

THE BULLETIN

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Fears, Doubts and the Loss of Spiritual Assurance in Later Years

In his fascinating book 'Being Mortal', a book about life in old age, Atul Gawande, who is a surgeon, writer and public health researcher, quotes a gerontologist friend who says, 'Old age is a continuous series of losses'. In many ways that is a statement of the obvious, but we need to recognise that its accuracy encompasses the whole of life, and has repercussions in every area of life, including in our spiritual lives.

That older age brings many losses is clearly a fair reflection of the experience of most people who live into their 80s and 90s, especially as they lose their physical capacities. Many of the senses diminish, the ability to move around freely reduces, sleep patterns change and continence control becomes a problem. It is also true in the social aspects of life as roles in family and community change. As one frail elderly lady said to her daughter, 'once I did everything for you, but now we have changed roles and you do everything for me'. Similarly, status in the family and in society becomes different. From being significant and respected, older people move more to the periphery of things and become observers rather than participants. Many seniors expect these losses to occur, but struggle when they actually occur. This is one of the reasons why in earlier life many people have a dread of growing old.

A very healthy and alert lady in her early seventies said to me, 'I don't want to grow old.' I had to remind her that as long as she continued breathing she could not avoid it. She was, of course, merely expressing the generally negative view of old age that we find throughout society. While the other more positive aspects of advanced years are too often ignored or played down, the primary focus in thinking about later life is on loss and decline.

This article looks at one particular effect of these losses that is rarely considered or recognised, and which, even in evangelical Christian circles, fails to receive the pastoral response that it deserves. For a significant percentage of older people a particularly distressing effect of loss is the development of doubts, fears and a loss of assurance of salvation.

It is a fascinating feature of Psalm 71 – the older person's Psalm – that twice the writer says, 'do not forsake me'. He also says 'do not cast me off' and 'do not be far from me'. He is fighting against fears and doubts as he feels the oppression of his enemies, but also the possibility of the loss of God himself. Older people may feel a degree of embarrassment about having such fears and doubts and so they tend to keep quiet. When I raise these issues in presentations, people often thank me for talking about them, saying such things as, 'I don't talk about them myself because people would not understand', or more sadly, 'I feel I am such a failure to be going through this and I don't know how to explain it to anyone', or, 'I thought it was just me who had to face these challenges'. Part of the reason for this article is to air the reality of these things.

Jim was a man I greatly respected and looked up to. He had occupied a leadership role in the church he attended with great distinction and extraordinary graciousness over many years. It seemed that he always knew what to say about every issue and he could handle difficult or distressed people with such tenderness and compassion. A minister once referred to him as the ideal elder. But one day when he was in his mid-80s he spoke to me about something that was troubling him. 'Over the last few years', he quietly said, 'I have been increasingly disturbed by doubts about the very things I have built my whole life upon. And I find myself wondering if I really am a believer.' It was all so unexpected and shocking to him. He then commented, 'I can't talk to my pastor; he is young and doesn't have much time or understanding of older people. So, I struggle on, but it is really worrying me.' That confidence in the Lord that had always marked his conversation and demeanour was absent. He was perplexed and troubled. How could he, after over sixty years of following the Lord, find himself experiencing such uncertainty?

Then there was Peter – a remarkable preacher and thinker. He had pastored in several churches with great blessing and benefit to the people to whom he ministered. He was a real 'people-person' – devoid of self-focus and very generous in his estimation of others. He was so clear on the gospel, having read deeply and widely, and was profoundly knowledgeable on theological matters. But as the years went by the frailty of age developed, his memory became more and more unreliable, and his ability to do many ordinary tasks

deserted him. He became inward-looking and preoccupied with his own condition; his delight in spiritual conversation disappeared; instead he reminisced about himself or spoke incessantly about his problems and the inadequacies of those who were trying to help him. Clearly something was wrong.

After several discussions in which I gently probed where he was spiritually, he confessed to being overwhelmed by fear that he had never been a believer. As he put it 'I have lost the joy of salvation. Everything seems meaningless to me at the moment. I don't know if what I used to preach is really true.' Of course, there were the signs of developing dementia which I had discussed with him on numerous occasions, but there was also a growing spiritual crisis. He was not resentful or even slightly angry about his intellectual losses. He accepted the fact of them as part of ageing and sought to live within his remaining capacities. But he had lost that spiritual edge and decisiveness which had always marked him out.

David was quite different from the other two men. Yes, he was a fine example of a Christian man, and he had held office in the churches he had attended. But there was something matter-of-fact about his problems. Throughout his life he had dealt with the spiritual questions and doubts that most believers face with what looked like an unshakeable trust in the Lord. Then as he entered his 80s ill health had assailed him. He had coped with it well and, in fact, through very difficult times he had shown beautiful composure and a firm trust in the sovereign dispositions of God. Now his health had returned to some degree and he seemed to be going along well. But his interest in spiritual issues had declined. If concern was expressed, he would pass it off by saying, 'It's my age, you know.'

However, he spoke to me about it after a meeting at which I had raised the issue. He had found himself being disturbed by serious doubts about his faith for a couple of years after his illness, and a gnawing fear had possessed his heart and mind – fear that there was no God, and that he had wasted his whole life by seeking to follow the Lord. Some close friends had discussed things with him and had advanced strong arguments to seek to re-establish his faith. They had prayed with him and shown him impressive love and understanding. But he had lost his longing to seek the Lord for himself. So he had decided to quietly abandon spiritual things. He could not understand what had happened to him, and without any explanation he felt abandoned and lost. But he could not forget what he had known in the past and the joys and peace that had been his, nor could he ignore the testimony and lives of his caring friends. So why had he lost all his spiritual bearings?

These three men are quite dramatic examples of the issues to which I am drawing attention. Many other examples could be given which are less striking but equally distressing for the people involved. Some who read this will begin to think of those they have known, especially those in their last days facing eternity. John Bunyan accurately pictures this in *Pilgrim's Progress* as Christian crosses the river of death. As he goes further into the waters they get deeper than he expected. Doubts and fears begin to enter his heart and mind. And he despairs for a while that he will get across. That is how it can be for some.

So we need to consider what may be the causes of these troubles and how we may respond to those who experience these doubts, fears and loss of assurance. I would suggest that there are twelve contributing factors which may come into play. Not all of them will affect every older person, but different aspects will be relevant to different people.

i) Losses of ageing

As we have considered already, there are a variety of losses associated with later life. These are not just physical phenomena, but also social, psychological, intellectual and emotional. The losses in one area of life can undermine confidence in other areas too. My wife and I ran a charity for people with visual impairment. One individual complained that their sight was even worse than normal. It was a very real and distressing experience for them. However, the reality was that a member of the family had not rung up to speak to them when they should have. The sense of reduced vision was real, but the cause was not in the eyes but in the heart. So it can also be in spiritual things.

ii) Uncertainties due to losses

Associated with these losses are growing uncertainties about personal capabilities and the reliability of others, especially carers. This uncertainty often leads to increased anxiety and a loss of confidence. Most

people experience a measure of increased anxiety as they get older, but here we are looking at its further intensification. It may vary with individual personalities and circumstances, but when many aspects of life are affected in this way then reduced confidence in the Bible, and even in God, can begin to arise. Doubts and fears once entertained can be very difficult to shift.

iii) **Demands of ageing**

Coping with losses and uncertainties, as well as the discomforts and limitations of age, can be very emotionally and physically demanding. With some it can become all-consuming. The needed strength to resist the spiritual onslaught is reduced by the battle to cope with the problems in other areas of life. The writer in Psalm 71 appears to be experiencing this weakness. Is it not significant that so many great men in the Old Testament fell into sin towards the end of their lives? Think about Noah, Abraham and Isaac, David, Solomon and many others.

iv) **Undue concern over sin and lack of focus on the full extent of forgiveness**

We are all conscious of our past sins and failures. There are times when memories of them come back to us with deep feelings of regret. We have to remind ourselves that the atoning work of Christ has dealt with all our sin and that he forgives us completely. Indeed, the Lord chooses not to remember our past sins (Hebrews 10:17). But if for some reason we dwell on our failures too much a sense of unworthiness and wretchedness can come over us which destroys all joy and peace. In later years, and especially as frailty develops, there is more time to think and ruminate. That is both a blessing and a danger; it is at such times that people are vulnerable and may become overwhelmed by the depth of their sinfulness, leading to a loss of all sense of assurance. Thank the Lord that Christ is more than sufficient for the full extent of our indebtedness to God!

v) **Unhelpful teaching earlier in life**

It is a symptom of older age that things that happened years ago may be more easily recalled than recent events. This can be true of what someone has been taught as well. If in their early Christian life a believer was taught that salvation may be lost and that their standing before God is to some measure dependent on their efforts and commitment, then, even if later in life they come to a different perspective through study and ministry, that earlier teaching may be recalled and feed into developing doubts and fears.

vi) **Deep seated disappointments over circumstances and health**

There is a very complex relationship between spiritual health and the deepest reactions to the losses of age, especially some of the illnesses with which it is particularly. An elderly believer can convince himself and others that he has accepted the wisdom of God in declining health, and he may use all the right language to express genuine trust in the Lord. But at the same time deep in his heart there is a real sense of disappointment and sorrow which can gnaw away at his confidence in the Lord. Such souls need help to search out this hidden resentment and to establish a better frame of mind. Of course, in some the disappointment is not hidden at all and is expressed strongly and clearly; that also has to be addressed.

vii) **Difficulties in concentration affecting spiritual life**

Another feature of ageing is reducing powers of concentration. Reading Scripture may be a regular habit and duty but meditating and reflection on that reading may become more difficult. Sight problems can also come into play here; losing the ability to read for oneself or to retain what has been read for further consideration is a sore blow to any believer. Even the normal reduction in powers of recall can have a debilitating impact on meditation and reflection. This loss of concentration and recall affects personal prayer and the reading of Scripture and other spiritually edifying materials. It also affects listening to preaching; just following a reasoned presentation can become arduous after fifteen to twenty minutes. And even when the older person has been able to keep up with the sermon, the ability to recall the details and to draw out spiritual benefit as once they would have done may be much reduced.

viii) **Problems with preaching and worship**

These are interconnected, but I have divided them up to just highlight the way they can affect those suffering with fears and doubts. The words of many modern worship songs are quite subjective, which may well be of great benefit to younger people. However, it is somewhat alien to older people's own way of thinking about the Lord and spiritual life. This can reinforce feelings of doubt and inadequacy in the older person.

Some modern preaching can focus heavily on the 'practical' side of Christian living. Again, it is a different approach to what many older people are used to. One dear man told me that the cross had not been preached in the church he attended for several months, even at the Lord's Table. Successive series on 'The Family' (with emphasis on nurturing children), 'Being a Christian at Work', and 'Relationships' (which included sermons on Intimacy and Lust) did little for the troubled older members of the congregation. Each series was valid but the three together meant almost six months of desert experience for a number of those in later life. The undeniable truth is that nothing strengthens faith like preaching Christ and his finished work. If that is limited or non-existent the power of doubt and fear is not being challenged as it needs to be.

ix) Inability to talk about spiritual things

One 90-year-old told me, 'so few Christians engage in real and encouraging spiritual conversation'. It is not that people are unfriendly but their focus in conversation may not often include spiritually encouraging subjects which could be a lifeline for the troubled believer. Its absence can reinforce the sense of disillusionment with the things of God.

x) Personality traits

Despite all that has been said so far this is a key issue. Some people have personalities that are more melancholic than others, some are more prone to negative thoughts than others and so on. It is also true that some godly persons are more sensitive to their own weaknesses and more likely to internalise issues. That can feed doubt and fear if it is not recognised and checked. Thus, these later life doubts and fears often appear to affect the most spiritual. As people get older they need to know themselves and be ready to correct any tendencies towards doubting and fear.

xi) Unpreparedness

What we are looking at is a hidden phenomenon and rarely talked about by older people. Consequently, godly saints are not prepared for the onslaught of doubt and fear, and feel ashamed to speak about it. Church ministry on preparing for old age would help many older people to be better equipped to resist these problems when they arise.

xii) The Devil

He specialises in sowing doubts and fears in the hearts and minds of all believers, including elderly saints. He is aware of all the above and he exploits them in his malign efforts to damage the Christian's joy and peace.

