the woman who considers it entirely ethical to experiment on and subsequently destroy human embryos. And it is a fair bet that the vast majority of the others, who have been 'ethically' offended by He's work, care little about issues like human embryo destruction, PGD, IVF and abortion. Oh, you can almost feel the professional jealousy – beaten by a maverick Chinaman! And if you like your ethics to be mawkish, here is an extract from one of He's YouTube videos, 'Family is society's bedrock. Our children are the centre of family life. If we can protect a little girl or boy from certain diseases, if we can help more loving couples start families,

gene surgery is a wholesome development for medicine.’ Oh dear, isn’t that touching, how could you dare to gainsay it?

So what’s to be done now the big red line has been crossed? There is no going back. It is no longer whether reproductive genome editing should be permitted, but rather what kind of genes, and how many, can be altered. We are caught in the classic ethical dilemma between ‘can’ and ‘ought’. The once bold statement of the Council of Europe’s 1997 Convention on Human Rights and Biomedicine, which prohibited germline interventions, ‘The ultimate fear is of intentional modification of the human genome so as to produce individuals or entire groups endowed with particular characteristics and required qualities’, now looks seriously out-of-date. As Francis Collins, the US National Institutes of Health (NIH) director, said in a statement on 28 November, ‘The need for development of binding international consensus on setting limits for this kind of research now being debated in Hong Kong, has never been more apparent.’ OK, so there could be a global moratorium, but that is not the same as a permanent ban. And there could be a global registry set up by governments to record this sort of research, but cooperation could never be mandatory. And anyway, other rebel scientists may now feel emboldened to ‘have a go’ surreptitiously. And never forget that vain glory, hubris and kudos can also be powerful drivers, even among seemingly-dull, white-coated boffins. Ultimately these are questions for society, not just scientists. Yet bioethics has a nasty habit of travelling rapidly down slippery slopes propelled by the imperative for research, the cause of celebrity and ineffective bioethical guidelines. The future of gene-editing human embryos does not look bright. Whatever the outcome – and could it, just could it all be fake news? – Dr He has unquestionably left a scientific legacy, alas, it is an appalling one.

Stem-cell Technologies

More stem-cell mavericks

More bad news for the stem-cell industry. StemGenex Inc. is a San Diego-based clinic that has used fat-derived adult stem cells to treat a wide variety of diseases from multiple sclerosis to Parkinson’s to Alzheimer’s. The company is already being sued by a number of former patients about false claims it has made for the efficacy and patient satisfaction rates of its treatments. StemGenex removes adipose cells from a patient, cleans them, recovers fat stem cells and then injects them claiming that these can treat a range of health problems by performing different biological functions, replacing damaged bodily cells and improving immune function. Many stem-cell scientists say it is impossible that adipose stem cells could do all that.

In late October 2018, the US Food and Drug Administration (FDA) sent a formal warning letter to the company alleging that it is marketing products without appropriate FDA oversight and ‘multiple complaints involving possible adverse events’. It also cited several quality control problems with the company’s manufacturing processes. But StemGenex is not alone. FDA Commissioner, Scott Gottlieb, confirmed that though stem-cell medicine remains a source of great potential for health benefits, ‘We continue to see bad actors exploit the scientific promise of this field to mislead vulnerable patients into believing they’re being given safe, effective treatments. These stem-cell producers are leveraging the field’s hype to push unapproved, unproven, illegal, and potentially unsafe products. This is putting patients’ health at risk.’

Nor is the US alone – stem-cell mavericks around the world are hawking snake oil treatments. Nevertheless, across the US hundreds of stem-cell clinics have appeared over the past five or so years. Almost all of them sell therapies, typically costing between \$5,000 and \$20,000 per treatment. These treatments are unproven, possibly unsafe and ineffective and untested in either animal or human studies. They are not approved by the FDA and many are specifically forbidden by federal regulations. The FDA appears, at last, to be conducting a crackdown on these charlatans. Earlier in 2018, the FDA requested permanent injunctions to stop two major players – Cell Surgical Network in Beverly Hills (but with a network of more than 100 clinics throughout the USA) and US Stem Cell Clinic in Florida – from marketing their stem-cell therapies. Both companies are currently challenging these sanctions.

