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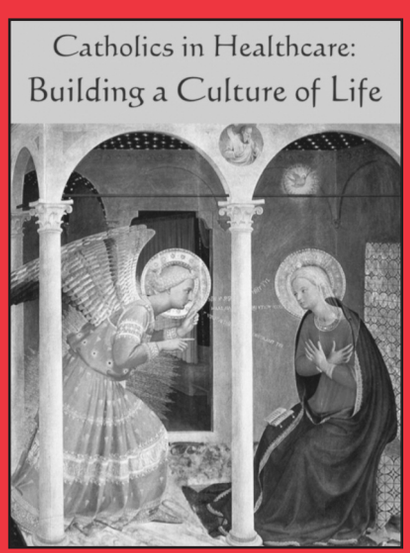

IN THIS ISSUE

JOURNAL OF THE CATHOLIC MEDICAL ASSOCIATION (UK)

CATHOLIC MEDICAL ASSOCIATION (UK)

PRAYERS BEFORE MEETINGS

Come, O Holy Spirit, fill the hearts of Thy Faithful,
and enkindle in them the fire of Thy Love.
V. Send Forth Thy Spirit and they shall be created.
R. And Thou shalt renew the face of the earth.

Let us Pray,
O God, who hast taught the hearts of the Faithful by the light of the Holy Spirit, grant that by the gift of the same Spirit we may be always truly wise and ever rejoice in His consolation. Through Christ our Lord
R. Amen

V. S. Luke
R. Pray for us.
V. SS. Cosmas and Damian
R. Pray for us.
V. St. Elizabeth of Hungary
R. Pray for us

PRAYERS AFTER MEETINGS

O Mother of God
we take refuge
in your loving care.
Let not our plea to you pass unheeded
in the trials that beset us,
but deliver us from danger,
for you alone
are truly pure,
you alone
are truly blessed.

TRANS:- ABBOT PATRICK BARRY, OSB,
MONK OF AMPLEFORTH

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Submitting articles to the CMQ

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We welcome articles on all aspects of Catholic health care. Articles will be subject to editorial review and may be reviewed by external peer reviewers. Where articles discuss matters of faith, peer review may not be by medical or other Health Practitioners. Articles should generally be between 400 and 1600 words. We prefer references to be in the Vancouver style. Articles should be submitted to the editor electronically at: Editorial email: editor@catholicmedicalassociation.org.uk

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AUGUST 2018

For details of forthcoming branch meetings please contact your local branch Secretary or visit www.catholicmedicalassociation.org.uk.

EDITORIAL

THE FALL OF CATHOLIC IRELAND

DR PRAVIN THEVATHASAN

Catholic Ireland has fallen. But it has not died. Those who worked so hard on behalf of the unborn and their mothers were brilliant. We need to support them. In doing so, we do not turn for support to the political parties, all of them pro-abortion. And we cannot turn to liberal Catholics who have been promoting their watered-down version of Catholicism since 1965. We need the real stuff. Nothing else will do.

Ireland became pro-abortion because its people first turned to widespread contraception use and divorce. Then they tried re-defining marriage, an impossible task. And now they have chosen the way of abortion.

The great pro-life priest Father Paul Marx saw it all well before the sex abuse crisis hit Ireland. Back in 1982 [1], he said this about the pro-life situation in Ireland: *"Frankly, I am not optimistic. Planned Parenthood and their collaborators, the wild theologians dissenting from Humanae Vitae, are seeing the results of the process of moral erosion they began after that prophetic encyclical...Naturally, the abortionists concentrate their propaganda on winning the young, especially the university students."*

In 1985, he wrote: *"Poor Ireland. It is so hard to survive as an island surrounded by oceans of cynicism, godlessness and the new paganism. Ireland's birth-rate is falling. NFP is floundering. Pornography is increasing. Yet too many priests are Pill-happy...Increasingly, it seems that the laity must save the Church, in Ireland and in the countless lands which Erin's missionaries once converted."*

There can be no compromise on the issue of abortion. The Church allows us a good deal of flexibility on issues such as immigration control, on environmental issues and on the economy. But not on issues pertaining to moral absolutes. The Irish Catholics need to be counter-cultural. Like the rest of us.

We need formation and I cannot recommend strongly enough "Abortion Matters" edited by Anthony McCarthy [2], one of our leading pro-life academics. In less than a hundred and fifty pages, we have a summary of all the major issues in relation to the issue of abortion. If only the Irish had read this superb book rather than listening to the secular media.

In the United States, there were lies about "Roe" of Roe versus Wade fame. I am convinced that the Irish will learn one day that the death of Savita Halappanavar was exploited in order to promote abortion on demand.[3]

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EIGHTH AMENDMENT REFERENDUM IN IRELAND

DR DERMOT KEARNEY. PRESIDENT OF THE CMA

On May 25th 2018 the people of the Republic of Ireland voted by referendum to repeal the Eighth Amendment to the Irish Constitution. The Amendment had been previously approved by popular vote in 1983 and essentially recognised that the unborn child had a right to life equal to the life of its mother. The wording of the Eight Amendment, while not perfect, had been carefully chosen to keep Ireland free from abortion on demand.

> Ireland has become the first country in the world to remove the right to life of a specific group of persons.

The State acknowledges the right to life of the unborn and, with due regard to the equal right to life of the mother, guarantees in its laws to respect, and, as far as practicable, by its laws to defend and vindicate that right.

In voting to repeal this Amendment, Ireland has become the first country in the world to remove the right to life of a specific group of persons. The referendum result was welcomed by the current Irish government who had led the campaign supporting repeal. The significance of the result was not lost on commentators and received world-wide press coverage for several weeks afterwards. Three weeks before the referendum took place, the highly-respected Irish journalist and author, John Waters, had warned that "Friday, May 25th may emerge as the bloodiest day in all of our history". Pro-abortion groups throughout the world already view the result as one of great historical importance. For many years, Ireland, despite the constitutional protection for the unborn as a result of the Eighth Amendment, has been considered to be one of the safest countries in the world for maternal care. This exemplary safety record has been a thorn in the side of the pro-abortion lobby as it directly contradicts and exposes as lies the claims that women die from not having access to abortion.

While the result itself was not a major surprise the margin of victory (66.4 % versus 33.4%) for those advocating repeal was shocking. The final result, announced on the following afternoon at Dublin Castle, was greeted with jubilation in a party atmosphere. The Irish people thereby wildly celebrated a forthcoming right to kill innocent unborn babies in their own land.

On a personal level, the result brings me great sadness. It effectively means that two-thirds of the people that I grew up with, went to school with, made my First Holy Communion with and played football with voted in favour of a change to Irish law to allow the deliberate destruction of the unborn.

While definitive details have yet to emerge, it seems likely that the new proposed legislation will allow for abortion to be carried out for any and no reason up to 12 weeks of pregnancy and possibly right up to birth for other specified reasons such as alleged "fatal foetal abnormality".

While assurances were made before the referendum that abortion provision would not include abortion for disabilities and chromosomal abnormalities the government now seem to be backtracking on this assurance. The Minister for Health, Simon Harris, has recently refused to confirm that the possibility of allowing abortion in cases of foetal disability or chromosomal abnormalities will not be permissible under the new legislation.

There is no doubt that Ireland has changed, "changed utterly" over the last 35 years since the initial Eighth Amendment referendum. It is no longer a Catholic country and has not been for many years. The Church lost much of its credibility and moral authority in the eyes of many, particularly when details of clerical sex abuse of minors and subsequent cover-ups at hierarchical level emerged. Yet there were many signs that attitudes to religion and religious observance were in serious decline for several years before those reports emerged. For many, the sex abuse scandals were exactly the excuse required to justify abandonment of religion and belief even though the vast majority of Catholic priests in Ireland were entirely innocent of any misdemeanour and were more horrified than the general population at the crimes committed by a small minority of their fellow priests and brothers.

With increasing wealth and economic prosperity, the people of Ireland had found a new god – one that had largely eluded them in the past but one they had craved for from observing lifestyles from other countries. It may be pure coincidence but the major decline in religious practice coincided with the emergence of the Celtic Tiger and Ireland's increasing prosperity in the 1990s and early 2000s.

Moral decline accompanied increasing material prosperity. That hardly comes as a surprise. Did Someone not once say that it was harder for a rich man to enter the Kingdom

of Heaven *"than for a camel to pass though the eye of a needle"*. Maybe He had Ireland in the late twentieth and early twenty-first centuries in mind when He spoke those words.

The campaign to defend the Eighth Amendment was actually well-organised and appeared to be achieving considerable success as successive polls carried out in the months leading up to the day of the referendum suggested that the gap between the two sides was closing. There was also widespread acceptance that the prolife side, defending the Eighth Amendment, performed very well in the live television debates. There was obvious panic among the "Yes" campaigners that their referendum might be lost and there were even claims that the RTE presenter during one of the live debates was biased towards the "No" campaign. All of the mainstream media, particularly RTE, had been staunchly pro-abortion throughout the referendum campaigns and for many years beforehand.

The first real indication that the pro-abortion "Yes" side would be victorious came with the exit poll results on the day of the referendum, immediately after the voting stations were closed. Despite the hope generated by previous polls, it now became clear that the fight to save the Eighth Amendment was lost. The exit poll predictions proved frighteningly accurate and the worst fears of the prolife side were confirmed on the next day.

In the exit polls, a large sample of the electorate was asked a number of questions on leaving the polling booths. The responses reveal some telling facts. Perhaps the most interesting fact to emerge was in response to the question "At what stage did you decide to vote as you did?" The vast majority (more than 75%) said they "always knew", indicating that the referendum had been lost many years before it ever took place. This confirms that there was nothing more that the prolife side could have done to influence hearts and minds. The Irish electorate were not prepared to listen to reasoned debate or convincing arguments. Their minds had already been made up. For some, rejecting the Eighth Amendment equated to rejection of Catholicism and everything that the Catholic Church might stand for. The Church had wisely decided to keep a relatively low profile during the debate. Ironically, one of the strongest and most courageous voices advocating a prolife stance and defence of the Eighth Amendment came from the traditionally anti-Catholic Orange Order. It may be that important life issues will bring true Christians of all denominations together again.

It was interesting to note that 7% of respondents stated that the Savita Halappanavar case strongly influenced their decision to vote for repeal of the Eighth Amendment. We know, however, that Savita's tragic death had nothing whatsoever to do with the Eighth Amendment and the constitutional ban on abortion in Ireland except where the mother's life was deemed to be at risk. Independent enquiries concluded that her death occurred by "medical misadventure" and was related to inappropriate management of septicaemia. The consultant obstetrician in charge of her care at University Hospital Galway, Dr Katherine Astbury, stated that she would not have hesitated to carry out a "termination" if she had believed that there was a threat to Savita's life from septic abortion. The Eighth Amendment protection for the unborn did not impact upon decisions made at the time in Savita's management.