This summary of some of the key issues that affect peace and assurance in later years shows why older people need informed pastoral care. They are as vital a part of the Christ's flock as every other age group, but sometimes they can get forgotten. A verse that has been a tremendous help to me in responding to these issues is Isaiah 50:10.

'Who among you fears the Lord? Who obeys the voice of his Servant? Who walks in darkness and has no light? Let him trust in the name of the Lord and rely upon his God.'

This shows that times of darkness and doubts are a part of normal Christian experience. It also shows that the Lord is not against us because we are in such a place, and that he may be trusted during these times. Indeed, the whole Bible is full of help and encouragement for troubled believers. The gospel is itself a tremendous balm to distressed souls, and to be able to use it to direct attention to Christ in all his beauty, fulness and compassion is a wonderful privilege.

It was said of the Lord Jesus that 'a bruised reed he will not break, and the smoking flax he will not quench' (Matthew 12:20). These bruised saints with their almost extinguished faith need those who, like the Master, can tenderly and patiently restore them. It is to encourage understanding and promote such tender care that this article has been prepared.

Roger Hitchings

Why it is Time for British Evangelical Churches to Stand Up to Defend Pastoral Care for Unwanted Same-sex Attraction

The right to provide pastoral care for people of both sexes who experience unwanted same-sex attraction is under threat in the United Kingdom. All types of Christian ministry are affected, as are secular fields such as psychotherapy and counselling. By the same token, people's right to receive such pastoral care is also under threat. Homosexual behaviour is rooted in same-sex attraction, is clearly forbidden in Scripture and exemplifies rebellion against God as our Creator. So this is clearly a first-order gospel issue today. Yet we are confronted with a deafening silence from Christian denominations and networks in the UK. This needs to change fast, and in this article I shall explain why all this matters so much.

Why has this issue become controversial?

The issue of availability of pastoral care of different kinds for men and women with unwanted same-sex attraction has become controversial because gay-rights activists have made it so. They have done this via fifty years of campaigning for homosexuality to be normalised. Most people do not realise that at the root of this campaign for normalisation has been a concerted attack on all kinds of help offered to people with unwanted same-sex attraction, be it from counsellors, psychotherapists, psychiatrists, Christian pastors, pastoral counsellors, healing ministries or self-help groups.

How common is same-sex attraction and behaviour in the United Kingdom?

Homosexual attraction and behaviour have become much more common in recent years in the UK and across the western world, and thus this is bound to be a challenge for Christian outreach and pastoral work. Far from being a marginal issue affecting only a few people, it now affects a substantial minority of men and women.

Same-sex attraction and behaviour are much more common among younger than older adults. In 2010-2012 nearly one in five (18%) women in Britain aged 16-25 had experienced some degree of same-sex attraction, as had seven percent of men in the same age bracket (Table 10).¹ Nineteen percent of women and seven percent of men aged 16-25 said they had had same-sex sexual contact.² It is highly likely that same-sex attraction was very closely correlated to same-sex sexual contact. However, most of these people would never label themselves gay, lesbian or bisexual. So same-sex attraction and behaviour mostly occurs among people who label themselves heterosexual or straight; most people who have ever had same-sex relations move away from this behaviour during adulthood.

Population-level evidence from the USA shows that religious commitment is a major factor in how people choose to handle their same-sex attraction.³ This is probably the case across the western world. However, as will become apparent, the problem is that freedom of speech on homosexuality is more restricted in countries beyond the USA, where it is protected by the First Amendment. This means that much-needed research on this subject is not being conducted in most western countries. The result is that the public is reliant on largely inadequate press treatment of the subject, which is biased by the influence of gay activists. For example, stories are routinely trotted out in the press of men who got married only later to 'come out' as gay. What such stories ignore is the evidence that sexual attraction can change either way well into adulthood. In other words, the myth that all these closeted gay married men were liberated by coming out is just that – a myth. It may be that their sexual attraction actually changed after marriage to a woman.⁴ More disturbing still is the fact that evidence also shows that same-sex attraction is much more

¹ Table 10, National Survey of Sexual Attitudes and Lifestyles, Wave 3 (2010-2012). <http://www.natsal.ac.uk/media/3935/natsal-3-reference-tables.pdf>

² Table 20, National Survey of Sexual Attitudes and Lifestyles, Wave 3 (2010-2012).

³ Christopher P. Scheitle and Julia Kay Wolf, 'Religion and Sexual Identity Fluidity in a National Three-Wave Panel of US-Adults', *Archives of Sexual Behaviour*, May 2018, 47(4), 1085-1094.

⁴ Christine E. Kaestle, 'Sexual Orientation Trajectories Based on Sexual Attractions, Partners, and Identity: A Longitudinal Investigation From Adolescence Through Young Adulthood Using a U.S. Representative Sample', *The Journal of Sex Research*, 2019.

common among males who were victims of childhood and adolescent sexual abuse.⁵ Thus we have to ask whether lack of adequate pastoral care for such problems may account for marital breakdown and coming out. We also know that sexual orientation confusion can be caused by male rape of adult males.⁶ Finally, there is some recent evidence from Germany that women who are survivors of Organised Ritual Abuse are much more likely to have developed non-heterosexual sexuality, including same-sex attraction.⁷ Such women are highly likely to have developed this as a reaction to being prostituted as children and used in the production of pornography.

To conclude, same-sex attraction and behaviour are major issues, more important than ever. If evangelical Christians are to faithfully reach men and women living today in the United Kingdom and the western world, they must confront this issue.

A brief outline of the history of help in the United Kingdom

There exists no standard history of the help given to people with unwanted same-sex attraction in the United Kingdom. I am currently working on researching and writing this. The current climate of censorship, intimidation, harassment and discrimination against mental health professionals and other supporters by LGBT activists means that there is a question as to whether one should write everything down. We may need to protect the integrity of organisations and individuals who do this work by not drawing attention to what they do. It is nearly impossible for people of working age who have both practical knowledge of this work in the UK, and sympathy for, it to speak up. How this climate of censorship came to be will be explored later in this article.

As far as the UK is concerned, the norm for treatment within the mental health professions for homosexuality was for a client to talk with a psychotherapist. The evidence suggests this was happening from 1920 onwards at the Tavistock Clinic in London as psychoanalytic psychotherapy grew in importance.⁸ With Nazi persecution of Jews in Germany and Austria, many such therapists, including Sigmund Freud and his daughter Anna Freud, fled to London and New York.⁹ They brought with them insights from work with clients having unwanted same-sex attraction.

The foundation of the National Health Service, under Clement Attlee's Labour government in 1948, put healthcare policy in the hands of the government, something many doctors opposed. The effect of this was that psychiatric treatment for sexual perversions (homosexuality was then considered a perversion by psychiatrists) became more government-controlled.

The Home Secretary in Winston Churchill's government of 1951-1955, Sir David Maxwell-Fyfe, set up the Wolfenden Committee on Homosexual Offences and Prostitution, due to suspicions that homosexual men, particularly civil servants, were being blackmailed by Soviet agents. Maxwell-Fyfe appointed Sir John Wolfenden, Vice-Chancellor of Reading University, to head the committee. The committee published a report in due course which recommended extending the availability of treatment to diminish homosexual attraction and behaviour.¹⁰ Extensive evidence hearings were held with over 200 witnesses appearing. Among them were numerous mental health professionals who had experience of working with clients with unwanted same-sex attraction. A frequent question asked of them by committee members was whether anybody's attraction could change from homosexual to heterosexual – and thus change their behaviour. Several professionals, mainly psychotherapists working in private practice with clients who came of their own accord, but also some psychiatrists, said that this was possible and did indeed happen.¹¹

⁵ Wilson, H. W., and Widom, C. S. (2010) 'Does physical abuse, sexual abuse, or neglect in childhood increase the likelihood of same-sex sexual relationships and cohabitation? A prospective 30-year follow-up'. *Archives of Sexual Behavior*, 39(1), pp.63-74.

⁶ Jayne Lizbeth Walker, A study of male rape survivors. PhD in Psychology, University of Central Lancashire, 2004.

⁷ Johanna Schröder, Susanne Nick, Hertha Richter-Appelt and Peer Briken, 'Psychiatric Impact of Organized and Ritual Child Sexual Abuse', *International Journal of Environmental Research and Public Health*, 2018(15)

⁸ John Kelnar, Oral evidence given to the Wolfenden Committee on Homosexual Offences and Prostitution.

⁹ <https://psychoanalysis.org.uk/our-authors-and-theorists/sigmund-freud>

¹⁰ *Report of the Committee on Homosexual Offences and Prostitution*. London: Home Office, 1957.

¹¹ These included H. V. Dicks and John Kelnar (Tavistock Clinic), T. C. N. Gibbens and Peter Scott (Institute of Psychiatry), William H. Gillespie (Institute of Psychoanalysis), Wilfrid Bion (London clinic of Psychoanalysis), Elliot Jacques (Institute of Psychoanalysis),

Psychotherapists in particular were careful to distinguish between such clients and men referred by the courts and the police due to having committed homosexual offences (all homosexual behaviour between males was illegal at this time, and had been since the early modern period). Those caught by the police would have included both those involved in consensual homosexual behaviour and also those guilty of rape and sexual assault.

The Wolfenden Report made some recommendations for treatment of homosexual offenders which it did not make for clients who visited therapists voluntarily. This was due to the influence of prison psychiatrists who gave evidence. Apart from this some psychiatrists started to develop a 'behaviourist' approach that focussed on modifying sexual behaviour. Some used 'aversion' techniques such as electro-convulsive treatment, which was originally used for alcoholism. The most prominent proponent of this treatment for homosexuality and sexual abnormalities was John Bancroft.¹² Although the behaviourist approach has been heavily criticised by gay activists including professional historians, their criticisms interestingly revolve around a very narrow set of concerns, mainly the discomfort and pain involved in some types of treatment such as electroconvulsive therapy, and inducement of vomiting when seeing gay pornography.¹³

Some psychiatrists did develop other behavioural techniques aimed at avoiding these concerns. Morally, some aspects of behavioural treatment could be considered questionable. First, it sought to help people to change in order to 'fit in' with society. This hardly represents a durable foundation for anything, as social mores can and do change. Second, the focus was on a person's behaviour, but did not really delve deeply into the motivations and reasons for it. Given that homosexual male behaviour was a criminal offence until 1967 the question of the motivation of individuals given this treatment was discussed. Were they motivated by a genuine desire to be free of homosexuality, or because they did not want to be arrested and recorded as sex offenders? Gay activist historians have argued for the latter, but there are no surveys of psychiatric patients from this period to enable us to be sure.

Psychotherapists on the other hand, who were not psychiatrists (so not medical professionals), had always offered a more inner-directed approach, which was and is to get to know the person's inner world of thought and emotion, and to enable the client to understand how this had contributed to his or her unwanted same-sex attraction. This therapeutic approach has affinities with Christian pastoral care, and indeed has contributed many insights for the development of Christian 'ex-gay' ministries.

Christian work in this area started in the USA in the 1970s, in evangelical fellowships and ministries of healing and prayer. Their influence spread to the UK, several people there having been trained by Americans. Various organisations also started in the UK. These groups distinguishing between help for those who wish to be or are married, and those who will always remain single. The focus among evangelicals in the UK at the moment seems to be towards the latter group. But whilst in a fallen world it is to be expected that many people helped by these ministries will never be in a position to get married, it is surely wrong to suggest that nobody can ever change from same-sex to heterosexual attraction. It is not an accident that the suppression of the truth that change is possible comes at a time when there is great uncertainty about marriage in the churches, where people are marrying an ever-later age both in the church and society as a whole, and there is much extolling of the virtues of singleness as if it were a better state than marriage.