Euthanasia and Assisted Suicide

RCP poll of members

During February, the Royal College of Physicians (RCP) is to poll its 35,000 members and fellows on whether or not they want a change in the law to permit assisted suicide and euthanasia. Specifically, the poll will ask respondents whether they think the College should remain opposed to 'assisted dying', or whether it should adopt a new position of neutrality. In a sinister move, the RCP said, 'following this new poll, the RCP will adopt a neutral position until 60% of respondents say that it should be in favour of or opposed to a change in the law.' In other words, unless 60% of respondents say they oppose euthanasia, the College will change its current position of opposition to one of neutrality. Why should a supra-majority be required to maintain the status quo? This is a menacing first step towards adopting a position of support for euthanasia. Neutrality implies 'we are no longer against'. It amounts to tacit support for assisted suicide. John Saunders, a former chairman of the RCP's ethics committee, has called the move a 'sham poll with a rigged outcome' and 'manifestly unreasonable'. Indeed, is this RCP ploy bizarre, or undemocratic, or madness, or what?

In 2014, five-years ago, a similar RCP survey was conducted. It found that 44.4% of respondents thought the College should be formally opposed to assisted suicide. A further 31.0% said it should be neutral and only 24.6% wanted it to support assisted dying. Asked whether, regardless of their support or opposition to change, they would personally be prepared to 'participate actively' in assisted dying were it to be legalised, 58.4% said no. These results were similar to those from a 2006 RCP poll. This current 2019 poll and its threatened move to neutrality suggests that the RCP has been shanghaied by a minority on its Council and captured by lobbyists for assisted suicide. Most medical organisations oppose changing the law. And do not forget that in 2015, in a free vote in the House of Commons on the Assisted Dying (no. 2) Bill 2015-16, MPs overwhelmingly rejected it by 330 votes to 118. The results of the RCP poll are expected in March.

Noel Douglas Conway – the latest

Noel Conway is the 68-year-old man from Shrewsbury who suffers from terminal motor neurone disease. He would like the option of a legal assisted suicide when he has reached the final six months of his life. Previously, on 27 June 2018, the Court of Appeal rejected Mr Conway's request on the grounds that it is for Parliament to decide the issue. On Thursday 22 November, his legal team appeared in an hour-long emergency appeal before three Supreme Court judges, Lady Hale, Lord Reed and Lord Kerr. Their task was to consider whether or not to allow a full hearing of this right-to-die case. On 27 November 2018, their judgement was delivered – permission to appeal was refused. The Supreme Court judges gave eight reasons for their refusal. They are most instructive and may be read [here](#). Noel Conway's case will therefore proceed no further.

Mr Conway responded, 'Today's decision is extremely disappointing. It means that I will not be able to have my arguments heard by the highest court in the land. Dying people like me cannot wait years for another case to be heard. I am particularly disappointed that the Courts have instead listened to the arguments of doctors who have never met me but think they know best about the end of my life. I have no choice over whether I die; my illness means I will die anyway. The only option I currently have is to remove my ventilator and effectively suffocate to death under sedation. To me this is not acceptable, and for many other dying people this choice is not available at all. All I want is the option to die peacefully, with dignity, on my own terms, and I know that the majority of the public are behind me. It is downright cruel to continue to deny me and other terminally ill people this right. This is the end of the road for my case, so we must now turn our attention back to Parliament. I hope that MPs will listen to the vast majority of their constituents and give people like me a say over our deaths.'

Paragraph 3 of the Supreme Court's judgement is especially relevant. It states, 'Mr Conway could bring about his own death in another way, by refusing consent to the continuation of his NIV [non-invasive ventilation]. That is his absolute right at common law. Currently, he is not dependent on continuous NIV, so could survive for around at least one hour without it. But once he becomes dependent on continuous NIV, the evidence is that withdrawal would usually lead to his death within a few minutes, although it can take a few hours or in rare cases days. The evidence from the specialist in palliative care who is looking after him

is that medication can be used to ensure that he is not aware of the NIV being withdrawn and does not become uncomfortable and distressed.'

Nobody would demur at Mr Conway's sentiments. However, greater issues are at stake – including the meaning of life, the protection of the vulnerable, the intention of the law, the trust in medical professionals and the preservation of society. While our hearts are with Mr Conway, our heads must be elsewhere, beyond the personal and the particular.