Despite the facts of the case, Savita was shamefully used by the pro-abortion "Yes" campaign to convince the Irish people of the need to introduce abortion on demand in Ireland. Even the repeated statements of several well-respected Obstetricians including John Monaghan, Eamon McGuinness and Trevor Hayes, reiterating that the Eighth Amendment did not contribute to her death, fell on deaf ears. Dr McGuinness had been particularly forthright when he stated publicly "I want to be very clear about what I say next: The 8th amendment has never impacted my ability to provide the best healthcare that women and their babies expect and deserve. To my knowledge, no woman in Ireland has lost her life because the 8th Amendment prevented best care, and my colleagues have testified to that in several Oireachtas Committees, in both 2013 and in 2000."

A shrine dedicated to the memory of Savita Halappanavar has been created around a mural with her image in Portobello, Dublin. For many, it will be considered a memorial to a martyr who gave her life so that the pro-abortion cause could be advanced in Ireland. For others, it will be a lasting reminder of the day that the Irish people were misled into renouncing the belief that all human lives are of equal value.

Since the referendum, attention has now switched to the actual terms of the proposed legislation to allow abortion in the Republic of Ireland. Definitive legislation is expected to be introduced later this year. Of particular concern to doctors and other healthcare professionals in Ireland is the role that they may be expected to play in the planned abortion provision programme. There is likely to be some limited conscience protection clause for doctors whereby they will be allowed to hold a personal conscientious objection to performing abortion or prescribing abortion pills. It has been suggested, however, that this protection will not be absolute and that they will be required to make "effective referrals" to practitioners who will be prepared to participate in abortion provision if they are not prepared to participate themselves. This ruling would be unacceptable for practising Catholics and for many other conscientious doctors who will not wish to be implicated in abortion provision in any way.

It has also been recently stated by the Taoiseach, Leo Varadkar, that hospitals receiving state funding will not be allowed to opt out of abortion service provision regardless of any Catholic or other ethos. He has specifically named the Mater Misericordiae, St Vincent's and Holles Street National Maternity Hospitals in Dublin as prime examples of institutions that will be required to comply with any new legislation. Such directives will have important implications for individual Catholics and for Catholic institutions involved in the healthcare services. At this stage, no specific mention has been made in relation to the roles that nurses and pharmacists will be expected to play but it must be presumed that Catholics in these professions will not receive any mercy or understanding from the government. The Catholic Medical Association (UK) is ready and

willing to provide any support required to help Irish healthcare professionals and students of healthcare professions deal with any problems they might face in relation to whatever abortion provision legislation is introduced.

Greatest concern should be extended, however, to those who campaigned for and who voted for repeal of the Eighth Amendment. Many have been misled and may not understand the gravity of what the "Yes" vote truly means. All those who voted to introduce abortion into Ireland desperately need our love and prayers. There is no doubt that many lives will be destroyed as a result of this "tragedy of historic proportion". I fear that many souls may also be lost. It was very encouraging, in the aftermath of the referendum result, to hear Bishop Kevin Doran of Elphin diocese in the West of Ireland and other clerics state that Catholics who voted for repeal should seriously consider confessing this grave sin in the Sacrament of Reconciliation and assuring that all penitents will be received with compassion. Hopefully many will see this invitation as a wake-up call and accept it in a spirit of true repentance.

CORRESPONDENCE

Medical mediation in an attempt to resolve conflicts between parents and clinicians over the management of very sick or incurable children. It aims to facilitate and allow both sides to come to an acceptance of the final decision: An appeal to the British Medical Association

An urgent appeal was made to the British Medical Association Annual Representative Meeting to consider a motion on medical mediation in an attempt to resolve conflicts between parents and clinicians over the management of very sick or incurable children. It aims to facilitate and allow both sides to come to an acceptance of the final decision.

- That medical mediation is entered into voluntarily.
- That attempts are made to recruit suitably experienced and trained medical mediators.
- That the medical mediators are acceptable to both parties.
- That the mediators are neutral and outwith the clinical team involved.
- That they engage in face to face mediation.
- That mediators take into account the values and beliefs of the parents.
- That strict privacy is maintained and that publicity should not be permitted.
- That the substance of mediation should not be used in evidence in the event mediation failing.
- That mediators do not give legal advice and, if lawyers, are suitably trained in clinical matters.

Medical mediation has been available free of charge to a limited extent for over a decade, but needs to be much more widely available. (By contrast, court hearings are adversarial, costly, accompanied by publicity and result in perceived "winners", and "losers")

Dr Anthony Cole, J P, F R C P, Edin. F R C P C H ,
Chairman, Medical Ethics Alliance

BUILDING A CULTURE OF LIFE!

Semper Idem is the newsletter of the Catholic Medical Association's Committee for the New Evangelization. The Committee for the New Evangelization aims to support young Catholics in healthcare. Semper Idem is one way in which we hope to do this.

EDITORIAL

The Editor writes:

Our Catholic Faith, or rather a caricature of it, has been given much airtime in the past few months. Recently there was the case of Alfie Evans. Meanwhile in Ireland the abortion referendum was voted in with a clear majority. All of this was playing out against the backdrop of talk in the Vatican about priestly celibacy, sexual issues in the preparatory document for the upcoming Youth Synod and a kerfuffle regarding Holy Communion for divorced Catholics and Protestants in Germany.

However, despite all the negative news, on the Feast of St Joseph 2018 a very exciting thing happened in the life of the Church in England and Wales: having been suppressed at the Reformation almost 500 years ago, the Conventual Franciscans returned to Walsingham to be chaplains to the National Shrine of Our Lady [1]. The Conventual Franciscans have recently re-established friaries in Oxford and Aberdeen, and now they have had the vision to accept an invitation to care for the pilgrims visiting Walsingham. The date of the return of the Franciscans is significant: St Joseph is the father of the New Evangelization. This New Evangelization is close to the hearts of the Conventual Franciscans of the Province of Great Britain and Ireland.

At our recent pro-life youth conference at Tyburn Convent (see the report by a young medical student in this issue), we heard from Mother Thomasina, a Tyburn Benedictine nun, about the sacrifice of religious, such as the Conventual Franciscans, during the Reformation. At that time all 60 of the Conventual Franciscan friaries were closed. It would have seemed unbelievable then that in 2018, a convent on the site of the Tyburn gallows would be thriving, and Conventual friaries would be reopening. (As well as the Conventuals' new friaries, in the last few years the Immaculate Franciscans opened their friary in Gosport and then set up Radio Immaculata, at the invitation of Bishop Egan.)

It is Pope John Paul II who popularized the term 'New Evangelization'. He also did the same with the term 'culture of life' (contrasting it against the 'culture of death') in his encyclical Evangelium Vitae in April 1995 [2]. However, it has always been the teaching of the Church that each human being has a soul and has an inherent dignity and worth regardless of his/her perceived usefulness to society.

There are two Ways: ***one of Life and one of Death, and there is a great difference between the two Ways…***
The Didache – 1st Century AD

This is the reason why the Catholic Church is the largest charity in the world, and more relevant to our readers, the largest non-governmental provider of health care services in the world [3]. As Catholic healthcare workers we are at the forefront of this clash. We have a responsibility to see as God sees, and to treat every human being with love and respect, especially those rejected or deemed useless by society.

It is not always easy to go against the tide and to fight for those who have given up hope, or to love the unlovable. However, the role of the Church is to transform culture, and not the other way round. So we should endeavour to build a culture of life! In this edition of Semper Idem, a Catholic priest gives his experience of bringing the culture of life and love into the hospital by bringing a message of hope to the dying.

The Committee for the New Evangelisation have been organising conferences for young people in healthcare in order to inform and to provide support, and to try to build a culture of life and love. Our third annual CMA youth conference will be focused on building a culture of life. (For more details please see the advert in this issue of Semper Idem). We are delighted that at this event we will host a newly ordained Conventual Franciscan from the new Walsingham friary to speak about the New Evangelization, as well as talks on the culture of life. We hope to see you there!

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BUILDING A CULTURE OF LIFE: THE ROLE OF THE CATHOLIC CHAPLAIN

BY FATHER JOHN-PAUL LYTTLE
CATHOLIC CHAPLAIN TO THE
ROYAL BERKSHIRE NHS HOSPITAL TRUST

We are not human beings having a spiritual experience. We are spiritual beings having a human experience."
- Fr Pierre Teilhard de Chardin

In this quote the French Jesuit philosopher playfully emphasised the importance of a person's spiritual life. For good healthcare to be holistic (ie to care for the 'whole'), it surely needs to care for the physical, psychological as well as the spiritual well-being of the patient.

As the hospital's chaplain, my role is to help care for the spiritual needs of those in the hospital. I am a Catholic priest so my role then is to be an alter Christus, to be another Christ, walking the hospital corridors spiritually supporting the patients and even the staff.

How do I do this? I pray for all those who work in the hospital and their patients when I offer the Holy Sacrifice of the Mass and pray the Divine Office. When I visit the sick I remind them that they are children of God with an inherent dignity as such, for we believe that life is sacred from conception to natural death. Ultimately I have the privilege of administering the Sacraments of the Church. Through these means then I help to care for the souls of those in the hospital.

Always be ready to give an account for the hope that is in you!
-1 Peter 3:15

Despite being in this role now for some time, I remain no less in awe at witnessing when life is drawing to an end than when I started. After sometimes many weeks of journeying through the profound human experience of sickness and suffering, and the medical options having been exhausted, for the patient and their family it often seems as though hope too is apparently coming to an end. Without negating the profound pain the family have experienced and loss they will soon go through, it is nonetheless the case, that death is not the end.

I can do all things through Him who gives me strength.
-Philippians 4:13

I was recently phoned in the early hours of the morning to ICU. As I arrived, I saw a distraught family and on seeing me, they all respectfully moved aside so I could get to the patient. I spoke to the man telling him who I was and told him that Christ was very near and would touch his life. I assured him there was nothing to be afraid of any more. Then I administered the Apostolic Pardon, which is a beautiful gift to the Church by which the priest grants a full remission of sins, after which I gave the man the Sacrament of the Sick, his 'last rites'. I then prayed the Prayers of Commendation and told the patient that he could go to God's Kingdom in peace.

After this I led the family in prayer around his bedside and then explained to them what I had done. As Catholics we pray for a 'happy' death, however this is a seemingly inappropriate word at such a time. What we mean by this though is that we hope that the person receives the Sacraments of the Church, is surrounded by their loved ones and goes forth in peace. Before I got to the front door of the hospital I found out that the man had died.

This is an example of how the Catholic chaplain can promote a culture of life: caring for, valuing and loving life.

Recently I was involved in a discussion about whether the Catholic chaplain to a hospital should wear his clerical collar. In my view, I am a Catholic priest and this is a bold witness in our secular culture: one of sacrifice. Far from being less accessible due to wearing a collar, I am in fact more accessible as I am easily identifiable.