A brief outline of gay rights campaigns against help

Over the last fifty years gay rights activists have consistently targeted all attempts to diminish same-sex attraction by attacking behavioural techniques in psychiatry, wheeling out scare stories of painful treatment and failure. However, they ignore the fact that electro-convulsive therapy is still widely used in

Noel G. Harris (Royal Medico-Psychological Society), Winifred Rushforth (Davidson Clinic), Clifford Allen, Eustace Chesser, R. Sessions Hodge (all psychotherapists in private practice).

¹² John Bancroft, *Deviant Sexual Behaviour: Modification and Assessment*. Oxford: Clarendon Press, 1974.

¹³ Tommy Dickinson, *Curing Queers: Mental nurses and their patients, 1935-1974*. Manchester: Manchester University Press, 2015; Patrick Higginson, *Heterosexual Dictatorship: Male Homosexuality in Postwar Britain*. London: Fourth Estate, 1996.

the NHS with the consent of mental patients. This hypocrisy needs to be exposed as it informs government policy – witness the disputes between gay activists and lesbians over what constitutes ‘conversion therapy’. No sooner had the Government Equalities Office attempted to recruit participants to interview about their experience of attempts at changing sexual orientation, via a gay activist historian at Coventry University, than a large number of lesbians complained that gender reassignment for young people, most of whom are girls, constitutes ‘conversion therapy’ – in their eyes an attempt to turn young lesbians into female-to-male transgender ‘men’.¹⁴

Soon after the Sexual Offences Act 1967 had decriminalised homosexual behaviour between consenting adult males over the age of 21, gay activists started opposing treatment for homosexuality. The Gay Liberation Front’s Counter Psychiatry Group was prominent in the campaign.¹⁵ Representing the GLF a young Peter Tatchell disrupted a meeting of Christians listening to psychiatrist Isaac Marks and behavioural psychologist Hans Eysenck discuss behavioural treatment in psychiatry.¹⁶ Tatchell argued that homosexuals suffered harm from such treatment, that follow-up was not being conducted, and that people’s mental health was worse as a result.

Gay activists reacted to the ex-gay movement using the internet to attract international support and clients in the late 1990s and early 2000s. Their main target was the US-based National Association for Research and Therapy on Homosexuality, now the Alliance for Therapeutic Choice.¹⁷ Activists have pushed to get ex-gay content removed from social media on the grounds that it is harmful and discriminatory.

In 2009 gay activist psychiatrist Michael King, who is a member of the Church of England, published a paper with colleagues which attempted to gauge how widespread help within the mental health sector for unwanted same-sex attraction was and had been historically in the UK.¹⁸ Although the research was based on a random representative sample of members of the four main mental health bodies, it did not argue coherently or convincingly why, beyond citing some research from the US, that such help should be banned.

For example, none of the professionals surveyed were asked whether they thought clients had benefited from seeing them – a crucial question given that gay activists claim that therapy is harmful. Did those interviewed realise their responses would be used in a paper advocating for a total ban on such therapy? Most of the professionals who had actually seen clients with unwanted same-sex attraction wanted such therapy to be available to them. Given that counselling and psychotherapy are client-centred it is reasonable to suppose that the clients themselves expressed this view.

In 2010 Anglican Mainstream organised a conference in London featuring high-profile American psychotherapists Joseph Nicolosi and Jeffrey Satinover. This drew an international audience of adults with unwanted same-sex attraction. It was infiltrated by gay rights activist and journalist Patrick Strudwick, who went undercover pretending to be a client for Lesley Pilkington, a Christian counsellor, and Paul Miller, a psychiatrist. He then wrote up stories for the press on these encounters, claiming that he had been harmed psychologically by therapy.¹⁹ It is impossible to verify such a claim. From a Christian standpoint, someone who does not believe homosexual behaviour to be sinful is bound not to understand the motivation of those believers whose conscience and belief about the nature of homosexual attraction and behaviour makes them wish to change.

As a result of this deceit, Lesley Pilkington was struck off the professional register of the British Association

¹⁴ <https://equalities.blog.gov.uk/2019/05/07/research-into-the-experiences-of-those-who-have-undergone-conversion-therapy-in-the-uk/>

¹⁵ Stuart Feather, *Blowing the Lid: Gay Liberation, Sexual Revolution and Radical Queens*. John Hunt Publishing, 2016.

¹⁶ <http://gaynewsarchive.org/tag/london-medical-group/>

¹⁷ <http://www.therapeuticchoice.com>

¹⁸ Annie Bartlett, Glenn Smith and Michael King, ‘The response of mental health professionals to clients seeking help to change or redirect same-sex sexual orientation’, *BMC Psychiatry* 2009: 11.

¹⁹ <https://www.independent.co.uk/news/uk/this-britain/the-ex-gay-files-the-bizarre-world-of-gay-to-straight-conversion-1884947.html>

of Counselling and Psychotherapy.²⁰ Strudwick then lobbied for a ban on so-called ‘conversion therapy’ via the mental health professional bodies and the Gay and Lesbian Humanist Association, claiming that it is predominantly a religious issue.²¹ In fact the 2009 paper by Bartlett, Smith and King cited above found that only 7% of clients were motivated by religious considerations.

The Memorandum of Understanding on Conversion Therapy

The fruit of this controversy was the first edition of the Memorandum of Understanding on Conversion Therapy in the United Kingdom. The precise history of how this came about and how each of the signatory organisations came to sign it, has yet to be written. I have covered the many problems posed by this document extensively elsewhere, so here is a summary.²²

In 2010 the UK Council for Psychotherapy published a document on ‘conversion therapies’ and claimed that the causes of heterosexuality and homosexuality are unknown.²³ This was unscientific as it claimed that heterosexuality is not biologically rooted. The Memorandum grew out of this document, demonstrating that the biological basis for heterosexuality is being erased within mental health professional bodies in the UK.

The Memorandum prohibits all counselling and psychotherapy which aims at diminishing same-sex attraction in people of both sexes and all ages. This includes the majority of people with same-sex attraction who also experience heterosexual attraction. Many of these people are married. In addition, we need to realise that the lack of a lower age limit in the Memorandum means that same-sex attraction, indeed sexual attraction altogether, is being normalised among minors below the age of consent and pre-pubescent children. Lastly, the Memorandum does not single out the age of the objects of sexual attraction. This means that it can be used to prohibit therapy and counselling for people with paedophilic tendencies towards the same sex, regardless of whether or not they have ever been arrested for related crimes.

The Royal College of Psychiatrists signed up to the original Memorandum of Understanding, but didn’t sign up to a newer version which also prohibits treatment for transgender identities. It also corrected a position statement claiming homosexuality was innate. This was after Dermot O’Callaghan and Peter May from Core Issues Trust published a strong criticism of the submissions of the Royal College’s work on homosexuality.²⁴

It is profoundly concerning that the Association of Christian Counsellors signed up to the Memorandum. I know of at least one theological college involved in counselling training for Christians that has also signed up to it. That is one too many. It is high time the churches investigated what is going on here. Christian organisations should be required to refrain from signing up to the Memorandum given its inherent moral flaws.

Will the UK government ban all pastoral care completely?

The present Conservative government announced in July 2018 that it would bring in a total legal ban on so-called ‘conversion therapy’.²⁵ However, it is noticeable that it quietly backtracked on this after I wrote

²⁰ <https://www.christianconcern.com/our-concerns/sexual-orientation/appeal-panel-rules-on-lesley-pilkington-case>

²¹ <https://humanists.international/2011/11/gay-humanists-challenge-conversion-therapy-and-condemn-gaystapo-slurs/> ; <https://www.theguardian.com/commentisfree/2014/feb/24/mentally-ill-people-at-mercy-of-untrained-therapists>

²² <https://www.christianconcern.com/our-issues/freedom-of-speech/why-the-ex-gay-movement-provokes-rage-and-censorship> ; <https://www.christianconcern.com/our-issues/freedom/uk-government-going-down-a-dangerous-path-in-its-zeal-to-ban-conversion-therapy>

²³ UKCP statement on the ‘reparative’ therapy of sexual minorities. February 2010 <https://www.psychotherapy.org.uk/wp-content/uploads/2017/11/UKCP-statement-on-reparative-therapies.pdf>

²⁴ Dermot O’Callaghan and Peter May, *Beyond Critique: The Misuse of Science by UK Mental Health Professional Bodies*. 2nd ed. Belfast: Core Issues Trust, 2013.

²⁵ <https://www.gov.uk/government/news/new-government-action-plan-pledges-to-improve-the-lives-of-lgbt-people--2>

several articles highlighting the matter.²⁶ Currently we are aware that there are public bodies that want to push for a ban using 'soft law', i.e. guidelines, protocols, policies. The current Memorandum of Understanding does potentially apply to churches because some have counselling on their premises. The proposed complete ban on conversion therapy would likewise apply to churches and probably extend to unlicensed pastoral counselors and also all pastoral care by Christian clergy, lay workers, fellowships, healing ministries and self-help groups. The aim is the complete normalisation of homosexuality across the life-cycle. It is impossible to overstate how fundamental an attack on gospel living and religious freedom this really is. It could drive the true church in the UK underground.

A final challenge

The silence of the Christian denominations and networks in the UK on this subject is completely unacceptable, as this is a first-order gospel issue. We have to ask whether the leadership of churches has collectively decided that this issue is too threatening, as it undoubtedly raises the risk of social ostracism and career suicide for those who defend pastoral care, unless they have a suitable platform for speaking out. Where in the Bible do Jesus Christ and the apostles tell people to play safe and avoid telling the truth about God's plan for creation? Nowhere of course, but that is the impression that this silence is giving not only to the rest of society but to most Christians. Too many have swallowed the lie that 'being gay' is 'nice', a valid alternative identity, something a little bit magical and far too sensitive to be touched. This is the effect of 'born that way' theory as well as decades of clever propaganda targeting the churches as well as infiltration by gay activists.

The reality is that the integrity of many people's marriages will be threatened by the loss of pastoral care. In addition, many people are being prevented from marrying, as their heterosexual potential is not being developed through appropriate pastoral care. Indeed, people working in this area are already mostly underground. The result is that adequate training and accountability is not being provided, which in itself endangers the field and leaves it wide open to superficial quick-fix approaches that may do more harm than good. Christians must repent of neglecting this field, of not reading the signs of the times and of being more concerned with pleasing men (gay activists) than pleasing God and serving fellow believers and their neighbours. Many people who are distressed by their same-sex attraction are longing for release, something that only Christians can give in the name of Jesus Christ.

Carys Moseley

²⁶ <https://www.christianconcern.com/our-issues/freedom/why-european-countries-should-not-restrict-therapy> ;
<https://www.christianconcern.com/our-issues/sexual-orientation/why-christians-must-defeat-the-global-attack-on-conversion-therapy>

Should we Engage in Advocacy at Home and Abroad?

Should Christians engage in advocacy on behalf of their Christian brothers and sisters elsewhere in the world facing persecution or should we only be concerned in advocating to protect freedom to practice our faith in our own country?

It is not wrong for us to desire to practise our faith in full freedom. In 1 Timothy 2 Paul urges his young disciple that he should teach people to pray for 'all those in authority' so that i) 'we may live peaceful and quiet lives in all godliness and holiness' and ii) because God 'wants all people to be saved and to come to a knowledge of the truth'. This is then described as 'good and pleasing to God'.

In other words, we are urged to pray for those in authority that the church should be free to live out and preach the gospel – and that the authorities do not interfere with them in doing so.

In 1 Timothy Paul urges prayer for this freedom. However, in his own ministry he was also happy to argue before the Jewish Council (Acts 22:30-23:10) and to the Roman authorities. To the latter he argues that as a Roman citizen he cannot simply be imprisoned for preaching the gospel but has a civic right to a judicial process and ultimately to be set free (Acts 22:25-29; 24:10-21; 25:10-12). In other words, Paul's response to persecution involves both prayer and advocacy to the governing authorities, making full use of his civic rights.