Mr Conway has been supported by the Dignity in Dying organisation. Its chief executive, Sarah Wootton commented, 'We will now turn our attention back to Parliament and demonstrate to our MPs the strength of feeling on assisted dying. Last time around, MPs failed in their duty to represent the views of their constituents. Next time, we hope they will stand up for a safer, more compassionate law that benefits dying people.' Yet, as already mentioned above, Parliament has no apparent appetite to legalise assisted suicide. In September 2015, at the first House of Commons vote on the issue for 20 years, MPs overwhelmingly rejected the Assisted Dying (no. 2) Bill 2015-16 by 330 votes to 118.

This welcome and sensible conclusion to this latest right-to-die case recognises that the 1961 Suicide Act is good law. While it decriminalised suicide, it retains punishment for those who assist and it protects the vulnerable. In other words, 'it has a stern face and a kind heart'. Its present blanket ban on assisted suicide and euthanasia keeps us all safe. We must have the utmost empathy and sympathy for all those who live and suffer on a daily basis. However, the gravity and consequences of changing the law on assisted suicide, whether these men and women are terminally ill or not, whether their diseases are debilitating or not, are too great. The outcome would be too far-reaching, too devastating for the disadvantaged, the disabled and the dying. The floodgates would be opened – medical practice, legal protection and our regard for human life would never be the same again, and never so safe.

Geoff Whaley

On Thursday 7 February, this 80-year-old retired accountant died in the arms of his wife of 52 years, Ann, at the Dignitas 'clinic' in Switzerland. Ann will then return, as a widow, to their Buckinghamshire home and finally face the finality of it all. She has already admitted, 'I've put my emotions in a box. That box will open when it's all over. I know it's going to be awful, just so empty.' Some days before they travelled, Thames Valley police had received a tip-off that Mrs Whaley had booked flights and hotel reservations and might therefore be considered to be 'assisting' in her husband's suicide. The police subsequently dropped their investigation.

Two years ago, Mr Whaley was told he had motor neurone disease (MND) and in December 2018 that he had between 6 and 9 months to live. Almost immediately after his initial diagnosis he knew he wanted an 'assisted death' – it has cost him about £11,000. The family has been supported by Dignity in Dying. Mr Whaley has said, 'I want the law rewritten to allow people in certain circumstances to take their own life [while ensuring] that any weak or vulnerable people are protected against abuse. The two things are not mutually exclusive.' Mr Whaley had left letters to his four grandchildren, aged 4 to 17, and to numerous friends – 'I didn't want to go through 50 goodbyes so I've written them all a short note to be sent in due course.'

He also wrote an open letter to all MPs. It began, 'By the time you read this, I will be dead.' It continued, 'The law in this country robbed me of control over my death. It forced me to seek solace in Switzerland. Then it sought to punish those attempting to help me get there. **The hypocrisy and cruelty of this is astounding.** Though it is perfectly legal for me make arrangements and travel to Dignitas by myself, the minute anyone else 'assists' me in any way – which is essential, due to my condition – they are liable for prosecution.' It ended, 'No family should ever have to endure the torment we have undergone in recent weeks, but it will be easier to bear knowing that by sharing it we can contribute to future change. I sincerely hope that you will truly listen to our story and see the suffering you are inflicting by upholding the status quo.'

It is reckoned that there are between 50 to 60 Britons who go to Swiss 'clinics' each year to die. Mr Whaley may be the latest, but he will certainly not be the last.

Belgian doctors on trial

At last, an alleged case of criminal euthanasia is being investigated since the practice was legalised in Belgium in 2002. In November 2018, a Belgian court ruled that two doctors and a psychiatrist from East Flanders had illegally assisted in the unlawful killing of a woman suffering from autism. The 38-year-old Tine Nys was euthanized on 27 April 2010. Her sisters, Lotte and Sophie, claimed that the doctors acted incompetently and failed to follow the relevant legal guidelines. A court in Ghent found that there was sufficient evidence that the conditions and procedures of the Euthanasia Act had not been observed. The case is ongoing – the three medical professionals will be charged with illegal poisoning. They can appeal the judgement.