THE BOOK REVIEW

THE BOOK REVIEW IS A NEW REGULAR COLUMN IN SEMPER IDEM WRITTEN BY A JUNIOR DOCTOR (PEN NAME): GREGORY SCRIPTORUM

***'Jesus of Nazareth'* by Pope Benedict XVI**

When I was at medical school (I am a FY1 doctor now) I became curious about deepening my faith. I began by reading all the books of the New Testament and was astonished at their profound beauty. Soon after this, I read 'Jesus of Nazareth' by Pope Benedict XVI. This is a three book series as follows: Book 1: ***The infancy Narratives;*** Book 2: ***From the Baptist in the Jordan to the Transfiguration;*** and Book 3: ***Holy Week: From the Entrance into Jerusalem to the Resurrection.***

I was enthralled by the books and they made me want to read more and more. The clarity of thought that Pope Benedict is able to convey when explaining the key events in the life of Jesus is amazing. He is able to link together history, theology, philosophy and linguistics when discussing and explaining the mysteries of the Faith. However, these books did not simply help me to understand these events academically, they were able to help me deepen my faith and relationship with Jesus Christ. Pope Benedict's deep faith is certainly apparent in his writings, and this is a great inspiration to me.

For example, in the book 'Holy Week: From the Entrance into Jerusalem to the Resurrection' Pope Benedict dedicates a few pages specifically to when Jesus dies on the cross (pages 223-226). He explains the totality

of Jesus' love for humanity so eloquently by saying "He has truly gone right to the end, to the very limit and even beyond that limit … He has given Himself". What a beautiful image this evokes! Pope Benedict goes on to explain that at the Crucifixion "the new cosmic liturgy is accomplished" thus understanding this mystery sacramentally. He then ends this section by linking Jesus' death to the birth of the Church.

For me, understanding and loving the Faith is very important whilst working as a doctor and the book 'Jesus of Nazareth' has helped me to do this.

To my junior colleagues I would encourage you to go into the CTS bookshops or St Paul's bookshops and thumb through the books until you find one which looks interesting to you. In this series in Semper Idem I will review books, which have helped me deepen my faith and might be able to help you too.

THE BIOETHICS COLUMN

WHY SHOULD YOUNG CATHOLICS IN HEALTHCARE LEARN ABOUT BIOETHICS? BY THADDEUS, A YOUNG CATHOLIC BIOETHICIST

Whether you are already working as a healthcare practitioner or are still a student, sooner or later you will encounter ethical problems relating to patient care. These might be of a diverse nature, e.g. relating to the choice of treatment, allocation of resources, or deciding to highlight a particular behaviour (either of the patient or another staff member) to someone higher up.

While your professional training should include some ethics education, being a Catholic adds another dimension to the whole process. While it might be useful to know what one or another professor thinks about a particular bioethics issue, as Catholics we recognise that our primary relationship is with God. We are called to be the salt of the earth (Matthew 5:13), and following Christ (Luke 2:34), signs of contradiction to the world. We know that the decisions we make should be for the glory of God and our own salvation, but they should also enlighten (cf Matthew 5:14-15) those around us so that they may also see the truth, love and good we found in Christ.

This is not to say that we cannot look for useful insights in the works of secular writers, but that we should always have the guidelines that God gives us through His Church in front of our eyes. It is the aim of this series of short articles to prompt you to reflect on some of the issues we are currently facing in bioethics and on the guidance the Church offers us on these issues. In the next instalment we will consider what healthcare is, and what that means for us as Catholics working (or training to work) in healthcare.

CONFERENCE REPORT:

CATHOLICS IN HEALTHCARE: MEN AND WOMEN OF CONSCIENCE (10/03/2018) BY A YOUNG MEDICAL STUDENT

On the 10th March the CMA hosted a day conference for young healthcare professionals at Tyburn Convent. The conference started with Mass in the extraordinary form, complete with Gregorian chant, a wonderful opportunity to expose young professionals to a beautiful celebration of the Mass they may seldom have encountered in their own parishes. In the first talk of the conference, one of the Tyburn nuns reminded us of the historical precedents of conscientious objection in a fascinating and moving account of the lives of the Tyburn martyrs. Her talk was a reminder of three important facts: firstly, whilst we may feel challenged at times, our lives are not literally on the line; secondly, the battle has already been won, just as the blood of the martyrs is now glorified, so will our small battles give way to glory in the future; lastly, we have the prayers of so many religious (and lay) people around the world to support us in our endeavours to do what is right.

The ensuing discussion on conscience was thus set up in the context of eternity and placed us in a humbling lineage of figures now gone before us, who had remained true to their convictions to the last - the martyrs of course, but also more contemporary figures such as Dr Jerome Lejeune who fought so voraciously to defend the rights of people with Down's Syndrome. The two talks on conscience, delivered by Dr Joseph Shaw from the Anscombe Bioethics Centre and Mr John Smeaton from SPUC provided us with a thorough philosophical grounding and practical grounding in the nature of conscience within the healthcare setting, both what it is, and perhaps more importantly, what it is not. The day ended with a panel discussion enabling the attendees to enquire about some of the practicalities raised by the talks and so engage directly with the speakers. The Q&A session also provided the opportunity for various professionals from the floor to offer their insights, demonstrating the diverse range of knowledge and experience present at such a meeting.

Overall, the day was a great success and it was a real privilege to listen to such fantastic speakers in such a beautiful and apt venue. Many thanks to the Tyburn nuns for their hospitality and prayers, they are, of course, assured of ours. Many thanks also to the CMA for organising such a stimulating conference!

NEWS

IS MEDICAL ABORTION REALLY ACCEPTABLE MEDICINE?

The Women's Equality Party launched a new campaign in February calling for the second pill in a medical abortion to be available to be taken at home. To promote their campaign they told this story from Claudia Craig, a 23 year old woman.

The reality of "medical" abortion

"One year ago I took Misoprostol to terminate a pregnancy," she writes. "By law I had to take the pill at the hospital. I had no idea how quickly it would take effect. I was lucky I had enough money for a taxi - it was a 15 minute drive, but in those 15 minutes I turned pale green and could feel the process starting. I was counting down the seconds until I arrived home. I collapsed almost as soon as I got inside and started vomiting and miscarrying on the bathroom floor."

This story is the centrepiece of a campaign to enable women to have abortions in their own homes. We feel bound to ask if the supporters of abortion have lost touch with reality. Surely abortion is an awful thing and an awful experience for women. To be campaigning for that to be done at home, alone and without support is simply outside of what would be acceptable medical practice in any other branch of medicine.

BAMBINO GESU HOSPITAL CHARTER TO PROTECT THE RIGHTS OF TERMINALLY ILL CHILDREN

Bambino Gesù
OSPEDALE PEDIATRICO

IRCCS ISTITUTO DI RICOVERO E CURA A CARATTERE SCIENTIFICO

The Catholic Medical Quarterly and the Medical Ethics Alliance commend the Bambino Gesu Hospital (the Vatican's children's hospital) for its charter to protect the rights of terminally ill children. The Charter (released in June 2008) outlines the basic rights of both parents and children. Mariella Enoc, the hospital's president, said at its release, *"We will pass it through the European Parliament, to all the member countries. All those that, as associations of parents or of sick persons, or other paediatric hospitals in the world and European ones, want to consider it."*

Enoc stressed the importance of a therapeutic alliance between the patient's family and the doctors. She said, *"It's an alliance that must truly be made. I asked the President of the Alder Hey Hospital [paediatric hospital of Liverpool] to make an alliance between the Bambino Gesu and his hospital; unfortunately, that was not accepted. However, I hope that with many other hospitals, including European ones, this alliance may be accepted."*

The 10 articles in the **Charter of Rights for Incurable Children** are as follows:

- The child and his family are entitled to the best possible relationship with doctors and health personnel
- The child and his family have the right to health education
- The child and his family have the right to obtain a second opinion
- The child and his family have the right to receive the most competent diagnosis
- The child has the right to access the best experimental treatment
- The child is entitled to cross-border health transfers
- The child has the right to continuity of care and palliative care
- The child has the right to respect his person even in the final phase of life, without therapeutic obstinacy
- The child and his family have a right to psychological and spiritual accompaniment.
- The child and his family have the right to participate in care, research and reception activities.

The full charter can be found at
http://www.sanita24.ilsole24ore.com/pdf2010/Editrice/ILSOLE24ORE/QUOTIDIANO_SANITA/Online/_Oggetti_Correlati/Documenti/2018/05/29/BAMBINO_INGUARIBILE.pdf?uuid=AE6kxxvE

FAITH IN MEDICINE

A JOURNEY THROUGH FAITH

DR DONNA ROPMAY

"Now faith is the substance of things hoped for, the evidence of things not seen." **Hebrews 11:1**

In the wee hours of February 12th 2014, I went into a prolonged labour for the birth of our second child after a gap of eight long years. I experienced a normal delivery but the little baby girl did not cry at birth. She was resuscitated and closely monitored in the Neonatal Intensive Care Unit (NICU) of the mission hospital where I was admitted. She was put on oxygen and intravenous fluids to support her frail existence. One day, a junior doctor walked into my room on ward rounds and announced, "Your baby's collar bone is broken." I was too stunned to respond! When I got the chance to visit my little girl during her feed, I noticed that her right arm had been placed in a soft gauze sling on the advice of the orthopaediatrician who had seen her.

A week later, when my husband and I had hoped she would be discharged from NICU, we were devastated to learn from the treating paediatrician that she had developed neonatal sepsis with fever, abdominal distension and raised levels of C-reactive protein (CRP). She received combinations of antibiotics for about two weeks to treat her condition. On one occasion, when I had just breastfed her, I looked at the needles which pierced her tiny hands and feet and couldn't hold back the tears. Fortunately, my husband was by my side, sustaining me all along and assuring me that things would be alright. He read a verse from Psalm 139 [1] which says,

"For You formed my inward parts;
You have covered me in my mother's womb.
I will praise You, for I am fearfully and wonderfully made."

These words gave me hope as I realized that life and all its circumstances are in God's hands. All we need to do is trust Him to take care of our concerns.

As days went by, our little girl improved, but we were in for another shock when the paediatrician said, "I'd like to evaluate her cardiovascular system (CVS) and get an Echocardiogram (ECHO) done." The investigation was arranged and carried out by a cardiologist at the government hospital where I served as Faculty. Sure enough, the scan revealed a 3mm Atrial Septal Defect (ASD), Ostium secundum type, which is a less serious form of what is commonly known as a 'hole in the heart'. The specialist was of the opinion that it had a 95% chance of closing on its own in due course of time. Meanwhile, follow up visits would be required to observe the defect and its possible implications.

Our baby's oxygen saturation had picked up, and within a couple of days after the investigations she was fit to be discharged on the 28th of February.

The homecoming was special, more so for our elder daughter, ***Wyona Grace***, as she welcomed her new sibling to the family. We had several visitors, including friends and relations we hadn't met for years. There were questions about what we were going to name our child. One day, as my sister-in-law and I were looking affectionately at the baby sleeping in her cot, she said, "How about naming her ***Azania***, which in Hebrew means ***God listens or The Lord hears?***" I instantly agreed - it was so touching. My husband and I mutually consented to naming her ***Azania Faith***.