This should encourage us to engage in advocacy in our own country. But what about advocating on behalf of other Christians elsewhere in the world facing persecution?

Two biblical principles can help us address this:

a) God's concern for justice for both OT Israel and the gentile nations

When OT Israel entered the Promised Land they were able to worship YHWH and live according to his law freely. The OT law they received on Sinai was a paradigm of social justice not simply for Israel but wisdom that other OT nations could learn from (Deut. 4:5-8). The OT prophets also assumed that the law expressed God's standards that, at least in broad outline, gentile nations would be judged against (e.g. Amos 1-2). In other words, in the OT God is concerned for justice BOTH for his covenant people Israel AND for the gentile nations.

b) The principle of relational responsibility

In both the OT and NT there is a clear principle of relational responsibility, that one's first responsibility is to those one is in closest relationship with, and then to others. In Galatians 6:10 Paul says that this means Christians have a particular responsibility to care for the needs of other Christians. And in 1 Timothy 5:8 he says that even among Christians we have a particular responsibility to care for those we are in closest relationship with.

These verses point to the need for Christians to engage in advocacy BOTH on behalf of their Christian brothers and sisters elsewhere in the world AND especially for freedom to preach and live out their faith in their own country.

However, the world is complex, and there are certain political realities one has to be aware of. If we do not seek to protect all aspects of freedom of religion in the UK, it becomes increasingly difficult to argue for it overseas. For example, in many Islamic countries freedom of religion is restricted to freedom to worship and does not include other important aspects such as freedom to preach and seek to convince others of the truth of one's beliefs. It is this aspect of freedom of religion that is currently under threat in the UK. Since 1999 there have been numerous arrests of street preachers, although prior to that there had been almost no such arrests since Victorian times.

Meanwhile, if we are concerned for our brothers and sisters abroad and wish to advocate on their behalf, we have to ensure that we have their blessing to do so. This is paramount. Some minority Christians in contexts of persecution do engage with the authorities, and subsequently in many cases receive some protection from them. There might be a substantial majority persecuting the Christians within the country, but the authorities do what they can politically in that context. If we then also advocate on their behalf, and ask our own government to pressure the government of that country, those authorities might perceive that the minority Christians are going behind their back to lobby foreign governments, and could subsequently remove their protection. This could then lead to an increase of persecution and suffering.

For example, Christianity thrived in Syria under Baathist rule. Syrian Christians, who numbered about two million before the civil war of 2011 onwards, were not only treated as equal under the law with Muslims but also respected by society at large, especially Christian clergy in their robes – an almost unique situation in Muslim-majority countries. Church buildings could be established with ease and the government provided them with free electricity just as for mosques. Again, in an almost unique situation, Syrian Muslims often visited churches for devotional reasons. Even during the war years, President Assad has used his personal powers to provide land and building permissions for new churches, Christian schools and other Christian institutions. A Christian university was opened last year. In the words of a Christian mother from Damascus: 'Our government was not perfect, but given our context of living in the Middle East (and compared to the Gulf States) we really had a lot to be thankful for.'

Even with the best intentions, let us engage with our brothers and sisters first, before acting on their behalf and/or encouraging our government to intervene overseas. Let us not be hypocritical, and seek to ensure that full freedom of religion continues to be upheld in the West too.

Hendrik Storm

The Foreign Secretary's Independent Review of the Foreign and Commonwealth Office's Support for Persecuted Christians

EVIDENCE GIVEN BY HENDRIK STORM (CEO) ON BEHALF OF BARNABAS FUND on 9 April 2019

Barnabas Fund is an aid agency for the persecuted Church. We work in over sixty countries around the world where Christians are marginalised because of their faith.

In an era of fake news, when truth is often the first casualty of over-simplified Western media reporting and where people unquestioningly accept the narrative of Western governments and the media, be assured that this evidence is reliable.

This testimony will focus on two contrasting countries: Saudi Arabia and Syria.

Saudi Arabia vigorously suppresses Christianity. No public expression of Christian faith is allowed, despite the fact that there are hundreds of thousands of Christian migrant workers in the kingdom. As for Saudi nationals, they face the possibility of being executed if they convert to Christianity, as Saudi Arabia is one of only a handful of countries that has a death sentence for apostasy from Islam. Church buildings, and any other overt sign of Christianity, are forbidden in Saudi Arabia, as is meeting publicly for Christian worship. Even Christian gatherings in private homes are sometimes raided by the religious police. Active believers, including Western expatriates, face potential deportation; non-Westerners can face imprisonment and torture. A fourth-century church building in Jubail, Saudi Arabia, lay buried in sand until it was discovered in the 1980s. It is all that now remains of the indigenous Christian communities that flourished for centuries before being wiped out after the region's conquest by Islam. Saudi authorities do not permit visitors to the site.²⁷

In stark contrast, Christianity thrived in Syria under Baathist rule. Syrian Christians, who numbered about two million before the war, were not only treated as equal under the law with Muslims but also respected by society at large, especially Christian clergy in their robes – an almost unique situation in Muslim-majority countries. Church buildings could be established with ease and the government provided them with free electricity just as for mosques. Again, in an almost unique situation, Syrian Muslims often visited churches for devotional reasons. Even during the war years, President Assad has used his personal powers to provide land and building permissions for new churches, Christian schools and other Christian institutions. A Christian university was opened last year. In the words of a Christian mother from Damascus: 'Our government was not perfect, but given our context of living in the Middle East (and compared to the Gulf States) we really had a lot to be thankful for.'

In June 2018, responding to the question 'What is the situation of Christians in Syria and what worries you the most', His Holiness Patriarch Mor Ignatius Aphrem II of the Syriac Orthodox Church said, 'Fortunately, for many years we have had a government that was friendly to Christians, a government that always supported religious freedom and freedom of worship. A government that made Christians feel accepted. Without that government it is feared that Christians may become the victims of persecution. The alternative that lies ahead and that we are concerned about is an Islamic government, as happened in other Middle-Eastern Countries. Clearly, the Muslim Brotherhood is preparing to conquer Syria. We are praying that this situation may end and that Christians may live peacefully in Syria.'

It is only since the rise of Islamist rebel militant groups, such as Islamic State, during the Syrian civil war that Syrian Christians – 10% of the population – began to be targeted, especially the clergy or other church leaders who previously were greatly respected. Church buildings were destroyed and ransacked. The Christians were threatened, kidnapped, murdered and bombed.

In February-March 2015 Islamic State terrorists raided a string of Christian villages along the Khabur river,

²⁷ Wikipedia. (2019, April 4). *Jubail Church*. Retrieved from Wikipedia.org: https://en.wikipedia.org/wiki/Jubail_Church

taking hostage about 250 Christians and holding them in atrociously cramped and insanitary conditions for months. Freezing cold or sweltering hot, some were held in rooms so crowded that they had to take turns to lie down. Some hostages were killed but the others were gradually set free. However, their homes had meanwhile been looted and some of them occupied by IS fighters, who would not allow the owners back.²⁸

Western foreign policy, fuelled by oil interests, lucrative arms deals, leasing of military bases and a quest for Middle Eastern 'stability', mean Saudi Arabia is welcomed as an ally of the so-called Christian West – a profound contradiction that ignores the country's treatment of Christians (now and in the past) and its involvement in jihadist violence around the globe. The largely unquestioning support of Western governments motivated by the desire for a 'friend' in the oil-rich region appears to have outweighed any scruples individual Western leaders might have about supporting Saudi Arabia. No material change has been seen since 1921 when Winston Churchill described daily life under the Saudi Wahhabi interpretation of Islam: 'They hold it as an article of duty, as well as of faith, to kill all who do not share their opinions... Women have been put to death in Wahhabi villages for simply appearing in the streets... Men have been killed for smoking a cigarette.'²⁹

Saudi Arabia's export of this Wahhabi ideology has profoundly changed the modern world and especially the Middle East. The country's oil wealth has been used to fund mosques, charities and Islamic institutions worldwide, as well as radical Islamist groups. Wahhabism spawned ideology which has been adopted by Al Qaeda (fifteen of the 19 terrorists responsible for the 9/11 attacks in the US were Saudi) which in turn shaped the birth of the Islamic State (IS) militant group. The ideology is spreading in Africa and its impact can be seen in several strongly Christian countries, including Ethiopia, Chad and Kenya. In recent years, Saudi Arabia has provided funding for Sunni jihadists in Syria and Iraq and is widely thought to have directly aided Islamic State. In Yemen, it has helped Sunni government troops fighting Iranian-backed Shia Houthi forces in a civil war that has become the latest expression of Sunni Saudi Arabia's proxy fight for dominance in the Middle East.

In light of this history and reality, it is a tragedy that Western nations whose governments claim to be defenders of democracy and religious freedom ignore Saudi Arabia's brutal repression of all religions other than Islam.

In Syria, there has been a different kind of tragedy, with Christians caught between the targeted anti-Christian violence of Islamic State and other rebel groups on the one hand and, on the other, the West who seemed totally determined to bring down the Christians' protector, President Assad. The Western governments knew what was happening to the Christian and other non-Muslim populations of Syria, and yet took no action to protect them, but instead continued calling for President Assad (who protects the Christians and other minorities) to step down.

In January, 2016, the Parliamentary Assembly of the Council of Europe recognised the rebel attacks on Syrian Christians as genocide;³⁰ in February the European Parliament did likewise;³¹ in March American Secretary of State John Kerry announced that the US government accepted that genocide is happening amongst Christians and other non-Muslim minorities in Syria and Iraq,³² and in April the House of Commons also recognised the genocide.³³

²⁸ Barnabas Fund. (2015, August 9). *Islamic State militants capture Christians in seized Syrian town*. Retrieved from Barnabasfund.org: <https://barnabasfund.org/en/news/Islamic-State-militants-capture-Christians-in-seized-Syrian-town>

²⁹ Barnabas Fund. (2018, October 30). *Western hypocrisy, Saudi Arabia and the persecution of Christians*. Retrieved from barnabasfund.org: <https://barnabasfund.org/en/news/western-hypocrisy-saudi-arabia-and-the-persecution-of-christians>

³⁰ Parliamentary Assembly of the Council of Europe. (2017, October 12). *Prosecuting and punishing the crimes against humanity or even possible genocide committed by Daesh*. Retrieved from assembly.coe.int: [http://assembly.coe.int/nw/xml/Xref/Xref-XML2HTML-EN.asp?fileid=24219&lang=en](http://assembly.coe.int/nw/xml/XRef/Xref-XML2HTML-EN.asp?fileid=24219&lang=en)

³¹ European Parliament. (2016, February). *European Parliament resolution on the situation in Northern Iraq/Mosul*. Retrieved from erorparl.europa.eu: http://www.europarl.europa.eu/doceo/document/B-8-2016-1165_EN.html

³² The Guardian. (2016, March 17). *John Kerry: Isis is committing genocide in Syria and Iraq*. Retrieved from theguardian.com: <https://www.theguardian.com/world/2016/mar/17/john-kerry-isis-genocide-syria-iraq>

³³ The Guardian. (2016, April 20). *MPs unanimously declare Yazidis and Christians victims of Isis genocide*. Retrieved from theguardian.com: <https://www.theguardian.com/politics/2016/apr/20/mps-unanimously-declare-yazidis-victims-of-isis-genocide>

The UNHCR established large refugee camps to care for the refugees who fled into neighbouring countries. However, Christians and other minorities feared to live in these camps, anticipating further persecution from some of the Muslims in the camps. In December 2018, the Home Office responded to a Barnabas Fund Freedom of Information request admitting that, 'Minority groups may be more reluctant to go to camps. Many Christians live outside the camps and rely on churches and Christian support groups.'³⁴ As we have seen, the West have previously acknowledged that Christians have been targets of a genocidal campaign, suggesting that greater efforts should be undertaken to prioritise this most vulnerable group. But the British Government continues using the UNHCR to identify and refer [for resettlement] refugees from their camps, despite acknowledging that many Christians are not part of the refugee camp system and therefore will be dramatically underrepresented in referrals.