Dutch doctor on trial

It was announced in November 2018 that a geriatric doctor, who helped a nursing-home patient with severe dementia to die in April 2016, will be prosecuted for breaking Dutch euthanasia guidelines. The case will be the first under the law since it was established in 2002. The Public Prosecution Department has said, 'This case addresses important legal issues regarding the termination of life of dementia patients.' The case centres on a 74-year-old woman who had drawn up a living will some years before her admission to the nursing home. 'But it was unclear and contradictory. Although the woman had regularly stated that she wanted to die, on other occasions she had said that she did not want to die. This case has been referred to court to get these questions answered,' said a Department spokesman.

It is alleged that the doctor had 'overstepped a line' when ending the life of the patient. A report from the Regional Euthanasia Committees stated that the doctor, who cannot be named, had administered a sedative without the patient's consent. The woman also woke up during an injection of the thiopental and began to physically resist. The doctor directed family members to restrain the patient while the rest of the euthanasia agents were quickly administered.

USA and Elsewhere

Abortion in New York State

On Tuesday 22 January, to make a political point on the very anniversary of the 1973 *Roe v. Wade* ruling, New York State governor, Andrew Cuomo, signed into law a new State abortion bill that will give women the right to access abortion up to 24 weeks into pregnancy. New York State's Reproductive Health Act (RHA) is regarded by some as a move to safeguard abortion rights should the Supreme Court overturn *Roe v. Wade*. The Act removes the need for a doctor to perform some abortions and it also takes abortion out of the State's criminal code. In other words, abortion in New York State has been decriminalised, making it a mere public health issue. Moreover, the most controversial aspect of the RHA is the provision allowing abortions after 24 weeks in cases where there is an 'absence of fetal viability, or the abortion is necessary to protect the patient's life or health.' That last word can be interpreted as a devious catch-all that can be invoked anytime up to birth.

Cuomo announced, 'Today we are taking a giant step forward in the hard-fought battle to ensure a woman's right to make her own decisions about her own personal health.' He described the new law as a way to protect abortion rights against an increasingly hostile Supreme Court. On the other hand, critics of the RHA say the new law is too far-reaching. State Assembly Republican Nicole Malliotakis had previously argued that, 'We need to be honest with the public and say that this bill does not simply codify *Roe v. Wade* ... what this bill does is expand abortion up to birth and the third trimester.' But, as Cuomo had long promised, this awful bill succeeded in the newly Democratic-controlled Senate by 38 votes to 24 after a battle that had lasted almost a decade – and the Act was finally enacted. Now Cuomo wants the Act enshrined in the New York State's constitution to make it even harder to repeal. Let this be a warning to all. Decriminalisation of abortion is the new peril. As the bill passed and the wild cheers and applause of its supporters faded away, someone wise in the crowd shouted out, 'May almighty God have mercy on the State of New York.'

Now other States want to follow the horrid example of New York. Already Rhode Island, Virginia and Vermont have introduced bills allowing abortion up to birth, for any reason. One Democratic

Congresswoman, Barbara Lee from California, has promised the 'boldest pro-choice legislation in history' and called the new Democratic majority in Congress an opportunity to unleash 'a new era of reproductive rights.'

Ruth Bader Ginsburg

She is one of the nine Justices of the Supreme Court of the US (SCOTUS) and generally regarded as its most liberal incumbent. Moreover, she is currently 85 years old and last November she fell in her office at the Court and fractured three ribs on her left side. She is an undoubted toughie – she broke two ribs and underwent a heart operation in 2012, has also survived two bouts of cancer and has rarely missed a day at the office. Nevertheless, it is said that half of America panics when this woman falls ill.

Though she has a lifelong seat on the Bench she has stated that she plans to sit only until she is 90. She currently looks frail and her health has been a matter of intense speculation in recent years. She was appointed by President Bill Clinton in 1993 and before joining SCOTUS she worked as the director of the ACLU's Women's Rights Project and is a champion of women's reproductive health and rights, meaning, among other issues, abortion. Indeed, she has become something of a cult figure of the American left. A biopic of her early career, *On the Basis of Sex*, starring the British actress Felicity Jones, was released on Christmas Day 2018, she has been the subject of a recent documentary, *RBG*, and her image and initials have appeared on feminist T-shirts.