I had taken maternity leave for six months and during that period our baby's milestones developed normally. Her right shoulder had healed completely. She received regular shots of vaccines as per the national immunization schedule. Her appetite was good and she was very sociable. On December 15th 2014, my husband and I took her to the hospital for her measles vaccination at the age of 10 months. We also got an appointment with the cardiologist for an Echocardiogram (ECHO) to check the status of her ASD. I held my breath as the scan was performed and heaved a sigh of relief when we were told that the defect had closed! Praise God!

Grace in Retrospect

When I look back at the diagnoses that were made soon after our baby was born, I thank God for seeing her through all of them. Although not life threatening with prompt medical attention, they are pretty grave conditions which I cannot take for granted – birth asphyxia, fracture right clavicle, neonatal septicaemia and atrial septal defect.

Birth asphyxia, if severe or prolonged, could lead to irreversible brain damage and long-term motor, sensory, cognitive, behavioral, neuropsychiatric and developmental disorders.[2]

A fractured clavicle in the newborn is an unavoidable event in spontaneous vaginal delivery. There are studies which show an association with prolonged second stage labour, oxytocin use, forceps delivery and low Apgar scores. It usually heals without any permanent sequelae. Rarely, it can lead to Erb's palsy or brachial plexus nerve injury.[3-5]

Neonatal septicaemia of late onset, acquired from the nosocomial environment, is a serious condition with increased morbidity, mortality and extended length of hospital stay.[6]

Recent evidence shows that 100% of atrial septal defects <3mm close spontaneously by the age of 18 months, while >80% of those measuring 3-5mm in diameter are usually closed by 12-15 months. Surgical correction is an option in holes which do not mend on their own.[7]

But for the Grace of God, I don't think I could have taken so much in one go. Not only did He restore healing to our child, but also gave us parents the strength to carry on through those moments of great anxiety.

Thanksgiving and Reflection

"In everything give thanks for this is the will of God in Christ Jesus for you." **I Thessalonians 5:18**

Praise the Lord that in spite of the problems she had at birth, she is doing well today.

I'm thankful for His mercies, great and small. I'm glad I saw how hard the nurses in hospital work round the clock to ensure its smooth functioning. Their dedication and tireless energy really inspire me. The care, compassion and concern that they show to their patients surely makes the world a better place. It reminds me that the spirit of Florence Nightingale, the Lady with the Lamp lives on. Thank you matrons and sisters – may your hard work done with love for the little ones be duly rewarded!

"All things work together for good to those who love God, to those who are the called according to His purpose." **Romans 8:28**

In the autumn of 2015 we had a housewarming service at our new home to which we had invited our local pastor and close relations. My husband welcomed all the guests and reflected on God's blessings upon our family and especially His healing touch on Baby Azania. When it was the pastor's turn to speak, he made a reference to Psalm 103 whose words never fail to encourage me:

"Bless the Lord, O my soul;
And all that is within me, bless His holy name!
Bless the Lord, O my soul,
And forget not all His benefits;
Who forgives all your iniquities,
Who heals all your diseases,
Who redeems your life from destruction,
Who crowns you with lovingkindness and tender mercies,
Who satisfies your mouth with good things,
So that your youth is renewed like the eagle's."

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GREAT MEDICAL LIVES

BLESSED HANNA CHRZANOWSKA

(1902-1973).

ANOTHER HEROIC LAY NURSE BEATIFIED

Blessed Hanna Chrzanowska (1902-1973) was declared a Blessed of the Catholic Church on 28th April 2018 by the Holy See. On this earth she was a Polish community nurse, Benedictine oblate, champion of the chronically sick and poor.

Born in Warsaw, she worked in Kraków for most of her life. Her thoughts on the care of chronically ill patients living in their homes and in the community, and in particular her philosophy regarding the pastoral care and needs of this often neglected group of people, profoundly influenced the approach of Saint Pope John Paul II towards the sick and handicapped and were instrumental in his designating the feast of Our Lady of Lourdes (11th February) as a Church-wide day of the prayer for the sick. In his memoirs the saintly Pope noted, that he learnt most about the needs of the sick from Venerable Servant of God Hanna Chrzanowska.

Hanna will be the first registered nurse to be declared a Blessed of the Church. She attended a state nursing school, sat nursing exams, wrote scholarly articles, was the long-time editor of the Polish Nursing Journal, was Principal of a school of nursing and was a major contributor to the pre-war nursing legislation in Poland. She was active in the Polish Nurses Association, attended professional conferences and was a nurse teacher for many years. In her early retirement (due to communist repressions) she set up and ran Parish Nursing in Kraków. It is this work that is considered her crowning Christian achievement.

The Church in acknowledging her heroic virtues and approving a miracle obtained through her intercession sees her as a truly Christian example of a holy nurse. Hanna's unique nursing spirituality grew and deepened and brought fruit in measure as she grew into and took to heart her nursing vocation. Hanna's path to holiness was her professional work, undertaken with a passion and a dedication, which was nourished and sustained by a profound and deep prayer-life. Today's Catholic nurses and healthcare workers can relate to Hanna, a professional like them, who they can turn to for spiritual help.

For more information on Hanna Chrzanowska's life there is an English biography available, Colours of Fire by Dr Gosia Brykczyńska, available through Amazon. Or go to https://hannachrzanowska.pl/en/

PAPERS

CARE OF DYING CHILDREN AND ADULTS. ETHICS, PRINCIPLES AND ISSUES FOR LAW REFORM

DR ADRIAN TRELOAR, FRCP, MRCPYCH, MRCGP

Background

The cases of Alfie Evans, Charlie Gard, Charlotte Wyatt, David Glass and Ayesha King have all hit headlines and reverberated around the world. Many have been shocked to see doctors applying to the courts in order to curtail treatment against the clearly expressed wishes of the child's parents.

My conclusion is that while limitation of treatment and withdrawal of some treatments is appropriate, the de facto removal of parental authority as a result of referral to the High Court is wrong, and deeply unjust. As well as that, I argue that, in the case of Alfie Evans, the decision by the High Court to deny transfer to other care facilities is deeply concerning and should not have happened.

Key issues in the care of dying children and adults

Underlying those conclusions and within all the complexity of the debates there are several key issues each of which I explore further in this paper.

1. The absolute and inherent worth, value and dignity of each human being, however unwell, however disabled and however soon they may be likely to die. The Church and many other religious and faith organisations loudly proclaim and set out that dignity and worth.

2. It is the God given right and duty of parents to be the primary protectors of their children and to make decisions for them. Sadly, under UK law, at the moment a case is taken to court UK law removes decision making capacity from the parents and vests it in the Court. Except in circumstances when it is shown that parents are failing to meet their obligation to the child, I believe that that is unjust. Parents who are acting reasonably and making reasonable decisions for their child should not have their authority removed unless they are demonstrated to be failing to meet their serious responsibility to their child. This fundamental principle also needs to apply for decision makers in the care of mentally incapacitated adults.

3. Whether or not the law is reformed in line with point 2, parents and those responsible for decision making in mentally incapacitated adults should have access to mediators and also to legal representation in Court. It is not satisfactory for parents to face the expert solicitors and barristers of hospitals while they are not supported themselves. It is manifestly unjust for parents to face expert solicitors and barristers employed by hospital authorities without equal legal support.

4. Palliative Care for those who are suffering while they die is fully appropriate and right. Alongside that, it can also be right to withdraw treatment which is not beneficial to the patient or which is excessively burdensome. But with the proviso that a decision to withdraw treatment should not be automatically assumed to be a decision to stop all medical treatment. That is especially strongly the case if clinicians consider that simply administered food and fluids are medical treatment. Here too, UK law (following the case of Tony Bland) is at variance with what we should consider to be good practice.

5. The principle of double effect sets out that it may be right to give some treatments which might shorten life so as to provide symptomatic relief for those who are dying. For some, appropriate treatments will include appropriate doses of morphine and sedatives.

6. In someone who is not symptomatic, treatments (including medicines such as morphine and sedatives) may be a cause of earlier death if they are given inappropriately. If that is done with the intent of hastening death that is deeply wrong.

1. The absolute worth, value and dignity of each human being.

All, people however unwell, however disabled and however soon they may be likely to die are human and fully so. Throughout history, people have championed the dignity of the sickest and weakest members of our society. In Christian tradition this was most powerfully and clearly set out by Jesus Christ with the parable of the Good Samaritan. It is anathema to think that a disabled person is less human than an able one. Or that when we are sick we become less human. To believe that, would lead to a conclusion that doctors, business men and diplomats are more human than factory workers or road sweepers. Which is clearly absurd and absolutely false. One of the great triumphs of the parents of all the recent high profile cases has been the parents' clear attestation of their child's worth and humanity. Doctors and lawyers do not always see that in the same way. In the cases of Charlotte Wyatt[1] and David Glass[2] , doctors clearly showed their ability to get their assessment of prognosis wrong. In other cases, such as Charlie Gard[3] and Alfie Evans[4,5,5], parents clearly championed the humanity and beauty of their children.

The Church and many other religious and faith organisations loudly proclaim and set out that dignity and worth. Parents are to be supported and congratulated when they do it so much more effectively and well.

As with so many other parents who have done a similar thing, it has been truly humbling to see how powerfully the parents of Alfie Evans, Charlie Gard, Charlotte Wyatt, David Glass have demonstrated their childrens' deep and absolute humanity. We must hope that that humanity will continue to be seen for many years to come.

2. The right and duty of parents to be the primary protectors of their children and to make decisions for them.

Parents have a natural and widely accepted authority to make decisions for their children. That authority must not be unjustly usurped by the state.

As a result of the authorities taking cases to the High Court, UK law sets out that the judge becomes the decision maker in cases like Alfie Evans[4,5,6] and Charlie Gard[3]. That transfer of decision making power occurs regardless of whether not the parents are acting reasonably and whether or not the authorities are acting reasonably or unreasonably. Especially in the cases of Charlotte Wyatt[1] and David Glass[2], it is clear that expert opinions about prognosis can be seriously inaccurate.

Under the Children's Act the expectation is that parents will make decisions in the best interests of their child. In the case of "An NHS Trust v MB & Anor [2006] EWHC 507 (Fam)[7] Mr Justice Holman stated that because *"a dispute has arisen between the treating doctors and the parents, and one …. [party has] asked the court to make a decision, it is the role and duty of the court to do so and to exercise its own independent and objective judgment"* In other words, merely by being taken to court the decision maker became the court. The judge stated that he was not there to determine whether or not "the respective decisions of the doctors on the one hand or the parents on the other are reasonable decisions" and went onto say that "the matter must be decided by the application of an objective approach or test. That test is the best interests of the patient". He went on to say that "It is important to stress that the reference is to the views and opinions of the parents. Their own wishes, however understandable in human terms, are wholly irrelevant to consideration of the objective best interests of the child save to the extent in any given case that they may illuminate the quality and value to the child of the child/parent relationship."

Which means that referral to the Court removes the power of consent that parents have, regardless of whether or not the course of action they are seeking is reasonable and replaces it with a decision about the child's best interests. A decision made by a judge and not by the people closest to that child.