Barnabas Fund submitted Freedom of Information requests to the Home Office which have shown resettlement figures consistently underrepresent Christians, with a tiny percentage of just 0.2% being accepted by the UK in 2017 even though the Christian population was 10% prior to the war and Christians and other minorities suffered more than the Sunni Muslim majority. It is a similar picture regarding Syrian migrants to the US. In New Zealand, as Barnabas Fund recently learned, not a single Christian was among the intake of 277 Syrian refugees for resettlement in the past year.³⁵

In Syria, after eight long years of war and so much suffering, Christians are struggling to return home. Their villages are almost deserted – some are completely empty. Barnabas Fund is aware that President Assad is continuing to protect the Christians and other minorities.

In the light of Saudi Arabia's suppression of all public expressions of Christianity in the kingdom and its death sentence for converts from Islam to Christianity, should not the British government use its good relationship with the Saudi government to persuade them to move towards religious liberty for all Christian groups in Saudi Arabia, in line with Article 18 of the Universal Declaration of Human Rights? Given the enormous needs of Christians in Syria since the civil war, should not the British government be working with the Syrian government and president Assad to see the welfare of the Christians of Syria?

Hendrik Storm

³⁴ Barnabas Fund. (2018, December 5). *UK Home office finally admits reason for underrepresentation of Christian refugees*. Retrieved from Barnabasfund.org: <https://barnabasfund.org/en/news/uk-home-office-finally-admits-reason-for-underrepresentation-of-christian-refugees>

³⁵ Barnabas Fund. (2019, January 22). *The plank in our own eye: The West must look to shameful discrimination against Christians at home before criticising other nations*. Retrieved from Barnabasfund.org: <https://barnabasfund.org/en/news/the-plank-in-our-own-eye>

Sport is Good, But it is Not God

In May this year Liverpool FC won the Champions' League – football's biggest domestic club trophy. To the winner it is worth millions of pounds, and the final game draws huge numbers of viewers – 400 million worldwide. To put it in perspective, the Super Bowl amasses under half that number.

In the 1970s the late Bill Shankly, who was arguably Liverpool's greatest ever manager, summed up his love of the game when he famously said, 'Some people say to me, "Football is a matter of life and death to you". And I reply, "Listen, it's much more important than that."'

For many people this is true. For fans or participants, football (or sport in general) is their *raison d'être*. They find their joy in the thrill of victory; they find their identity in the feeling of belonging and in being someone; they find their hope of glory in the sporting arena.

So how should Christians view sport? On the one hand, some of us treat it simply as recreation with no special value. On the other, many are in danger of making sport into a god; even as Christians, they may give more devotion to following their favourite team or playing their favourite sport than worshipping Christ and being an active member of a healthy church.

Sport is good

As we think this through we first need to consider sport as part of the goodness of creation. We know that God created the universe as a triune 'team': Father, Son and Spirit (Gen 1:1-2; John 1:3; Heb 1:3). We can see that he worked to do this (Gen 2:2) and that he was satisfied with his creation by declaring it good (Gen 1: 4, 10, 12, 18, 21, 25, 31). So, creation is good.

We also recognise that man is made in the image of God. And part of the dominion-taking aspect of the creation mandate for Adam and Eve was to extend the borders of Eden and to delight in it as they worked and rested (Gen 1:26-27). 'Play' is intrinsic to this; it involves work but it also has restorative value for the individual.

Erik Thoennes writes, 'Play is a fun, imaginative, non-compulsory, non-utilitarian activity filled with creative spontaneity and humour, which gives perspective, diversion, and rest from necessary work of daily life.'³⁶

As God's children play in new, imaginative ways through sport and in so doing experience joy in the garden of God's creation, it points to his goodness and that of all he has made.

Also, when we play against one another and strive together for excellence within the rules of a game, it develops healthy competition, which is beneficial to oneself and others as it spurs us on to the goal of the game. Team sports in particular emphasise working together against opposition in a concerted fashion. This requires exertion and ends in satisfaction and even physical and emotional restoration. It is a creative reflex of image bearing and we can see in this even a faint analogy to the actions of God in creation – actions that display imagination, order, exertion, satisfaction and goodness.

So, sport is good and can be seen as an image bearing, dominion-taking reflex and a gift from a good God as we flourish and delight in his creation.

Sport is not God

However, all things – including sport – are affected by the sweeping destruction of sin. To begin with, the participants – sportsmen and women – are sinners and are tempted to go beyond the rules in order to win. Whether it involves taking drugs, diving on the field to con the referee or a 'win at all costs' mentality,

³⁶ 'Created to play: Thoughts on play, sport and the Christian Life' in *The Image of God in the Human Body: Essays on Christianity and Sports*, ed. Deardorff and White (Lampeter, Wales: Mellen, 2008).

sinful greed and immorality pervade both amateur and professional sport.

And then of course we have the issue of sport becoming an object of the heart's worship – something to which even the church is not immune. In America, Christian families often go missing from church for several weeks at a time during the hockey or 'soccer' season because of Sunday fixtures. Christian parents sometimes locate their hope for their promising child athlete in sport, not Christ. Christians may look for their identity and joy in their favourite team instead of their Saviour. Suddenly, sport is the object of worship, not Jesus. We must remember that sport is good, but sport is not God.

Sport is a gift redeemed by the gospel

Nevertheless, the gift of sport is redeemed by the gospel. Because of the love of the Father and the life, death and resurrection of the Son, and because of the regenerating work of the Holy Spirit applying the benefits of the atonement to us, Christians have a new identity, a new joy, and a new hope in Jesus Christ.

Our motives for playing are now different. We can seek to honour God with our talents and display his creative wisdom. In the film, *Chariots of Fire*, Christian athlete and missionary to China Eric Liddell said, 'God made me for China but he also made me fast and when I run I feel his pleasure.'

When you know that all sporting skill is from God, wisdom means diligently using and refining that ability in acknowledgement and fear of the Lord. The appreciation of fans for that moment of beauty in the game is a reflection of the need to praise something good and true and glorious. And so the thrill that the Christian athlete feels in the moment of achievement and the response of the fans is an echo of the pleasure of God himself delighting in the goodness of his creation.

Followers of Jesus can also seek to play sports with a Christian ethic: competitive within the rules of the game, fair minded, sacrificial and persevering. And we can be gracious in victory or defeat, knowing our ultimate destiny lies in the victory of Christ and the defeat of Satan and sin. Furthermore, we can seek to witness to our teammates or fellow sport fans with whatever platform God give us – big or small, local or global.

This witness begins in the home because we can use sport to disciple our children, as David Prince skilfully unpacks in his book, *In The Arena*.³⁷ Spiritual warfare marks the Christian life, and Prince shows how the New Testament's many athletic metaphors highlight the temporal goals of sport to give a framework for the eternal goals of the gospel. Persevering in the face of hardship is a key element in both sport and the Christian life; putting up with bad calls from referees is part of the game, just as injustices are part of life in a fallen world. But Prince is careful to repeatedly show that desires for sport must be subordinated to desires for Christ. He makes the point that sport is useful in serving Jesus, but that 'anyone who says "Christ is useful" is worshiping self, not Christ'.

In summary then, sport is good but it is not God and sport is a gift redeemed by the gospel.

Many people remember Bill Shankly's famous quote about football being more important than life and death. But they don't remember what he said next – that because of his obsession, 'my family suffered and I regret it'. The Christian however, knows that playing sport in this life is not everything. It is a foreshadowing of life to come in a new arena – the new Jerusalem – and as the prophet Zechariah says, '...the streets of the city shall be full of boys and girls playing in its streets' (Zech 8:5).

That is the goal and glory to which sport point: To be children of the Father, conformed to Christ, free from fear of defeat or broken relationships or dissatisfied longings, receiving and participating in the grace of God with joy unspeakable.

Gavin Peacock

(Originally posted at reformandamin.org a ministry for which Gavin writes.)

³⁷ David E Prince, *In the Arena: The promise of sports for Christian discipleship* (Nashville, TN: B&H Books, 2016).

A Review of the Christian Safeguarding Services Self-Audit Tool for Churches

Child abuse is a horrific crime. We should be concerned, as God's people, to do all we can to prevent it and to care for vulnerable people – not just the young but those of any age who need our protection. It could also be argued that, amongst the plethora of reasons why people no longer believe the message of Christ, there lurks a distrust of Christian leaders who, in some cases, have allowed the ongoing abuse of children in church contexts, though they had the opportunity to prevent further crimes. One only need mention the Roman Catholic Church in such a context, and its attendant, rapid shrinkage in the USA.

This is a controversial and painful issue and one which evangelical church leaders need to be fully equipped to deal with. And for those leaders who are burdened by many significant calls upon their time and ministry, there is help available, hence the reason for this article.

I write this review from the perspective of one whose career was spent in child safeguarding and who served for several years as leader of a large youth work in an independent church, where I also served with eldership responsibilities for 25 years. I can thoroughly recommend the work of Christian Safeguarding Services, having got to know Paul and Sue Harrison over the past year. They bring a high-quality, fresh perspective on safeguarding and are very experienced in helping churches improve their work in this vital area. The self-audit tool that they have produced for churches to use in assessing their preparedness for safeguarding can be accessed at the [CSS website](#) in the Membership/Login area (free membership is available if you want simply to access the audit tool).

As a local church we decided recently to undertake a self-audit of our safeguarding policies and practice, in order to bring ourselves up to date and to check our readiness to deal with potential issues. As it happens, we have a couple of ongoing safeguarding issues we continually need to keep our eye upon. The Designated Safeguarding Lead and I sat with the tool and undertook the exercise, which took us about ninety minutes. The review generated an action plan we intend to take forward over the next few months.

Upon completing this exercise, we formed the following conclusions:

- 1) The tool is thorough and comprehensive, covering every area we needed to think about in the ongoing protection of both children and 'adults at risk', within a local church context. It forced us to think about areas of potential vulnerability for us as a church and to consider again the areas of practice where we need to exercise constant vigilance. For example, we discovered that our policies, whilst still relevant and helpful, have not kept up to date with recent developments in safeguarding understanding, such as modern slavery and the guidance associated with radicalisation.
- 2) It forced us to think about how to keep the church leadership (including trustees) engaged with the safeguarding agenda, ensuring that we are not only informed but actually driving and challenging practice on the ground. Too often the youth/elderly/disability work in churches is not properly connected to the leadership, and this can create an unhealthy culture where abuse or poor practice can thrive.
- 3) It challenged us to tighten up our recording and record-keeping in the context of the need to protect personal information (in short, how to be GDPR-compliant). This is particularly important in outward-facing ministries, where people have the right to have their personal information protected.
- 4) It helped us to focus upon the need to train and support those who work with vulnerable groups, so that they are properly recruited, appraised, developed and valued. Regular training, both internally and opportunities for external learning, should be available for our staff and volunteers.

Surely as church leaders who are concerned for the reputation of the gospel, as well as the safety and well-

being of our congregations, we should take safeguarding seriously? You might ask the question, 'Do we really need to consider this, considering our other priorities?' Then see if you can pass this simple test, by answering these questions:

a) Explain the 'Prevent' duty; b) What are the Designated Officer and LSCB? c) What is 'private fostering'? If you failed that test, you need to complete a self-audit, urgently.

The CSS audit tool is a valuable addition to the resources available to us in consideration of this important area, and I thoroughly recommend its use.

PS: The answers to the above questions are:

- a) The Prevent duty is the duty in the Counter-Terrorism and Security Act 2015 on specified authorities, in the exercise of their functions, to have due regard to the need to prevent people from being drawn into terrorism.
- b) The Designated Officer is a senior Local Authority social worker who coordinates enquiries made following allegations made against people working with children. LSCB is the Local Safeguarding Children Board.
- c) Private fostering is an arrangement whereby a child under the age of 16 (or 18 if the child has a disability) is placed for 28 days or more in the care of someone who is not the child's parent(s) or a 'connected person'.