Whenever she stands down or dies, it will create a vacancy on the SCOTUS. If that happens soon, it will be within the bestowal of President Trump to nominate her replacement. He has already appointed two conservative Justices, namely Neil Gorsuch in 2017 and Brett Kavanaugh in 2018, which has tipped the balance of the SCOTUS to 5 v. 4 to the political right. A third such appointment would make the outcome of any challenge to *Roe v. Wade* even more likely to succeed.

State of the Union address

On Tuesday 5 February, President Trump delivered the annual State of the Union address before Congress. He did not let the issue of abortion rest. Here is what he said, 'There could be no greater contrast to the beautiful image of a mother holding her infant child than the chilling displays our nation saw in recent days. Lawmakers in New York cheered with delight upon the passage of legislation that would allow a baby to be ripped from the mother's womb moments before birth. These are living, feeling, beautiful babies who will never get the chance to share their love and dreams with the world. And then, we had the case of the governor of Virginia where he stated he would execute a baby after birth. To defend the dignity of every person, I am asking Congress to pass legislation to prohibit the late-term abortion of children who can feel pain in the mother's womb. Let us work together to build a culture that cherishes innocent life. And let us reaffirm a fundamental truth – all children – born and unborn – are made in the holy image of God.'

National prayer breakfast

President Trump continued his pro-life theme on the following Thursday morning at the National Prayer Breakfast. 'All children are made in the holy image of God. Every life is sacred and every soul is a precious gift from heaven,' he declared to raucous applause. 'As part of our commitment to building a just and loving society, we must build a culture that cherishes the dignity and sanctity of innocent human life. As the Lord says in Jeremiah, "Before I formed you in the womb, I knew you. Before you were born, I set you apart."'

More US pro-life legislation

In mid- November, the Ohio House lawmakers passed a bill that would prohibit abortions after an unborn child has a detectable heartbeat. The bill passed by 58 votes to 35 and it then moved to the State Senate for consideration. If it becomes law it would ban most abortions in Ohio. An unborn baby's heart begins beating around 18 days after conception and is generally detectable after about week six. However, North Dakota and Arkansas passed heartbeat bills several years ago, but the federal courts refused to ratify them because the Supreme Court's precedent, set in *Roe v. Wade*, holds that States may not prohibit pre-viability abortions. Indeed, on 21 December, the Ohio 'heartbeat bill' was vetoed by the State governor, John Kasich. Nevertheless, all heartbeat bills proclaim the horror and injustice of abortion. But on the same day, the same Ohio governor signed into law the 'Dismemberment Abortion Ban' Bill. This will ban the dilation

and evacuation (D&E) procedure, the most common abortion method used in the second trimester of pregnancy. It is expected to come into effect in March.

The so-called 'global gag rule', also known as the Mexico City Policy, prohibits foreign non-governmental organisations that receive US global health funding from providing legal abortion services or referrals and it also bars advocacy for abortion law reform. This policy was first implemented in 1984 by the Reagan Administration. Now, controversially, it has been reinstated and expanded by President Trump when he took office in 2017.

In mid-December, the last remaining abortion clinic in the State, Planned Parenthood of Tennessee, announced that its Nashville location would no longer be providing abortion services. Here is the back story. In 2000, the State's Supreme Court ruled that Tennessee's 200-year-old constitution contained a fundamental right to abortion. The battle commenced. It was not until 2014 that an amendment was passed that added pro-life language to Tennessee's constitution, namely, 'Nothing in this Constitution secures or protects a right to abortion.' The abortion industry fought back and the case worked its way up the federal justice ladder until it reached the Supreme Court of the United States (SCOTUS). On 1 October 2018, it declined to hear the appeal and so the lower court decision and the amendment stand. In addition, from 1 January 2019, any Tennessee woman seeking an abortion will be required to undergo an ultrasound scan. Abortionists know that a well-informed woman is likely to go through with the procedure – they are not pleased.

The use of human foetal tissue for research purposes has always been a highly contentious issue, primarily because the source is directly linked to abortion. In 1993, the US Congress first approved the use of federal funds for foetal tissue research. From September 2018, the Trump administration has ordered scientists employed by the US National Institutes of Health (NIH) to stop acquiring new human foetal tissue for experiments. In addition, several States, including Indiana, Kentucky, Ohio and Oklahoma, have introduced their own State-wide bans.