It is clearly right, that when parents are making decisions that are inappropriate or harmful for a child, then there must be a legal mechanism to constrain or remove their decision making authority. But it is my view that in order to take the serious measure of removing from parents the fundamental rights, duty and authority to be decision makers for their child, it should be necessary to clearly demonstrate that the parents' wishes are clearly inappropriate or harmful for that child. The current situation whereby taking the case before a High Court judge means that the judge becomes the decision maker and is expected to make that decision in the child's best interests, listening to the view of parents but not bound by them is unjust. Where parent's cannot be demonstrated to be seriously acting inappropriately or harmfully, UK law should not remove their rights and duties.

The decision that the High Court made for Alfie Evans[4,5,6] was withdrawal of treatment (in anticipation of his rapid demise) instead of his transfer to another facility. Transfer to Rome was denied on the basis that the flight to Rome might be distressing for Alfie (despite him being described as being in a "semi-vegetative state") and because it was feared that the flight might adversely affect his epilepsy. We should note that had those risks materialised in flight, they might well have been managed by a drug such as midazolam. Evidence presented in court stated that midazolam was (appropriately and with good effect) used in December 2017 to control persistent seizures. [4] Midazolam was also a central part of the care plan following extubation as part of the end of life plan.[8] In a difficult to understand and unexplained contrast, when midazolam was proposed as part of a care plan for use in an air ambulance the judgement states *"In particular the Midazolam proposed by Dr Hubner was entirely contra indicated by his [Alfie's] medical history"*. [4]

Notwithstanding all that, the Court concluded that it was in the Best Interests of Alfie to be set upon a path which anticipated the rapid deterioration and death of the patient as a result of that decision to withdraw treatment, along with provisions for both fentanyl and midazolam to be given [8]. I find myself at least a little challenged by those contrasts, for which the judgement gives no explanation.

Further, I struggle to believe that the option ordered by the judge was truly in Alfie's best interests. I think that his parents' wish was not unreasonable and their views should have been respected by the Court.

Going further, we should perhaps be at least a little concerned that "Best Interests" can be too easily subverted to purposes other than the best interest of the patient. It was held in the Tony Bland case that the *"proposed conduct is not in the best interests of Anthony Bland, for he has no best interests of any kind."* [9] The withdrawal of ventilation was also considered to be in the best interest of Charlotte Wyatt and other recent key cases. Especially where an analysis of a person's best interests leads to a decision to embark upon a withdrawal of treatment which anticipates that person's early demise, great caution is required. And when parents or the key advocates have concerns and there is an alternative to that plan, especial care is needed. For Alfie there did appear to be an alternative. His parents' views were not unreasonable and it is far from clear that the course of action, taken in full opposition to his parents' views, was truly in his best interests.

The reality was that doctors in the Bambino Gesù Hospital in Rome clearly thought that his life would be short, but they were willing to consider some treatment for longer. While his bleak prognosis was accepted, doctors suggested that he might be kept on the ventilator for longer and be given a tracheostomy and feeding through a percutaneous endoscopic gastrostomy tube. [4] Which would have continued to show his worth, dignity and value, in accord with his parents' wishes. The court ordered withdrawal of treatment expecting his early death as a result of that.

Clearly when parents are getting decisions wrong and their wishes are harmful to children, the state must remain able to intervene. But where that cannot be demonstrated, I believe that a change in UK law should be enacted to empower parents in situations such as this.

With regard to mentally incapacitated adults the situation is, sadly, very similar. If a mentally incapacitated adult's case is taken to the Court of Protection then the person with decision making authority (the relevant person's representative) will find that the Court becomes the decision maker and their authority on that question is removed. Regardless (as with children) of whether or not the decision they seek is reasonable.

There is a need for reform of the law here. It is not enough, in my view, to require mediation. The test to enable the removal of parental authority should be that the parental view is demonstrated to be unreasonable. It is not enough for an elderly judge who does not know the patient and who does not have anything like the sense of humanity that a parent has for a child, to be placed in a position of final decision making authority when parents are making a decision that is not unreasonable. To do that, is a very serious injustice.

The law must also be compassionate. Parents have very clear duties towards their children. But they also have rights. All human beings are members of society and social beings. Even the smallest and most frail child gives to those around them. And it clearly accords with their humanity that they do that. For parents, that is an especially strong and vital bond and relationship. We should at least, in the light of that be willing to reconsider Justice Holman's statement that parents' *"own wishes, however understandable in human terms, are wholly irrelevant to consideration of the objective best interests of the child save to the extent in any given case that they may illuminate the quality and value to the child of the child/parent relationship."* [7] Justice Holman describes a parent child relationship in those terms as unidirectional. All healthy parent-child relationships are bidirectional. Are the parents' wishes *"wholly irrelevant"* or do children have at least some interest in the comfort and avoidance of distress for their parents at their parting. Dame Cicely Saunders the founder of the UK Hospice movement stated that *"How people die remains in the memory of those who live on."* [10] Alfie Evans' parents clearly suffered greatly as a result of the decision to stop treatment and to prohibit the opportunity of a transfer to Rome. Surely that reality should have, at least a little, affect judges' decisions in cases such as these.

3. Mediation and legal representation in Court

Alfie Evans' father Tom had to represent himself in court in February 2018. He had parted company with his original legal team. He had hoped to ask for an adjournment so that he could find a new legal team, but this was rejected by the court. [11] Although he was supported by Stephen Woolfe (a Member of the European Parliament), that was not adequate. Stephen Woolfe is on record stating this. On 26th April 2018 he said[12] *"Parents' rights should neither be ignored nor dismissed as irrelevant by hospitals and courts, who believe they know best and have the power, money and resources to overwhelm families who simply want to save their child. We demand a change in the law to restore the rights of parents in such decisions".*

"All parents should be allowed an independent advocate to defend their case with the right legal and medical expertise and financial equality of arms. Now is the time to act. We cannot have another baby, another family, have to go through the struggle and torment the Evans family have. It's time for Alfie's Law."

Whether or not the law is reformed in line with point 2, parents and those responsible for decision making in mentally incapacitated adults should have access mediators and also legal representation in Court. It is not satisfactory for parents to face the expert solicitors and barristers of hospitals while they are not supported themselves.

4. Palliative Care and appropriate withdrawal of treatment

Palliative care which aims to alleviate suffering in those who are dying is, of course, is fully appropriate and right. In addition to that palliation of suffering, it can also be right to withdraw treatment which is not beneficial to the patient or which is excessively burdensome. For example, if antibiotics are no longer going to have an effect they need not be given. And if a ventilator is being used in a severely unwell person with little or no chance of recovery,

removal of that may also be appropriate.

But there is an important proviso. A decision to withdraw treatment should not be always be assumed to be a decision to stop all medical treatment. Especially if clinicians consider that simply administered food and fluids are medical treatment. Following the Bland judgement, UK medical law has assumed that the administration of food and fluids by tube is medical treatment. That has been questioned and intuition tells us that something that can be done easily and simply while out and about shopping or on a day-trip to the beach is not the same as intensive medical treatment and ventilation. But it is clear, reading the judgment regarding Alfie Evans in February 2018 along with the care plan that the hospital had approved by the Court [8], that stopping ventilation was also thought to mean stopping all other active treatment as well as monitoring etc. The Court hearing on 24th April heard that his parents *"begged the Hospital staff to provide some oxygen to him"*, as well as nutrition for Alfie. [6] the Court then heard that *"The staff refused to do so for six hours on the grounds that the Court had ordered it was not in Alfie's best interests for his life to be supported."* [6]

The key point here is that it should be possible to withdraw or withhold ventilation, or perhaps antibiotics for infections, while still allowing and giving fluids and some nutrition. We should dispute a medical and legal view that all care is treatment and should be stopped all at once. I continue to believe that the withdrawal of simply administered fluid and food from patients, with the result that they will die is deeply wrong. Therefore, following the case of Tony Bland, UK law is at variance with what we should consider to be good practice.

5. Double effect in palliative care

The principle of double effect states that it can be right to give treatments which may have a harmful effect if that is necessary to enable a good effect.
The principle of double effect requires that the following four conditions must apply in order for the action to be morally permissible.

1. The action itself must be good, or at least morally neutral.
2. The intention of the act must be good and the bad consequences must not be intended, though they may be foreseen.
3. The good consequences must not arise from any evil action. One should never do evil so that good may come.
4. The good result must be proportionate to the bad consequences.

Therefore, it may be right to give some treatments which might shorten life so as to provide symptomatic relief for those who are dying. For some, appropriate treatments will include appropriate doses of morphine and sedatives.

6. Double effect or the intent to kill?

But if the person is not suffering, or if the doses given are clearly excessive, and especially if death is intended as the consequence of administering drugs such as morphine or sedatives then, (even in a dying person), giving those drugs continues to be wrong and constitutes killing. We must not kill, but we should, reasonably, sensibly and appropriately palliate.

It follows that while it is appropriate to use analgesia and sedation in a dying person who is in pain, distressed or suffering, that analysis is different where the person does not require medication to alleviate those symptoms. Such medications could (and probably would) hasten death in a child (or adult) who is already struggling to breathe. Inappropriate sedation and fluid deprivation in a child (or adult) who is struggling to breathe is incompatible with survival and wrong.

Therefore, in someone who is not symptomatic, treatments (including medicines such as morphine and sedatives) may be a cause of earlier death if they are given inappropriately. If death is intended, that is clearly wrong.

Conclusion

1. In the case of Alfie Evans, UK law removed the right of the parents to make decisions for their child. The parents' decision making authority was removed by the fact that the case went to Court. Even though there are grounds to believe that the option they sought was both viable and reasonable, the Court vested in itself the authority to decide. Parental authority was usurped. I continue to struggle to believe that the option ordered by the judge was truly in Alfie's best interests. I think that his parents' wish was not unreasonable and their wishes regarding a transfer to Rome should have been respected by the Court.
2. While mediation might help these situations, the law requires reform because of the way in which UK law removed parental authority.
3. Palliative care and withdrawal of treatment can be both right and appropriate. But treatments must not be given with the intent to kill.

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CONSCIENCE IN MEDICAL ETHICS: THE VOICE OF GOD OR THE JUDGEMENT OF REASON

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In the 1650s a female Quaker walked through the streets of Oxford naked. She explained her actions by 'declaring that those in authority would in like manner be stripped by God of their power.' [1]

She was inspired no doubt by Isaiah 20:2ff, in which the prophet is commanded by God to take off his clothes and sandals as a prophetic gesture aimed at Egypt, which some in Israel saw as an ally against the might of Assyria. The Egyptians, Isaiah explained, would be defeated and led captive, stripped and naked, to their shame.

Isaiah, of course, acted as he did on the basis of direct divine commands. It is possible that the 17th century Quakeress thought she had been inspired in a similarly direct way to act as she did. However, it is more likely that she, and the many others of that era who performed what they regarded as prophetic actions, often involving violence towards property or persons, hadn't had visions: they had simply decided that it was a good idea. Nevertheless, the Quakeress would have claimed, if asked, that she acted according to her conscience, and that the voice of conscience is the voice of God.