Andy Wyatt

Update on Life Issues

Abortion

Statistics for 2018

The abortion statistics for 2018 for England and Wales were published on 13 June 2019. They offer no comfort – they are the worst ever. They can be viewed [here](#).

In total, there were 205,295 abortions performed on residents and non-residents in England and Wales during 2018. Of these 200,608 were for residents of England and Wales – it is the first time this figure has ever breached the 200,000 boundary. This represents an age-standardised abortion rate of 17.4 per 1,000 resident women aged 15-44. This 2018 rate has increased since 2017 when it was 16.7 per 1,000, but it is lower than the peak in 2007 of 17.9 abortions per 1,000 resident women.

In 2018, 97.7% of abortions (196,083) were performed under ground C, the infamously comprehensive 'social clause'. Of these, the vast majority (99.9%) were reported as being performed because of a risk to the woman's mental health. 3,269 abortions were because of the risk that the child might be born seriously handicapped, that is, performed under ground E. This represents 2% of the total number of abortions and is similar to the 2017 figure of 3,314. 90% of all abortions were carried out at less than 13 weeks of gestation. 1,856 abortions were performed at 22 weeks and over. 111 abortions involved 'selective reduction' mostly to reduce two fetuses to one foetus as a result of overzealous IVF treatments. 71% of all abortions were medically induced. This is higher than in 2017 (66%), and almost double the proportion in 2008 (37%). The remainder were surgical abortions of which 24% were vacuum aspiration and 5% were dilatation and evacuation (D&E).

The 2018 abortion statistics for Scotland were published by the Scottish Government on 28 May 2019. They can be viewed [here](#).

The numbers and rates of terminations of pregnancies in Scotland during 2018 were at a ten-year high. There were 13,286 abortions, which is a rate of 12.9 per 1,000 women aged 15-44. The 1967 Abortion Act does not extend to Northern Ireland – abortion remains largely illegal there. Therefore, the grand total number of abortions performed in Great Britain during 2018 was a tragic 218,581.

Decriminalisation of abortion

There is still pressure in Parliament and elsewhere to make abortion a free-for-all medical procedure without any legal or criminal boundaries. A few staunch Westminster MPs continue to concentrate on imposing abortion (and same-sex marriage) on Northern Ireland. In early March, a group of Labour MPs attempted to add amendments on these two controversial issues to the entirely unrelated Northern Ireland Budget (Anticipation and Adjustments) (No. 2) Bill. Both failed to pass. However, pro-abortionist Stella Creasy MP said the group would, 'take every single opportunity' to carry on its campaign.

Too many vocal healthcare professionals, as well as politicians, are supporters of decriminalisation. On 22 February, the Royal College of General Practitioners (RCGP) declared its support for abortion being regulated by medical regulatory frameworks rather than the criminal law. The RCGP's UK Council announced that 62% of respondents to a poll said they support decriminalisation. This email poll was sent to 53,724 of its members – a total of only 4,429 responded, amounting to a meagre 8.2% response rate. Nevertheless, the RCGP now joins the Royal College of Midwives, the Royal College of Obstetricians and Gynaecologists, the British Medical Association and the Royal College of Nurses in calling for the decriminalisation of abortion in the UK. Can it get much worse?

Assisted Reproductive Technologies

Fertility Trends 2017

The latest figures from the HFEA were published in May 2019 under the title, *Fertility treatment 2017: trends and figures*. It can be viewed [here](#).

These are the basic data. Total number of IVF treatment cycles was 75,425 (up by 2.5% on 2016) with 54,760 women patients. The number of 'take home' babies was 20,500 and the multiple birth rate was 10%. Overall, the success rate, measured as birth rate per 100 embryos transferred (PET), was 22%, or a 78% failure rate.

Some of the trends identified by the HFEA include the reaching of the target of 10% multiple birth rate. It was 24% in 2008. Multiple births are the biggest single health risk to mothers and babies, yet even at 10% they are still way above the natural rate of 1.6%. More embryos transferred, more twins and triplets born – simple. The obverse is simple too.

Embryo freezing techniques have improved. Therefore treatment cycles using frozen embryos have continued to increase and these now result in success rates similar to those with fresh embryos.

Though heterosexual partners comprised 90.7% of all treatments, the reasons why people use fertility clinics are changing. The numbers of patients, though still small, from same-sex partnerships and singles are increasing. Female same-sex couples were 5.9% and single parents or surrogates were 3% and 0.4% respectively. This, according to Sally Cheshire, chairwomen of the HFEA, '... reflects society's changing attitudes towards family creation, lifestyles and relationships and highlights the need for the sector to continue to evolve and adapt.'

More IVF downsides

There are numerous downsides to IVF – many of them are detailed in my book, *Bioethical Issues* (2014). Here are four more to add to the list.

First, older women, according to the HFEA, are now being exploited by some IVF clinics, which are 'trading on hope' and using 'blatant sales tactics'. In 2017, there were 10,835 women in their 40s going for fertility treatments. Between 2004 and 2017, there were 2,406 embryos transferred to women over 44 years, but only 25 'take-home' babies – a success rate of 1%.

Second, a few clinics are profiteering. This is nothing new. But some, says the HFEA, are charging up to £20,000 per treatment cycle – roughly four times the average cost. There have been several reports of costly IVF add-ons that are of unproven efficacy but easily sold to desperate couples. They include pre-implantation genetic screening, the transfer of a 'mock' embryo, time-lapse imaging and various drug treatments for blood clotting and immunity.

Third, while fertility clinics charge large, sometimes excessive, fees to help women conceive, they can also leave large bills for taxpayers. It is now estimated that private fertility clinics present the NHS with costs of about £120 million each year for treating sick and premature babies born to their clients and also conditions, such as ovarian hyperstimulation syndrome (OHSS), for the hopeful mothers-to-be. The private fertility industry in the UK is worth about £300 million a year, but it effectively gets £120 million annual subsidy via the UK taxpayer. This latest four-year study of 350,000 fertility patients was led by Dr Gulam Bahadur of Homerton University Hospital. He said, 'The people operating these clinics are taking the profits and not paying anything for the mess they are making.'

Fourth, there is this common question, 'Do ARTs, such as IVF, have medical consequences for the mother and the conceived and born child? There has been a long history of adverse disorders. Here are some more. A study, led by Natalie Dayan at McGill University in Montreal and St Michael's Hospital in Toronto, Canada,

compared 11,546 women in Ontario, who had received fertility treatments with 47,553 women, who had received no treatments, between 2006 and 2012. The ARTs included ovulation induction, intrauterine insemination (IUI) and IVF, with and without, intracytoplasmic sperm injection (ICSI). The researchers found that 30.8 per 1,000 of the women who received an ART treatment experienced a severe pregnancy complication. This compared with 22.2 per 1,000 experiencing a severe complication in the untreated group. Complications included bleeding, serious infections, intensive care admissions and, in rarer cases, death. Whether these effects are a reflection of underlying maternal health issues rather than IVF itself remains uncertain.

Genetic Engineering

Gene edited babies – the latest

The worlds of science and bioethics are still transfixed and deeply troubled by the human reproductive germline editing work of He Jiankui, the Chinese researcher, who last November claimed to have created the world's first genetically-engineered human babies – the twins, Nana and Lulu. The global repercussions are still reverberating.

Dr He's original intention was to protect the babies from HIV infections by targeting, mutating and thereby disabling the CCR5 gene, which codes for a protein that allows some common strains of HIV, the virus that causes Aids, to enter a cell. Now comes news that his approach may have caused more harm than good.

These conclusions are based on work by Xinzhu Wei and Rasmus Nielsen and published as, 'CCR5-Δ32 is deleterious in the homozygous state in humans' in *Nature Medicine* (2019), 25: 909–910. They analysed the genetic and health data of 409,693 British individuals from the UK Biobank research project. And they estimated that people with two disabled copies of the CCR5 gene are 21% more likely to die before the age of 76 than people with only one working copy.

Deleting part of the gene can disable it so that it mimics a naturally-occurring mutation, CCR5-Δ32. It is this that confers resistance to HIV. But researchers are also concerned that the CCR5-Δ32 mutation can make people more susceptible to the effects of infections, such as influenza and West Nile virus. Indeed, previous studies have suggested that two mutated copies of the CCR5 gene are associated with a fourfold increase in the death rate after influenza infection. Furthermore, the protein that CCR5 codes for, and which no longer works in those having the mutation in both copies of the gene, is involved in many other body functions. Genetic tinkering is never simple – we are 'fearfully and wonderfully made.'

More gene-edited babies?

Of course it was bound to happen. A Russian molecular biologist is now seeking approval from the Russian health ministry and other agencies to genetically modify human embryos. But scientists are still concerned the technology is not ready.

Denis Rebrikov, head of the genome-editing laboratory at the fertility clinic at Moscow's Kulakov National Medical Research Center for Obstetrics, Gynecology and Perinatology, has told *Nature* that he plans to make the same genetic changes as He Jiankui did, but using an improved methodology. Researchers are still concerned.

Rebrikov's plan is to recruit HIV-positive wives from HIV clinics in Moscow – He Jiankui used HIV-positive husbands. Then Rebrikov intends to tweak the notoriously finicky CRISPR editing technique so that unintended gene edits do not occur outside its target area. His target is still the same CCR5 gene and he plans to disable it in embryos before transferring them to HIV-positive mothers, so reducing the risk of passing on the virus to their in utero babies. Rebrikov claims his technique will offer greater benefits, pose fewer risks and be more ethically justifiable and acceptable to the public.

A global moratorium?

The gene-editing of human embryos is so controversial that a global moratorium has been suggested by some of the world's foremost CRISPR experts and bioethicists. Editing an embryo introduces genetic changes into the gene pool but the science remains inchoate. For instance, according to Gaetan Burgio, a geneticist at the Australian National University, 'The technology is far from ready. I don't see any gene worth targeting to date and for the next couple of years as long as the technology is not ready.'

Meanwhile, China is apparently tightening its research rules. Already He's type of gene-editing experiments have been halted. Anyone who manipulates human genes in adults or embryos will be responsible for adverse outcomes. And draft laws, ensuring that clinical trials would face closer scrutiny and stricter requirements, have been presented to China's legislature.

The surprisingly permissive publication from the UK's Nuffield Council on Bioethics entitled, 'Genome Editing and Human Reproduction: Social and Ethical Issues' (July 2018) concluded that germline genome editing could be allowed under certain circumstances. These included that, '... interventions must be intended to secure the well-being of the relevant person (and their descendants), and there must be regard for "social justice and solidarity".' OK, that may sound nice, but it is debatable and quite unenforceable.

On 24 April, a group of 62 doctors, scientists and bioethicists from the American Society of Gene and Cell Therapy sent a letter to Alex Azar, the US Secretary of Health and Human Services, urging a moratorium. They stated, 'Although we recognize the great scientific advancement represented by gene editing technologies and their potential value for an improved understanding and possible treatment of human disease, we strongly believe the editing of human embryos that results in births carries serious problems for which there are no scientific, ethical, or societal consensuses. As a result, we contend that such human genetic manipulation should be considered unacceptable and support a binding global moratorium until serious scientific, societal, and ethical concerns are fully addressed.'

So, what chance of a worldwide ban, or even a moratorium? Improbably remote. Would prohibition simply drive it underground? Can you think of any successful global agreement, on anything? I'm still waiting!

CAR-T therapy

Chimeric antigen receptor T-cell therapy (CAR-T therapy) may be a mouthful, but it may also be a wonderful remedy. It came to prominence last August when the US Food and Drug Administration (FDA) approved its use in America for the treatment of acute lymphoblastic leukaemia (ALL) in patients up to the age of 25 years old. Now the treatment has been approved in the USA for the treatment of certain adulthood lymphomas.