Gallup on US abortion

Since 1994, Gallup has conducted an annual poll of US voters' attitudes to abortion. The results have changed little over the years – typically the polls have found that a majority of Americans oppose all or most abortions. The 2018 headline is that a majority of 53% of Americans want all or most abortions made illegal. Specifically, the 2018 data show the population is widely divided with 48% self-identifying as pro-choice and 48% as pro-life. Never has that pro-choice figure breached the 50% boundary – in other words, the majority of the US population considers itself to have maintained a long-held pro-life stance. Furthermore, 50% of those surveyed said abortion should be legal under certain circumstances, 29% under any circumstances, and 18% under no circumstances. On further questioning of their attitudes the US public favoured more restrictive rather than less restrictive laws.

Since 2001, Gallup has also measured US attitudes towards the morality of abortion. The 2018 results showed that 43% regarded it as morally acceptable, and 48% as morally wrong. The latest results for this Gallup poll were based on telephone interviews conducted from 1 to 10 May 2018, with a random sample of 1,024 adults, across all States. What a divided country America is. Yet, it has a fairly solid pro-life consensus – not at all like the UK.

Miscellaneous

Adoption numbers falling

There were only 3,820 children adopted in England during 2017 after being in care. This is down from 4,370 a year earlier and from 5,360 in 2015. In 1968, there were some 27,000 adoptions in England and Wales. What is happening? David Cameron, while prime minister, famously promised that the adoption process would become easier since much of the red tape would be abolished. The number has slumped in part because in 2013 Sir James Munby, then president of the family division of the High Court, declared that social workers must increasingly seek to place vulnerable children with other family members, in what is known as kinship care, before non-relatives can begin proceedings to adopt a child from care. In addition, local authority children's services budgets are under huge pressure. The system has begun to stagnate.

It is not that there are no children waiting. The number of children in local authority care is at a ten-year high. In 2017, it reached 75,420 – up by 4% on the previous year and up from 59,370 in 2008. These children may increasingly be regarded as of ‘the wrong type’. More often they come from higher risk environments, that is, homes with addiction or mental illness affecting a parent or their partner, or places of domestic abuse. And the children themselves can have their own ‘additional needs’ such as physical, behavioural or psychological problems.

Adoption, with its biblical precedents – such as 2 Samuel 9, Galatians 4:4-7 and Ephesians 1:5 – used to be the route by which many infertile couples raised a family. It is still an honourable practice among many Christian couples, those with and without their own genetic children. Sad to record that several well-intentioned Christian couples have been blackballed by overzealous, politically-correct social workers because their lifestyle is considered too extreme, like praying, reading the Bible and keeping Sunday special. Couples needing advice on these issues might like to contact [Cornerstone](#), the UK’s only Christian adoption and fostering agency.

The shrinking UK family

UK families are getting smaller. The grand Victorian households with their six or eight children have long been consigned to history. The 21st-century family is markedly different with ever-declining numbers of offspring. The latest figures for 2017 from the Office for National Statistics (ONS) and published on 22 November 2018, show that women, within that reproductive cohort of 18 to 44 years old, have on average just 1.89 children. This is a record low.

The ONS compared two groups of women – those born in 1972, who are now in their mid-40s and unlikely to have any more children, and those born in 1945, who are now typically grandmothers. The former had 1.89 and the latter had 2.19 children. And there are other comparative trends – the numbers of families in England and Wales with just one child grew from 14% to 18% and childlessness also increased in women from 10% to 18% in just that one generation. It is easy to think of reasons for the shrinking family – careers, infertility, economics, abortion, and so on. But there is a more fundamental demographic issue here. For any society to maintain a robust and balanced population, that is neither growing nor declining, the so-called replacement rate is reckoned to be 2.1 children per woman. The UK, like most other countries in the developed world, is below that vital datum. Family life is undeniably shrinking.