My first, and perhaps shocking, contention in this paper is that, while it is possible to understand the claim that conscience is the voice of God in an orthodox way, [2] it is a deeply unhelpful way of talking. Instead, I recommend St Thomas Aquinas' definition of conscience: to paraphrase, conscience is a rational judgment about whether a proposed action is right or wrong. [3] Contrary to the Quakeress, there are three important differences between the conclusions of our own thinking and divine commands.

First, unlike God, our personal conclusions are fallible.

Secondly, God, unlike us, has authority to command us to do things which we don't fully understand, or which in other circumstances be absurd or even, in some cases, wrong. [4]

Thirdly, our personal conclusions are based on a process of reasoning open to review and discussion by others. This can be the basis of persuading others, and we may legitimately change our opinions when presented with pertinent arguments or extra information.

None of these points means that we may set our conscience aside, for example if it conflicts with our own desires, the orders of a superior, or the law of the land. What we mean by conscience simply is ***what we think we ought to do.*** To agree to act against our conscience just is to act contrary to what we think we ought to do.

This creates the paradox of the 'erring conscience'. How can it be right to do what is wrong? The classic, and perhaps not very helpful, answer from the Catholic tradition is that what an agent with an erring conscience really ought to do is to think matters through again and straighten his conscience out.[5] Short of that, Aquinas points out that an action contrary to conscience is a sin, because in such an act the agent has chosen sin. [6]

On the other hand, a person who thinks, conscientiously, that, say, fornication is morally permissible, and carries it out, will over time feel the effects of doing that objectively evil action. You cannot develop the virtues of chastity, justice, and charity through actions objectively opposed to them, even if you are unable to see that they are opposed

to them.

This is what the classical Catholic tradition has to say. By contrast, the concept of an erring conscience is difficult to combine with the view, characteristic of Protestantism, that the voice of conscience is the voice of God, or even, as late Scholastic and Counter-Reformation Catholics tended to say, the deliverances of the virtue of Prudence, which are correct by definition. [7] Cardinal Newman, who also used the language of conscience as the voice of God, was obliged to contrast this variously with a 'counterfeit conscience', a 'mean, ungenerous, selfish, vulgar spirit', and a 'false conscience'.[8] The less charitable Protestants of 17th century England dismissed their opponents' claims of conscience as insincere, or even demonic.

The result of this was that Oxford's undergraduates, who had to pass a religious test before matriculating, amused themselves in that era by disrupting the worship of Protestant Dissenters 'jeering and shouting, singing bawdy songs, setting dogs upon the congregation or setting off fireworks'. [9] Dissenters in their turn interrupted church services of which they disapproved, but some of which they were legally obliged to attend. Catholic Masses were also disrupted, when their location was discovered. During the reign of Queen Mary Tudor, there were cases of Protestants attacking priests with knives during Mass, and violently disrupting religious processions. This was still going on, at least in pockets of Protestant zeal, three centuries later. In the town of Lewes, famous for its bonfire-night burning of effigies of the Pope, a High Anglican funeral complete with religious sisters in habits, organised by the hymnwriter J.M. Neale, so enraged the locals in 1857 that the participants were besieged in a public house and had to be rescued by the police. [10] This is what happens when people feel they are directly inspired by God, and that everyone who disagrees with them is inspired by Satan.

Cardinal Newman sets great store by the contrast between the religious view of conscience, as the voice of God, and the secular view of conscience, as entirely subjective. [11] One can see what he means, but from a historical perspective the secular view is simply the religious view in lay clothes. If religious faith weakens in people who have been taught that they have within themselves an infallible moral guide conveyed by their feelings, they will stop calling these feelings the voice of God, but they won't cease to accord them the ultimate authority over their actions.

The irresolvable religious conflict of the late 16th and 17th centuries set the scene for the development of the concept of religious toleration. As the philosopher John Locke makes clear in his famous Essay on Toleration, it was evident by the time of the English Revolution of 1688 that the Anglican Church was not going to succeed in suppressing Protestant religious dissent. Against the Catholic threat represented by King James II, Locke proposed that Anglicans and Dissenters form a united front and allow each other to worship in peace. It was another century before the need to pacify Ireland led to this toleration being extended to Catholics.

The Oxford Quakeress already mentioned would have rejected appeals to keep her clothes on based on Natural Law, or the authority of a recognised body of tradition, or the authority of an institution like the Church, or to reason. Indeed, she might have borrowed Luther's line that the last of these, reason, is a whore. If conscience is either God's will, or a fraud, it places religious and moral convictions in a completely different category from rational opinions. There is, literally, no arguing with them. Some kind of toleration may be possible if you could put a lid on the threat to public peace, but this implies that troublesome religious views be withdrawn from the public, political sphere, into the merely domestic, private sphere.

Many in Locke's day and since may conclude that this was a pretty good solution to a pressing social and political problem. The difficulty is that Lockean toleration is based on two, related, false claims.

The first is that public policy can be based on a set of political principles which are uncontroversial and don't favour one set of religious convictions over any other.

The second is that you can take away the political implications of religious world-views without changing those world-views in any important way. Only if this is true can the Lockean system be said to be tolerating a range of authentic religious views.

These problems can be illustrated in the practical difficulties Catholic doctors find themselves today. If a Catholic medic tells his colleagues that he cannot in conscience perform an abortion, for example, one common reaction is to say that the Catholic has set aside his rational, professional judgment (the universal, rational, principles Locke assumed would govern political and professional life) in favour of promptings from a very different source: religion.

If you are lucky, you may be offered what is known in the law as a 'reasonable accommodation'. This means you might be allowed to opt out of abortions, in the same way that Muslim professionals might be allowed to opt out of shifts incompatible with Friday prayers. Beyond this little bubble of accommodation, it will remain the case that you will be expected, first, to think and act professionally on the basis of official standards which may include attitudes at variance to the Natural Law. By the same token, the version of Catholicism officially permitted, and indeed protected, is a de-clawed one with no implications for one's professional life.

These are implications of fundamental principles which are widely, if not universally, accepted. In the real world attitudes and rules of conduct tend to be messier and often confused, sometimes to the advantage of the conscientious Catholic professional. To stay with the fundamental issues, however, the key to dealing with this problem is for us as Catholic professionals to keep insisting that when we talk about conscience, we are not appealing to a right to a private spiritual life: we are talking about the conclusions of our thinking about what we should do.

If this goes against current official protocols, there are precedents. There have been professionals in earlier eras who refused to go along with conventional, but wrong-headed or abusive, medical practices, such as bleeding patients who were suffering from blood-loss, highly speculative brain-surgery on patients with mental disorders, or, more recently, the over-prescription of pyscho-active

drugs. Again, there are the more extreme cases of the corruption of the medical profession in Nazi Germany and the Soviet Union. The history of some of these cases illustrates how closed-minded a professional group can become, and what obstacles and even persecution await those who have the knowledge and will to do things better.

When talking about conscience, conscientiousness, and conscientious objection, the cases just listed are in a very different category to, for example, the issue raised by those who want to avoid eating pork for religious reasons. Recall the contrast noted above between the obligations (which may be perfectly real) arising from direct divine commands, and the conclusions of our faculty for practical reasoning. The latter are fallible; they will not involve claims to any special right to do what others should not do; and they are both susceptible to correction by others presenting arguments or new information, and also can form the basis of a public argument designed to persuade others. It should be particularly clear in these kinds of case that attempts to relegate the views of the conscientious dissenters to a 'private sphere' make no sense at all.

Should those who opposed lobotomies have avoided performing them themselves, but made sure that colleagues were on hand to do them instead? Should the pioneers of hygiene have kept their private views about patients' best interests to themselves, and not allowed these views to effect their professional judgements, as formed by their training and official guidlines? Should Catholic doctors called upon to apply arbitrary criteria for determining Jewishness during the Nazi Shoah simply have done the job they were paid and ordered to do, and sped the unfortunates up the railway track to death?

No. It was on the basis of their understanding of medicine and of their patients' interests, which is to say as medical professionals, they knew that what was happening was wrong. The same is true of a Catholic doctor today confronted with a child wishing to be irreversibly sterilised, a frightened mother asking for an abortion, or a depressed old person wishing to be euthanised. It is a medical judgement - admittedly, not a difficult one - that those things are not in the patients' interests. A trained, professional judgment, is the application of practical reasoning to a specific kinds of cases, making use of a specific body of knowledge and set of analytical skills. Nevertheless, its conclusions can still be moral imperatives. In these cases the men and women involved believed, reasonably and correctly, that it was not the right thing to do as medical professionals to go along with the official view of their day.

To summarise my argument, I have wanted to stress that conscience is not a mysterious black box which produces unchallengable commands, but, as Aquinas taught, simply the conclusion of our reasoning about what to do. On this understanding it ought to be part of the public conversation, not relegated to a private sphere. For a Catholic medic, conscience is the product of a professional judgement, informed as it should always be by a concern for patient welfare, no different from the judgements of earlier generations of pioneers, whistleblowers, and those refusing to allow their medical expertise be twisted into a means of oppression.

We must be innocent as doves and as wily as serpents, and I'm not the one to advise Catholic medics how to navigate the difficulties they face. My concern has been to say that the privatisation of religious commitments, which many in positions of authority try to enforce, is based on a fundamental mistake. Our moral reasoning is not a separate domain from our practical and professional reasoning: it is how we determine what we should do, and how we should live.

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[1] The Encyclopædia of Oxford Encyclopaedia ed. Christoper Hibbert and Edward Hibbert (London: Macmillan, 1988) p122
[2] See Thomas Aquinas Summa Theologica Ia IIae Q19 a.5 ad1: ' Although the judgment of an erring reason is not derived from God, yet the erring reason puts forth its judgment as being true, and consequently as being derived from God, from whom is all truth.'
[3] See Thomas Aquinas Summa Theologica Ia Q79 a.13; Ia IIae Q19 a.5
[4] Not that God can make any wrong act right by commanding it, but he can give humans permission to do what he has the authority to do, just as a human can, by giving a permission, make actions which would have been wrong, permissible. See Joseph Shaw "The Application of Divine Commands" Religious Studies 35, 1999 pp307-321
[5] On this topic see M.V. Doughherty: Moral Dilemmas in Medieval Thought: from Gratian to Aquinas (Cambridge: Cambridge University Press, 2011) p156, citing Bonaventure; Dougherty expounads the views of a succession of authors in the following pages.
[6] Summa Theologica Ia IIae Q19 a.5 c. 'And since the object of the will is that which is proposed by the reason, as stated above (Article 3), from the very fact that a thing is proposed by the reason as being evil, the will by tending thereto becomes evil.'
[7] See John Lamont "Conscience, Freedom, Rights: Idols of the Enlightenment Religion" The Thomist 73 (2009): 169-239
[8] See Letter to the Duke of Norfolk §5: 'This [Divine] law, as apprehended in the minds of individual men, is called "conscience;" and though it may suffer refraction in passing into the intellectual medium of each, it is not therefore so affected as to lose its character of being the Divine Law, but still has, as such, the prerogative of commanding obedience.'
[9] The Encyclopædia of Oxford Encyclopaedia p122
[10] J.M. Neale recounted the incident in a letter to The Times, London, November 23, 1857
[11] Op. cit.: 'When men advocate the rights of conscience, they in no sense mean the rights of the Creator, nor the duty to Him, in thought and deed, of the creature; but the right of thinking, speaking, writing, and acting, according to their judgment or their humour, without any thought of God at all.'