Basically, it's a type of gene therapy that genetically reprograms the patient's immune system in order to fight cancers. The patient's own white blood cells, known as T-cells, which are part of the human immune system, are removed from the patient's blood. Then the gene for a special receptor that binds to a protein in the patient's particular cancer cells is added to the T-cells using genetic engineering procedures. This receptor is called a chimeric antigen receptor (CAR). Large number of these modified CAR-T cells are grown in the laboratory and finally infused into the patient. These 'new' CAR-T cells are able to start an immune response which destroys tumour cells.

The treatment has been called a 'living drug', because of its long-term persistence in the body. It is also a totally personalised medicine because each treatment is patient specific – this is known as autologous CAR-T therapy. But there are drawbacks. It is costly because the tricky genetic manipulations are carried out by biotech companies in the US and take about a month. And the official price tag is about £280,000 per patient. There can be serious side effects, such as short-term neurotoxicity, where the brain and nerves are affected, which can lead to confusion, difficulty speaking and a loss of consciousness. And fever, vomiting and diarrhoea can also occur. But it is also seemingly effective, though only small numbers of patients have been using it for relatively short times. Nevertheless, so far, in one clinical trial, 40% of patients have had all

signs of previously untreatable, terminal lymphoma eliminated from their bodies after 15 months of treatment. Whether it is effective for solid tumours, such as lung cancers and melanoma, has yet to be established.

Nevertheless, the future of CAR-T therapy looks bright. Certainly by June 2019, doctors at King's College Hospital, London have been impressed. Victoria Potter, consultant haematologist there, has said, 'It's amazing to be able to see these people, who you may have not been able to give any hope to, actually achieving remission. And that is a situation we have never seen before and it's an incredibly impressive change in the treatment paradigm.'

Stem-cell Technologies

Placental stem cells

Stem-cell technologies can often surprise – here is another unexpected example. Researchers at the Icahn School of Medicine at Mount Sinai, Israel have demonstrated that stem cells derived from the placenta, known as Cdx2 cells, can regenerate healthy heart cells after heart attacks in animal models. The findings have been published in the *Proceedings of the National Academy of Sciences* (2019), 116: 11786-11795, under the title, 'Multipotent fetal-derived Cdx2 cells from placenta regenerate the heart.'

First of all, this has been done only in mice – humans will have to wait several years, but it might become a treatment for regenerating the human heart. Second, these stem cells remarkably migrated to the site of the injured heart. Third, when these cells were injected into the tail veins of male mice not only did they home to the heart, they became differentiated and incorporated as heart cells and blood vessels. Fourth, these incorporated heart cells began to spontaneously beat. Amazed? So am I.

This amazement was shared by the lead author, Sangeetha Vadakke-Madathil. She commented, 'These results were very surprising to us, as no other cell types tested in clinical trials of human heart disease were ever shown to become beating heart cells in Petri dishes, but these did and they knew exactly where to go when we injected them into the circulation.'

Another new adult stem-cell treatment

Alessandro Montresor, who was born in London to Italian parents, was given only weeks to live by doctors at Great Ormond Street Hospital (GOSH). He was suffering from haemophagocytic lymphohistiocytosis (HLH), a rare autoimmune disease that affects white blood cells. His experimental drug treatment at GOSH was becoming ineffective. A worldwide appeal for a bone marrow donor failed.

So, in November 2018, Alex was taken to the Bambino Gesù Pediatric Hospital in Rome. There he was treated with a pioneering technique using specially-treated stem cells derived from his father's blood. In April 2019, two-year-old Alex was discharged from hospital and he returned to London, cured and with a healthy immune system. Hooray for adult stem-cell treatments!

iPS cells and transplants

Japan, world leaders in induced pluripotent stem (iPS) cell technologies, has taken the controversial step to allow research that involves incorporating human stem cells into animals, producing so-called chimeras. Such human-admixed embryos are subject to numerous bioethical questions.

The Japanese technique will involve implanting embryonic animals – probably pigs at first – with human iPS cells which can transform into any part of the 200 or so tissues and organs of the adult body. The idea is that the iPS cells will grow into transplantable human organs inside the growing animal.

Japan had previously required researchers to terminate animal embryos implanted with human cells after 14 days. These old regulations also banned the transfer of mixed embryos into animal wombs to allow

them to develop. Both restrictions have now been repealed. Researchers will now, for instance, be allowed to create a pig embryo with a human pancreas and transfer it into the womb of an adult pig, which could in theory result in the birth of a baby pig with a human pancreas, suitable for transplantation.

iPS cells and cancers

Natural killer (NK) cells are part of the immunotherapy armoury. In November 2018, a pioneering clinical trial began testing stem-cell derived NK cells for people with incurable solid tumour cancers. Researchers at the University of California San Diego Medical School together with Fate Therapeutics are using a NK cell product derived from induced pluripotent stem (iPS) cells and called FT500. Since FT500 does not need to be matched to a patient, like other T-cell therapies, researchers say FT500 can be administered in the out-patient setting as an 'off-the-shelf' cell product.

This phase 1 trial involves 64 people and seeks to answer three questions. First, is the treatment safe? Second, do tumours respond to this NK cell therapy? Third, how long do the NK cells remain effective in the body? Dr Dan Kaufman, the lead scientist, has stated, 'This is a landmark accomplishment for the field of stem cell-based medicine and cancer immunotherapy. This clinical trial represents the first use of cells produced from human induced pluripotent stem cells to better treat and fight cancer.'

It's not all good news

Stem-cell technologies, and especially their putative 'cures', should always come with a caveat – the following may be fake science. And so it comes to pass. *The Lancet* has recently retracted yet another stem-cell research paper. This time it is a 2011 paper reporting clinical trial data using cardiac stem cells isolated in Dr Piero Anversa's former laboratory at Harvard Medical School. The paper in question is by Bolli *et al.*, under the title, 'Cardiac stem cells in patients with ischaemic cardiomyopathy (SCIPIO): initial results of a randomised phase 1 trial' and published in *The Lancet* (2011), 378: 1847-1857. Anversa's work is unreliable – he has already had 16 papers retracted, and there are more in the pipeline.

Anversa is not the only stem-cell faker. Sadly, too many stem-cell quacks and their 'clinics' the world over are offering sham treatments to desperate and vulnerable patients. All these mountebanks give this amazing branch of regenerative medicine such a bad name.

Euthanasia and Assisted Suicide

Royal College of Physician's sham

Until recently the Royal College of Physician's (RCP) position on assisted suicide was one of opposition to the practice. Then, for no good reason, in February, the RCP's Council, undoubtedly under pressure from campaigners for the legalisation of assisted suicide, conducted an online poll of its UK fellows and members to ensure that opposition was still the wanted policy.

The results, published in March, showed that only 6,885 (19%) of its 36,000 members had voted. And while 32% of these respondents thought the RCP should support the legalisation of assisted suicide, 43% were opposed. In addition, though 40% personally supported assisted suicide, 49% were personally opposed. Because this was a sham poll, which required a ludicrous and politically-motivated supermajority of 60% in order to maintain the RCP's original opposition, it now means that the RCP has gone 'neutral' on assisted suicide. This has connotations of RCP support, a green light for assisted suicide, though in fact, none exists. The RCP's balloting procedure may yet be challenged through the courts. And it gets worse because the Royal College of General Practitioners (RCGP) announced in June that it too will ballot its 53,000 members on whether to drop its opposition to assisted suicide. Is there an ominous theme here?

This change of heart by the RCP, bogus though it is, is all the more poignant because one of the largest medical organisations in the US has recently voted to retain its long-standing opposition to assisted suicide. In June, the leaders of the American Medical Association (AMA) voted 65 vs. 35 to hold the line.

Euthanasia in Belgium

It comes as no surprise to learn that the latest official figures show that euthanasia is increasing in Belgium. Euthanasia was first legalised there in 2002 and the Belgians have enthusiastically embraced it ever since. From 2010, there has been a 247% increase.

During 2018, there was a total of 2,357 reported euthanasia cases, up from 2,309 in the previous year. The majority of patients were aged 60 to 89 years old and suffering from cancers and co-morbidities. While there were no children euthanased in 2018, there were 14 people aged between 18 and 29 who were put to death.

At last, the practice is evidently coming under some sort of scrutiny. The European Court of Human Rights in Strasbourg has agreed to hear the case brought by a man who unexpectedly heard that his mother had been euthanased in 2012 for depression. In addition, three Belgium doctors are facing trial for certifying that a heartbroken woman, who falsely stated that she was autistic, was eligible to meet the criteria to be euthanased.

Euthanasia in Canada

It seems that about 3,000 Canadians were euthanased in 2018. The approximation is because according to the *Fourth Interim Report on Medical Assistance in Dying* there were 2,614 'medically-assisted deaths' for the 10 months between January 1 and October 31.

Canada's MAID (medical assistance in dying) was legalised only in June 2016, but has proved to be increasingly popular – it now accounts for an estimated 1.12% of all deaths in Canada. Since its inception in 2016, there have been at least 6,749 medically-assisted deaths. However, all these figures are underestimates because they do not include data from the Yukon, Northwest Territories, Nunavut and some from Quebec.

Most people who were euthanased were cancer patients (64%) and were between 56 and 90 years old, with an average age of 72. Most deaths occurred in a hospital (44%) or in a patient's home (42%). Doctors were the main euthanasiasts (93%), with nurse practitioners providing the remainder.

And Canada seems keen to take the next step. There is a growing interest in euthanasia coupled with organ donation, commonly known as ODE. Or 'kill and cull'. Though it is currently illegal, experts in euthanasia and organ transplantation have already published guidelines for the practice in the June 2019 edition of the *Canadian Medical Association Journal*. After all, why waste all those lovely pink organs?

USA and Elsewhere

Abortion bans across USA

Abortion has again become one of the hottest issues across the USA. Despite the 1973 *Roe vs. Wade* ruling for a constitutional right to abortion, states have enacted more than 1,200 abortion restrictions during the past 46 years. Already this year, some 26 abortion bans have been passed across 12 states, and many more are in the pipeline. These sanctions have typically been based on gestational age. For example, all abortions have been banned in Alabama and at 6 weeks of gestation in Louisiana, Georgia, Kentucky, Mississippi and Ohio and at 8 weeks in Missouri and at 18 weeks in Arkansas and Utah. However, as yet, none of these bans is currently in operation because of challenges through the courts.

In addition, there have been bans on specific abortion methods, such as dilatation and evacuation (D&E) used after 14 weeks, or abortions performed for certain reasons, such as the sex of the foetus or genetic anomaly. These bans have been enacted in Arkansas, Indiana, Kentucky, Missouri and Utah. And 'trigger laws', which would ban abortion in the event that *Roe vs. Wade* is overturned, have been enacted in Arkansas, Kentucky, Missouri and Tennessee. The abortion battle is hotting up.

How pro-life is the USA?

'Significantly' is the short answer. A national poll of 2,200 respondents, conducted during May, by Morning Consult, found that 58% of Americans wanted all or almost all abortions made illegal. Typically, exceptions were made for rape, incest and the life of the mother. Another 27% of Americans believed that abortion should be illegal only after viability. And 12% did not know where they stood on abortion. And there was little difference in the abortion attitudes of women and men as 60% of women favoured making all or almost all abortions illegal, while 61% of men agreed.

The poll also found that 51% of Americans believed human life either begins at conception or when an unborn baby's heartbeat is capable of being detected at 6 weeks. Only 13% of Americans believed human life begins at birth. And 47% of the respondents said abortion goes against their moral beliefs and 39% said it does not go against their moral beliefs. These results may appear to be somewhat mixed and confusing but they do show America to be a largely pro-life country. Figures from the UK would probably be less heartening.