God and bioethics

It is beyond cavil that for 2,000 years and more, Christianity has undergirded the growth of good medicine, including both ethics and practice. With its Judaeo-Christian doctrines and its Golden Rule of Matthew 22:39 it has been the driving force (alongside the Hippocratic Oath) that has created that wholesome and welcome culture of life. More recently Christianity has similarly informed and influenced the development of that pioneering field of study called bioethics. Many early bioethicists were theologically trained and Christians have, and still do, play key roles in the scholarship and application of ethics in medicine and biology, aka bioethics. But the more recent rise of atheism and agnosticism and anti-Christian rhetoric have changed the moral compass of Western societies. So, now that, according to Nietzsche, ‘God is dead’, how has this ethical shift affected the tone and content of bioethical debate?

Answers to that question are tendered in a valuable edition of the *Journal of Medicine and Philosophy* (November 2018, 43: 615–745) entitled ‘Bioethics After the Death of God’ and edited by Mark J Cherry of St. Edward’s University, Austin, Texas. The publication is a tribute to the work of the American philosopher H. Tristram Englehardt, Jr, who ‘fell asleep in the Lord’ on 21 June 2018, aged 77. He was professor at Rice University, in Houston, Texas. He was raised a Roman Catholic and died a member of the Orthodox Church. The volume, which contains six articles by different authors, focuses on Englehardt’s assessment of the rise of pluralism in Western societies and the consequent decline of an objective understanding of practical morality. His thesis was simple – without a ‘canonical’ source of truth in religious belief, moral debate has become ‘interminable’. In other words, the Bible and its robust propositional truths are essential and necessary to grasp, debate and act. Otherwise bioethics is flailing in a slough of post-modern gobbledegook, situation ethics and worse.

This is how Cherry, in his Introduction, describes that slough, 'Without the ability to appeal to unconditioned moral meaning or to an unconditioned absolute perspective on reality to secure a canonical moral perspective, there can be no moral truth per se. There are only the particular moral intuitions that different persons affirm. This is why, for example, central concerns, such as in vitro fertilization with embryo wastage, the use of donor gametes in third-party-assisted reproduction, physician-assisted suicide, and other forms of medically assisted dying, are no longer appreciated as serious matters of morality and bioethics. Each has been deflated and demoralized into mere personal lifestyle and death-style choices. Without access to a fully objective account of being, humans create their own criteria for veracity and, as a result, morality and truth become plural.' That is a resolute and perceptive critique of modern bioethics. It is also why biblical bioethics make sense. Long live truth!

John Ling

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. All cases mentioned are being handled by the Christian Legal Centre.

Felix Ngole

Felix Ngole was studying at the University of Sheffield on an MA Social Work course. In a Facebook discussion about the marriage registrar, Kim Davis, who refused to register same sex weddings, Felix posted Bible verses and comments to demonstrate the Bible's teaching on sexual ethics and marriage. An anonymous complaint was made, and after an investigation by the University, Felix was removed from his course because his comments may have caused offence. His subsequent appeal was dismissed. The decision prevents him from pursuing his desired profession as a social worker and demonstrates that only certain views about sexual ethics are acceptable.

With the support of the Christian Legal Centre (CLC), Felix appealed to the High Court in late April 2017 seeking permission for a judicial review of the decision to expel him. Permission was granted and his case was heard in full on 3 & 4 October 2017.

While noting that the university's sanction 'was indeed severe', and that there had been no evidence of Felix acting in a discriminatory fashion, the Tribunal found against him on the basis that the posts could be accessed and read by people who would perceive them as judgmental or suggestive of discriminatory intent, and it was reasonable to be concerned about that perception.

The ruling has a deeply concerning impact on freedom of expression, and flies in the face of the government's expressed intention to promote free speech at universities.

CLC assisted Felix with submission of an appeal which is being heard on 12 March 2019.

Dr David Mackereth

Dr Mackereth is an experienced doctor with over 30 years' experience. He had been practising as an Accident and Emergency doctor but decided to accept a position conducting fitness to work medicals on behalf of the Department for Work and Pensions (DWP).

He attended a training course in London, and all was going well until he was told that if he was confronted by a patient who identified as other than their birth gender, he was to use the appropriate pronoun when addressing them. Dr Mackereth thought this was absurd medically, but equally flew in the face of his Christian conscience that when 'God created mankind, he made them in the likeness of God. He created them male and female and blessed them (Gen 5:1-2).