SUBMISSIONS

RESPONSE TO THE UNITED NATIONS CONSULTATION ON THE GENERAL COMMENT NO 36 ON ARTICLE 6 OF THE INTERNATIONAL COVENANT ON CIVIL AND POLITICAL RIGHTS (ICCPR) , ON THE RIGHT TO LIFE .

The Catholic Medical Association (UK) represents Catholic doctors, nurses, pharmacists, hospital chaplains and other healthcare professionals within the UK. It celebrated its centenary in 2011. The CMA has its own charity, the Catholic Medical Missionary Society, to support medical projects in the Developing World.

The CMA (UK) welcomes this opportunity to respond to the consultation of the Human Rights Committee of the United Nations with respect to Article 6 of the ICCPR on the Right to Life.

Introduction

After the Second World War the United Nations was formed on the basis of a Charter which committed Member States under Article 55 to promote the *"universal respect for, and observance of, human rights and fundamental freedoms for all without distinction as to race, sex, language, or religion."* This brought human rights within the domain of international law. Human rights, including the rights of the child, must be interpreted in the light of the Charter of the United Nations, the Universal Declaration of Human Rights 1948 (UDHR) (1948), [1] the Convention on the Prevention and Punishment of the Crime of Genocide (1948),[2] the Declaration of the Rights of the Child (DRC) 1959 and the International Covenant on Civil and Political Rights 1966 (ICCPR).

The Convention of the Rights of the Child (CRC) was adopted by the General Assembly of the United Nations on 20th November 1989. In the Preamble [3], the CRC whilst bearing in mind the Declaration of the Rights of the Child (1959) states *"the child, by reason of his physical and medical immaturity, needs special safeguards and care, including appropriate legal protection, before as well as after birth."* The rights of the child, before as well as after birth, must also be viewed in the broader context of the UDHR (1948), the Convention on the Prevention and Punishment of the Crime of Genocide (1948) and ICCPR (1966) and are part of the jus cogens of international law.[4] However, at the time these Treaties were formed, most Member States held abortion to be illegal under domestic law, so that the protection of the rights of the child before birth was generally accepted. Abortion as a means of genocide was recognised in Article 2 of the Convention on the Prevention and Punishment of the Crime of Genocide (1948) where it was described as *"an odious scourge"* which included *"killing members of the group"* and *"imposing measures intended to prevent births within the group"*. Article II of the Convention defines genocide as acts which are committed "with intent to destroy, in whole or in part, a national, ethnical, racial or religious group, as such.... (a) Killing members of the group [and] (d) Imposing measures intended to prevent births within the group."

The Preamble to the UDHR (1948) recognises *"that the foundation of freedom, justice, and peace in the World"* is the *"recognition of the inherent dignity and equal and inalienable right of all members of the human family."* The Declaration recognises, in order, the right to life, then freedom [liberty] and finally security of person. The right to life is logically the basis for the enjoyment of all other rights and freedoms. Everyone has the right to life as a *"member of the human family."*[5]

The Economic and Social Council, acting under Articles 62 and 6 of the Charter of the United Nations, established a Commission of eighteen members under the name of the Commission on Human Rights. The purposes of the Commission were to prepare a draft international covenant for the application of such rights and freedoms as well as to study measures for implementing both these documents. [6]

Fundamental and inalienable right to life of all human beings

The human embryo, formed at conception, is *"a genetically human, discrete, and alive unit, organically single and individual, with a self-contained power to organise his or her own growth, multiplication and differentiation in a way that ordinarily leads to a human adult."*[7] With the advent of three dimensional ultrasound in obstetrics, there can be no doubt that unborn children are part of the human family. *In utero* photographs and videos are often the first images to appear in the family album and allow very early bonding.

The UN Declaration does not make a distinction between human beings, who are members of the human family and human persons. The definition of some human beings as "non-persons" is deeply problematic but has been a means of excluding individuals from Society often with a view to their elimination. There are numerous historical examples of human beings who have been regarded as non-persons, who could then be eliminated, including: American Indians, Slaves,[8] Aborigines and Jews.[9]

Current consultation

The United Nations Human Rights Committee (UNHRC) has put forward a draft document (General Comment 36) for consultation on Article 6 of the International Covenant on Civil and Political Rights (ICCPR) in relation to the fundamental human right to life. Article

6 recognises the right to life of all human beings and acknowledges the right to life of all human beings without distinction of any kind. Article 6 (1) states: *"Every human being has the inherent right to life. This right shall be protected by law. No one shall be arbitrarily deprived of his life."* The General Comment 36 (21.07.17), revised by the Rapporteur, would undermine this fundamental principle by supporting abortion, assisted suicide and euthanasia.

General Remarks

There is a fundamental and inalienable right to life of all human beings which forms the basis for the enjoyment of all other rights.

> *"Article 6 recognizes and protects the right to life of all human beings. It is the supreme right from which no derogation is permitted even in situations of armed conflict and other public emergencies. The right to life has crucial importance both for individuals and for society as a whole. It is most precious for its own sake as a right that inheres in every human being, but it also constitutes a fundamental right, whose effective protection is the prerequisite for the enjoyment of all other human rights and whose content can be informed and infused by other human rights".*[10]

The fundamental human right to life which underlines the inherent dignity, worth and inalienable rights of all human beings and must be protected by law. [11-16]
The rights of children are also recognised, especially in the light of their physical and mental immaturity and vulnerability, both before and after birth.[17]

The right to life extends to all human beings:

> *"The right to life is a right which should not be interpreted narrowly. It concerns the entitlement of individuals to be free from acts and omissions intended or expected to cause their unnatural or premature death, as well as to enjoy a life with dignity. Article 6 guarantees this right for all human beings, without distinction of any kind, including for persons suspected or convicted of even the most serious crimes."*[18]

Paragraph 64, states that the right to life must be respected without distinction and apply to all individuals without discrimination in law or in fact:

> *"The right to life must be respected and ensured without distinction of any kind, such as race, color, sex, language, religion, political or other opinion, national or social origin, property, birth, or any other status, including caste, sexual orientation and gender identity, disability, albinism and age. Legal protections for the right to life must apply equally to all individuals and provide them with effective guarantees against all forms of discrimination. Any deprivation of life based on discrimination in law or fact is ipso facto arbitrary in nature".*

The right to life is to be protected by law:

> *"Paragraph 1 of Article 6 of the Covenant provides that no one shall be arbitrarily deprived of his life and that the right shall be protected by law. It lays the foundation for the obligation of States parties to respect and to ensure the right to life, to give effect to it through legislative and other measures, and to provide effective remedies and reparation to all victims of violations of the right to life."*[19]

The term deprivation of life includes a deliberate or otherwise foreseeable and preventable life-terminating harm or injury by act or omission. [20] The obligation of States to respect the right to life extends to all threats that can result in loss of life.[21] Therefore, every child has rights, both before and after birth, including: the inherent right to life;[22,23]the right to be free from discrimination [24] and the right to be free from inhuman and degrading treatment.[25]

The death penalty has been abolished in the United Kingdom and in the European convention on Human Rights by Protocol 6 (1983) except in time of war but later in all circumstances including war by Protocol 13 (2002). It is important that the threat or use of weapons of mass destruction is recognised as illegal in International law. *"The threat or use of weapons of mass destruction, in particular nuclear weapons, which are indiscriminate in effect and can destroy human life on a catastrophic scale is incompatible with respect for the right to life and may amount to a crime under international law."*[26]

The rights of the unborn will be increasingly important with the development of intrauterine therapies, including interventions and surgery to correct abnormalities before birth.

The duty to protect life.

Paragraph 1 of Article 6 states that no one shall be arbitrarily deprived of his life and that the right shall be protected by law. It lays the foundation for the obligation of States parties to respect and to ensure the right to life, and to give effect to it through legislation.

> *"States parties must establish a legal framework to ensure the full enjoyment of the right to life by all individuals" and that "the duty to protect the right to life by law also includes an obligation for States parties to take appropriate legal measures in order to protect life from all foreseeable threats, including from threats, emanating from private parties and entities."*[27]

> *"The duty to protect by law the right to life entails that any substantive ground for deprivation of life must be prescribed by law, and defined with sufficient precision to avoid overly broad or arbitrary interpretation or application."*[28]

Therefore, it follows that *"since deprivation of life by the authorities of the State is a matter of the utmost gravity, the law must strictly control and limit the circumstances in which a person may be deprived of his life by any such authorities and the States parties must ensure full compliance with all of the relevant provisions."*[29] On the other hand, the State has a duty to take positive measures to protect the right to life which derives from the rights recognized in the Covenant in Article 2 paragraph 1 when read in conjunction with article 6.[30] Persons with disabilities are entitled to special protection *"so as to ensure their effective enjoyment of the right to life on an equal basis with others."*[31]

An important aspect of the right to life is the obligation to investigate and where necessary prosecute cases in which there has been a deprivation of life by State authorities or by private individuals.[32]

Notwithstanding the above considerations regarding the right to life of all human beings, this fundamental principle is breached in the case of abortion, foeticide, infanticide, assisted suicide and euthanasia.