And there is extra proof for the existence of this US pro-life sentiment. The results of Gallup's annual *Values and Beliefs* poll were published in May. It showed that half (50%) of Americans believe abortions to be morally wrong – the highest percentage for seven years. And 42% said they are morally acceptable. The poll examined the moral acceptability across a range of issues, such as gambling, divorce and assisted suicide. Abortion was the most divisive, with just 23% of conservatives versus 73% of liberals considering it morally acceptable – that equates to a 50% gap.

And there is even more. Reactions to Georgia's new heartbeat law were assessed by a Hill-HarrisX survey conducted during May. Overall, it found that 55% of voters do not think laws banning abortions after six weeks are too restrictive. Specifically, 21% said six-week abortion bans are 'too lenient', 34% said they are 'just right' and 45% said they are 'too restrictive.'

Miscellaneous

Sesquizygotic twinning

This may be only tangential to bioethical issues associated with assisted reproductive technologies (ARTs), but nevertheless it is enthralling. We are all fascinated by twins. We all know there are two types – or so medical doctrine has long told us.

First, monozygotic or identical twins occur when a single ovum is fertilised by a single sperm and the zygote or early embryo divides into two. The twins will be the same sex and share the same genes and similar physical features. Second, dizygotic or fraternal or non-identical twins occur when two separate ova are fertilised by two different sperm. These twins may be of the same or different sexes, share approximately 50% of the DNA and are no more alike than any brothers or sisters.

Third, and strangely, there are sesquizygotic or semi-identical twins. These occur when an ovum has been fertilised by two sperm before the early embryo divides. This results in three sets of chromosomes – one from the mother and two from the father. When this occurs it is generally thought to be incompatible with life and the embryos do not survive.

The first documented case of sesquizygotic twins was in 2007 in the USA. They came to the attention of doctors because of their ambiguous genitalia. They are rare, very rare. A 2019 paper reported on the genetic data from 968 fraternal twins, plus other global studies, and revealed the existence of no other sesquizygotic cases. In the same paper, published in February 2019, came the report of the discovery of a second case of semi-identical twins. The boy and girl, then aged 4, are from Brisbane and are identical on their mother's side. They share only 78% of their father's DNA. Thus, genetically, they are somewhere between fraternal and identical twins. This reported was by Frisk *et al.*, and published in the *New England*

Journal of Medicine (2019), 380: 842-849, under the title, 'Molecular Support for Heterogonesis Resulting in Sesquizygotic Twinning.'

They were discovered when their 28-year-old mother, who conceived naturally, went for a routine pregnancy scan at the Royal Brisbane and Women's Hospital in 2014. The ultrasound showed a single placenta and amniotic sacs suggesting identical twins. A 14-week scan showed the twins were male and female, which is not possible for identical twins.

Non-identical twins are more common in some families. Older mothers are more likely to have them because they sometimes release more than one ovum during ovulation. On the other hand, identical twins do not run in families. Then, of course, IVF can commonly lead to twins if more than one embryo is transferred to the womb. Or the physical manipulations associated with IVF is also thought to increase the likelihood of twinning. Fascinating!

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, chaired by a professor who was a lesbian and an LGBT activist, 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 judgemental... or suggestive of discriminatory intent, and it was reasonable to be concerned about that perception.

CLC assisted Felix with submission of an appeal which was heard on 12 March 2019. At the hearing Sarah Hannett, counsel for the university, was asked by the judges about the wider implications of public expression of traditional views about marriage for other professions, not just social work. She agreed with the proposition put to her by their lordships that if they accepted her submissions members of any profession who make such comment in a public forum could face sanction from their professional bodies with the full backing of the courts.

Their lordships have yet to hand down their decision, but the implications of a bad judgment are extremely far reaching. A full copy of the transcript is available at:

<https://www.christianconcern.com/our-issues/freedom-of-speech/key-exchanges-from-the-felix-ngole-court-transcript>

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).

When Dr Mackereth said that he was not able to do this he was told that it was a problem. His employer told him that unless he agree 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 and will be heard from 9-12 July 2019.

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 helped Richard to challenge this decision and an appeal was granted to the Employment Appeal Tribunal. The case was heard on 14 May 2019, but Richard is still awaiting the outcome.

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 supporting 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.

Last week, Richard lost his appeal at the Tribunal. The battle is not over for Richard; he 'remains as faithful as ever to his beliefs and will bring his cases to the Court of Appeal.'

Aberdeen Life Ethics Society

In 2017, Aberdeen University's Students' Association (AUSA) adopted a 'pro-choice' policy. The result of this action was to preclude any 'pro-life' group from affiliation meaning they would be excluded from any 'funding, facilitation or platform'.

The policy stated that,

'AUSA should oppose the unreasonable display of pro-life material within campus and at AUSA events, particularly when such material appears to imply affiliation or endorsement by AUSA or the University of Aberdeen, provides factually inaccurate information, etc. AUSA is a pro-choice institution and will always stand in solidarity with people seeking free, safe and legal access to abortion, contraceptive and reproductive health care.'

When Aberdeen Life Ethics Society (ALES) applied for affiliation, they received an email from the students' union stating,

'We unfortunately are unable to affiliate Aberdeen Life Ethics Society as you are directly against an AUSA policy and so we are not allowed to affiliate you. The policy in question ... does not lapse until 2020.'

With support from the Christian Legal Centre, ALES launched a legal challenge against AUSA in April, arguing that it had discriminated against them on the sole grounds that they were pro-life. Soon after the court filing, AUSA suspended its pro-choice policy so that the Life Ethics Society can now become an official student body, finally receiving student union funding.

Izzy Montague

Izzy sent her 5-year-old son to Heavers Farm Primary School in south London. She was one of several parents to challenge the school for forcing children as young as five to participate in an event celebrating gay pride. Now, Izzy has launched a legal challenge over how she felt victimised by the school after making the complaint.

The school said it would not 'shy away' from teaching children about important issues such as LGBT rights. Head teacher Susan Papas would not comment on individual complaint cases but said: 'With pride in British values we have a thread of work - on black history, disability awareness, 100 years since women got the vote - but generally talking to the children about matters of inclusion and diversity. Last year we did something for Pride month and focused on what children were proud of. Alongside that we were doing work on anti-bullying, anti-transphobic and anti-homophobic language. The older children were looking at the history of LGBT rights.'

Ms Papas said the Proud to be Me event held on 29 June had 'pushback' from some parents 'but most of the feedback was really positive'. However, Izoduwa Adhedo said she was 'bullied' after she complained that her child was 'forced' to attend the event 'that goes against our Christian beliefs... [The school] stopped treating me like any other parent but were antagonistic towards me... unreasonably excluding me from the premises, victimising my child and not taking my safeguarding concerns seriously' she said. 'I wasn't even trying to stop the Pride event. I just wanted my child to receive an education, rather than indoctrination.'

An initial meeting between governors and Mrs Adhedo was adjourned, Christian Concern said. Andrea Williams, chief executive of the Christian Legal Centre, said the treatment of parents such as Mrs Adhedo has been 'one of the most chilling breaches of parental rights I have ever seen. A particular agenda is being forced on to children inside the school gates and parents are being given no means to ensure that their children are being taught in line with their religious and philosophical beliefs.'

Ms Papas said: 'No one was forced but we would expect children to go to any assembly, class or event put on by the school. I am not going to shy away from issues that are important for children to learn about.'

Rev John Parker

John Parker was a governor of a Church of England primary school within the parish that he served as Rector. John held traditional biblical beliefs on matters of sexual ethics and human sexuality and he, along with several clergy colleagues, had had historical differences of opinion with his Bishop on these matters. Their positions were so far from one another that John was told that if he could not accept 'reasonable disagreement' he should leave the Church of England. John and his colleagues broke communion with the bishop.

In February 2019 the head teacher of the school where John served as governor sent out an email advising the governors that a child within the school intended to transition from a boy to a girl. The governors were asked to keep the matter to themselves and not release any information to the wider school community, including parents. The governors were told that the trans campaigning organisation 'Mermaids' was coming into the school to train staff in how to handle the transition.

John wrote to the head teacher raising questions about protection of the child in question, but also concerning the wellbeing of other pupils in the school, given the proposed involvement of Mermaids. John was informed that the head teacher had been advised to contact Mermaids by both the Department for Education and the charity Children in Need. In her email the head teacher said 'What I must do is ensure as a school we adhere to the Equalities Act [Sic] & enforce our anti-bullying policy. Our toilets must become gender neutral... school trips are trickier.' In a subsequent email the head teacher confirmed she had met with the diocesan adviser who provided the Church of England's 'Valuing All God's Children' as a point of reference (a document with more references to Stonewall than the Bible) for handling the situation.

In further correspondence with the head teacher, she confirmed she was in contact with the Local Education Authority and the Diocesan Education Authority who had put her in contact with the head of another Church of England primary school who is active in LGBT awareness and Stonewall work. John was also given details of two transgender themed books that they intended to introduce into the school; Big Bob, Little Bob and Red: A Crayon's story.

Following concerns raised by John and a fellow governor the head teacher escalated the matter to the Diocesan Director of Education. In his response he said 'A church school is not a church. It is a church sponsored educational service to the local community – a neighbourhood school with inclusive Christian character.' John was concerned with the position being taken by the school and his diocese, and at a subsequent extraordinary governors' meeting he produced materials of alternative procedures, policies and pathways, drawn from other Church of England schools, that might be used to manage the situation. The response from the school was that the transition was to proceed, no one, including parents of pupils in the school, could be advised of the child's transition before, during or after the transition and confirmed that was the advice from the Local Authority, the Diocese and the Trade Union. The governors were told to fall into line.

When the Mermaids trainer addressed staff, she told them that 'Someone's transition begins and ends when they tell you. What I mean by that is if I was a member of staff here, and I came in to work and said: "I recognise I'm a trans man, I'd like to use the name Paul and the pronouns 'he' and 'him' - that is all you ever need to know.'" In response to the training, John questioned the school's proposed management of the child's transition and expressed his concern for the school's social, moral and legal position, bearing in mind their responsibility to all of the children in their care. He wrote to the head teacher asking for confirmation that all relevant medical checks had been carried out before allowing the child to transition. In his letter he said: 'As responsible governors, we have a duty to take a cautious approach... Further we have real and ongoing concerns on the impact of such a transition on the other pupils at the school.' The only concession from the school was that the parents of children in the child's class would be advised of the child's transition on the day that it took place. In response John and a fellow governor felt compelled to resign.

As a consequence of the total lack of support at Diocesan level, John also felt his position in the Church of England was untenable and resigned his licence.

Contributors to this issue of *The Bulletin*

Roger Hitchings retired in 2011 from the pastorate of a small church in the East Midlands after 15 years of ministry. Previously he worked for 23 years in the field of social welfare with a particular emphasis on older people, and continues with that area of interest through writing and speaking.

Carys Moseley is a policy researcher for Christian Concern and also works part-time as Church and Society Liaison Officer for the Presbyterian Church of Wales.

Hendrik Storm is the Chief Executive Officer for Barnabas Fund, having previously held an executive role with Aldi.

Gavin Peacock is a pastor at Calvary Grace Church of Calgary, Canada, and Director of International Outreach for CBMW. He played professional football for Chelsea, Newcastle United and QPR, after which he worked for six years on TV and radio as a BBC commentator. He was converted to Christ at age 18 and was used by God to bear witness to the gospel throughout his football career. In 2008 he entered pastoral ministry. In 2016 he co-authored *The Grand Design*, a book on biblical manhood and womanhood, published by Christian Focus. He speaks globally on these issues.

NOTE: *The Council for Biblical Manhood and Womanhood (CBMW)* will be holding its fifth annual UK conference at *The Angel Church in Angel, Islington, London* on 5 October, 2019. The theme will be "Union with Christ". *Gavin Peacock and Regan King* will be addressing attendees.

Andy Wyatt was formerly a senior manager in local authority children's services and a Senior Her Majesty's Inspector, Ofsted.

John Ling is a freelance speaker, writer and consultant bioethicist. He is the author of three books on bioethical issues. His personal website is www.johnling.co.uk