His employer told him that unless he agreed he would not be able to continue with the training. When faced with this decision Dr Mackereth decided that he could not in good conscience comply with the demands and was subsequently unable to finish the course.

With assistance from CLC, Dr Mackereth is taking his case to the Employment Tribunal.

Pastor Paul Song

Pastor Paul Song was a volunteer Chaplain at Brixton Prison. During his 19 years' service he taught various Christian courses including 'Alpha' and 'Just 10'. His courses were so popular that, even with a capacity of 80 prisoners per course, he still had a waiting list. During this time, he saw many inmates come to faith.

Paul's relationship with the prison was always good until the appointment in 2015 of a Muslim Imam as Senior Chaplain. The Imam told Paul his material was 'too radical' and that he wanted to 'change the Christian domination' at the prison. These allegations led to Paul being excluded from the prison, but with the assistance of the CLC, Paul is challenging the decision.

In light of pressure having been brought to bear, Her Majesty's Prison Service agreed to conduct an investigation into the circumstances surrounding Paul's exclusion. Governor Sara Pennington of HMP Elmley carried out the investigation and found that there had been procedural breaches by the prison and that the factual findings were also uncorroborated. She recommended Paul's reinstatement subject to his undergoing a refresher chaplaincy course.

After his reinstatement Paul spoke to a national newspaper explaining some of the events that had led to his expulsion. As a consequence, he was excluded from the prison a second time on the basis that he compromised the safety of staff and prisoners by disclosing information to the press without permission. Paul was astonished as he disclosed nothing new and the information was a year out of date. Paul is currently awaiting the outcome of this latest investigation which is imminent.

Richard Page

Richard served as a magistrate in Central Kent for 15 years. In July 2014, he dissented from the opinion of his two co-magistrates who approved the adoption of a child by a same-sex couple. During a closed-door discussion with these colleagues, Richard said that it was in the best interests of the child to be raised by a mother and a father. A series of 'investigations' ensued, following which the Lord Chancellor and the Lord Chief Justice ordered that Richard be removed from the magistracy, saying that he had been influenced by his religious beliefs and that this amounted to serious misconduct. Richard was ordered to go on 're-education' training.

At the Employment Tribunal in February Richard was unsuccessful in his attempt to challenge the decision of the Lord Chancellor and the Lord Chief Justice. During these proceedings, the opposing barrister labelled Bishop Michael Nazir-Ali and Christian Concern as 'extremists' and criticised Richard for becoming associated with them.

CLC has helped Richard to challenge this decision and an appeal has been granted by the Employment Appeal Tribunal. Richard is currently awaiting a hearing date.

When news of Richard's suspension as a Magistrate became public, a complaint was made to the NHS Trust where he worked as a non-executive director. Richard was suspended and told that his contract would not be renewed on account of his 'discriminatory' views.

CLC is also support Richard in this matter and although the Employment Tribunal found against Richard, permission to appeal to the Employment Appeal was granted. The case was heard on 22 January and Richard is currently awaiting the decision.

Sarah Kuteh

Sarah began working for the NHS Trust in 2007, and initially served as a Senior Staff nurse for 5 years in the intensive care department, before being promoted to Sister. In January 2016 she was assigned a position in

the pre-operation assessment department. Her role included taking patients through a pre-op assessment questionnaire, covering various topics including the patient's religion.

Many patients spoke about their beliefs whilst completing the questionnaire, and, on occasion, Sarah would enter into discussions with them. Where the patient said that they were not interested in religion, she would ask, where appropriate, how they had arrived at their decision. Depending on the patient's demeanour and their willingness to talk about religion, she would also sometimes share briefly about how her faith had changed her own life.

A complaint was made about Sarah and following a short investigation, during which she was unable to quiz the complainant, the hospital dismissed her in August 2016 for gross misconduct, a penalty which she believes is completely disproportionate and punitive.

CLC offered assistance to Sarah and she filed a claim for unfair dismissal in the Employment Tribunal. Her application was dismissed and Sarah appealed to the Employment Appeal Tribunal, who upheld the original decision. Permission to appeal to the Court of Appeal was sought and was granted. The case will be heard on 27 March 2019.

Contributors to this issue of *The Bulletin*

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