Abortion

The proposal of the Human Rights Committee states that *"States parties may adopt measures designed to regulate terminations of pregnancy"* but then stresses that such measures *"must not result in violation of the right to life of a pregnant woman or her other rights under the Covenant, including the prohibition against cruel, inhuman and degrading treatment or punishment."*[33]

The Human Rights Committee goes on to propose that:

> *"States parties must provide safe access to abortion to protect the life and health of pregnant women, and in situations in which carrying a pregnancy to term would cause the woman substantial pain or suffering, most notably where the pregnancy is the result of rape or incest or when the foetus suffers from fatal impairment. States parties may not regulate pregnancy or abortion in a matter that runs contrary to their duty to ensure that women do not have to undertake unsafe abortions. [For example, they should not take measures such as criminalizing pregnancies by unmarried women or applying criminal sanctions against women undergoing abortion or against physicians assisting them in doing so, when taking such measures is expected to significantly increase resort to unsafe abortions.]"*[34]

The American Convention on Human Rights (1969) (Adopted 22.11.1969; entry into force 18.07.1978 [35]), defines "person" as "every human being." Article 4(1) makes it unambiguously clear that the right to life starts from conception: *"Every person has the right to have his life respected. This right shall be protected by law and, in general, from the moment of conception. No one shall be arbitrarily deprived of his life"*. Article 32 recognises the link between duties and rights:

> *1. Every person has responsibilities to his family, his community, and mankind.*
> *2. The rights of each person are limited by the rights of others, by the security of all, and by the just demands of the general welfare, in a democratic society.*

The Oviedo Convention for the Protection of Human Rights and Dignity of the Human Being (1997) [36] is an internationally legally binding instrument for the protection of human rights in the biomedical field. It draws on the principles established in the European Convention on Human Rights in relation to Medicine. The Explanatory note explains the use of the terms "human being" and "human dignity": "The Convention also uses the expression "human being" to state the necessity to protect the dignity and identity of all human beings. It was acknowledged that it was a generally accepted principle that human dignity and the identity of the human being had to be respected as soon as life began."[37] Article 2 of the Convention affirms the primacy of the human being over the interests of Science or Society.[38] Indeed, *"The whole Convention, the aim of which is to protect human rights and dignity, is inspired by the principle of the primacy of the human being, and all its articles must be interpreted in this light."*[39]

The Convention on the Rights of the Child also gives legal recognition before birth. The Preamble of this Convention states:

> *"The child, by reason of his physical and mental immaturity, needs special safeguards and care, including appropriate legal protection, before as well as after birth."*

Indeed, Paragraph 5 of Article 6 of the ICCPR prohibits the death penalty for pregnant women. The reason for this was that the innocent should not be punished alongside the guilty. However, there was also consideration for the view that "the normal development of the unborn child might be affected if the mother were to live in constant fear that, after the birth of her child, the death sentence would be carried out." [40] A prohibition on the death sentence in the case of pregnant women was also the case in Australia and England before the abolition of the death sentence.[41]

Reversal of previous approach to abortion by the Human Rights Committee

The United Nations Charter is predicated on the right to life of human beings by virtue of the fact that they are members of the human family. The unborn are persons in so far as they are living human beings. In modern obstetrical practice, mothers will recognise their children for the first time when seen on ultrasound. The identity of the unborn is not only a subjective fact but is also objectively known to modern embryology. "The body of a human being, from the very first stages of its existence, can never be reduced merely to a group of cells. The embryonic human body develops progressively according to a well-defined program with its proper finality." [42] It is possible by the use of reason to discern "a personal presence at the moment of the first appearance of a human life; how could a human individual not be a human person?"[43] The continuity of embryonic development "does not allow us to posit either a change in nature or a gradation in moral value."[44] There is no change in essential human nature or gradation in moral value as life is continuous from conception to natural death. From the first moment of existence human beings demand the unconditional respect that is due to their bodily and moral totality. Therefore, from the moment of conception, the human embryo has the dignity proper to a person and the rights of every human person must be recognised. The most fundamental human right upon which all others are based is the right to life itself.

Paragraph 9 proposes widespread access to abortion services almost as of right for pregnant women. *"States parties must provide safe access to abortion to protect the life and health of pregnant women.....nor should States parties introduce humiliating or unreasonably burdensome requirements on women seeking to undergo abortion."* Abortion would become a new exception to the right to life. "Safe access to abortion" would replace the State's obligations to provide proper antenatal care for mothers and their unborn children. Abortion deprives unborn children of their right to life and attacks the most defenceless human beings.

Decriminalisation would remove criminal sanctions against abortions for social reasons. There would be no criminal sanction against the deliberate destruction of unborn life. Foeticide, gender selective abortion, pregnancy reductions and "eugenic" abortions would no longer be crimes. There would be less protection for women against coercive abortions in situations of domestic abuse, ethnic cleansing or genocide.

A denial of the rights of the unborn would pave the way for the use of human embryos as experimental subjects, for the development of gene editing [45] and germline therapies and commercial exploitation of embryo research. On 8th March 2005, the UN General Assembly approved a declaration calling on Member States to ban all forms of human cloning, including therapeutic cloning, as being *"incompatible with human dignity and the protection of human life."*[46]

The moral and legal prohibition on germ line therapy demonstrates an understanding and recognition of the inalienable value and dignity of every human being which must form the foundation of the basic rights upon which human society is founded. It remains the responsibility of international and domestic law to protect the vulnerable, especially in the earliest stages of life and to promote an ever more human civilization.

Assisted suicide and euthanasia.

Paragraph 10 which rightly states that *"States should take adequate measures, without violating other Covenant obligations, to prevent suicides, especially among individuals in particularly vulnerable situations"*. This is immediately contradicted by the next sentence: *"At the same time, States parties must [may allow][should not prevent] medical professionals to provide medical treatment or the medical means in order to facilitate the termination of life of [catastrophically] afflicted adults, such as the mortally wounded or terminally ill, who experience severe physical or mental pain and suffering and who wish to die with dignity."*

Paragraph 10 is therefore an endorsement for assisted suicide and euthanasia provided that States ensure *"the existence of robust legal and institutional safeguards to verify that medical professionals are complying with the free, informed, explicit and, unambiguous decision of their patients, with a view to protecting patients from pressure and abuse"*.

The prohibition on "assisted dying" is concisely stated in the Hippocratic Oath *"I will give no deadly drug to anyone, nor will I counsel such."* Society must protect basic human rights, the most fundamental of which is the right to life itself and without which all the others would be meaningless.

Legislation allowing physician assisted suicide and euthanasia has led to both an increase in the number of deaths over time and a widening of the range of conditions that can be ended through "assisted dying". Examination of "assisted dying" in Holland, Belgium and Oregon shows how there has been significant underreporting, a lack of judicial scrutiny and changing attitudes to palliative care and practice. Conscientious objection is threatened when the autonomous decision of patients takes precedence over the rights of doctors not to be involved in the deliberate taking of life. [47]

On 11th September 2015 the British Parliament overwhelmingly rejected moves towards assisted dying by 330 to 118 votes, thereby protecting patients and maintaining the integrity of the medical profession for the service of patients.

Overall Conclusion

René Cassin, one of the principal drafters of the Universal Declaration, declared that the UDHR was based on *"the fundamental principle of the unity of the human race."*[48] All human beings are members of the human family and as such are human persons and the subjects of rights for which Society has corresponding obligations. *"The child is not a generic, anonymous foetus. We can identify the child's father, and whether the child is a son or a daughter. We can ascertain long before birth that the child is a unique member of the human family, biologically, genetically, and genealogically."*[49]

The draft General Comment No 36 fails to fully recognise unborn children as having human rights as human beings, members of the human family and as human persons. Unborn children must not be reclassified as individuals who are less than human and therefore expendable in favour of the rights of others, Science or Society. The right to life must remain central to our understanding of human rights and international law. Medicalised killing in the form of abortion, assisted suicide and euthanasia are logically inconsistent with the fundamental principles and philosophy of the UN Declaration and Covenants and the Hippocratic tradition.

The six underlying foundational principles within the Declaration of Human Rights and subsequent Conventions are inclusion, inherency, equality, inalienability, indivisibility and universality. [50]

Inclusivity means that the rights refer to "everyone" and "every person" without discrimination. The rights are inherent to all living human beings by virtue of their humanity and membership of the human family. They are not conferred rights that are granted by external government. Inalienability refers to rights that cannot be removed, destroyed, transferred or renounced even by the individuals themselves, their parents or Society. Equality means that no human beings are "more equal" than others but that everyone has equal rights as members of the human family. *"The notion of equality springs from the oneness of the human family and is linked to the essential dignity of the individual."*[51] Human rights cannot be predicated on the view that certain individuals are either superior or inferior to others nor are they premised on the child being born. The act of being born does not confer rights, but rather the fact of being human. The rights are indivisible and cannot be sacrificed or denied in order to enhance the rights of others. Finally, human rights are universal to be upheld everywhere and at all times irrespective of culture.

The inalienable rights of all human beings, both before and after birth, must continue to be respected by the United Nations and Article 6 of the International Covenant on Civil and Political Rights. These fundamental

human rights are inherent and derive from our human nature and membership of the human family and must be recognised and protected through the rule of law.

Dr Philip Howard MA GDipLaw LLM MA MD FRCP
President of the Catholic Medical Association (UK)

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[1] Hence, on 22.05.68 the Declaration of Teheran of the Interna tional conference on Human Rights (U.N.Doc.A/CONF. 32/41) states: "The Universal Declaration of Human Rights states a common understanding of the peoples of the World concerning the inalienable and inviolable rights of all members of the human family and constitutes an obligation for the members of the international community."
[2] Article 2 defines genocide "any of the following acts commit ted with intent to destroy, in whole or in part, a national, ethnical, racial or religious group …", including: (a) Killing members of the group; (b) Causing serious bodily or mental harm to members of the group; (c) Deliberately inflicting on the group conditions of life calculated to bring about its physical destruction in whole or in part; (d) Imposing measures intended to prevent births within the group (e) Forcibly transferring children of the group to another group.
[3] The Preamble is part of the Treaty itself see: Vienna Conven tion on the Law of Treaties 1969, Article 2(1)(a) and 31(2). In contrast the travaux preparatoires are a supplementary means of interpretation – Vienna Convention on the Law of Treaties, Article 32
[4] Hence, derogation is not permitted and the Treaty can only be modified by a subsequent norm of international law with the same character. See: Vienna Convention on the Law of Treaties, Article 53.
[5] Universal Declaration of Human Rights 1948, G.A. res 217A (III), UN Doc A/810 at 71 (1948) Preamble.
[6] Third Session. Draft International Declaration of Human Rights. Report of the Third Committee. 07.12.1948.
[7] Anthony Fisher in "IVF: The Critical Issues". (Melbourne: Dollins Dove, 1989), 133.
[8] Chief Justice Taney in the US Supreme Court, excluded Dred Scott (a Black Slave) from personhood in Dred Scot1t v Sandford (1857).
[9] See: R N Procter, Racial Hygiene: Medicine Under the Nazis (Cambridge, MA: Harvard Press 1988)
[10] General Remarks. Paragraph 2.
[11] "Whereas recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world." (Preamble to the Universal Declaration on Human Rights)
[12] "Everyone has the right to life, liberty and security of person." (Universal Declaration, Article 3)
[13] "Every human being has the inherent right to life. This right shall be protected by law. No one shall be arbitrarily deprived of his life." (ICCPR, Article 6-1)
[14] "Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status." (Universal Declaration Article 2, ICCPR Article 2 (1) CRC Article 2.1)
[15] Everyone has the right to recognition everywhere as a person before the law. Universal Declaration Article 6, ICCPR Article 16
[16] "All are equal before the law and are entitled without any discrimination to equal protection of the law." (Universal Declaration Article 7, ICCPR Article 26)
[17] "The child, by reason of his physical and mental immaturity, needs special safeguards and care, including appropriate legal protection, before as well as after birth" Declaration on the Rights of the Child, General Assembly resolution 1386(xiv), 20 Nov 1959
[18] General Comment No 36. Paragraph 3.
[19] General Comment No 36. Paragraph 6.
[20] General Comment No 36. Paragraph 6.
[21] General Comment No 36. Paragraph 7.
[22] "States Parties recognize that every child has the inherent right to life." (CRC Preamble CRC Article 6.1 ICCPR Article 6.1&6.5)
[23] "The child, by reason of his physical and mental immaturity, needs special safeguards and care, including appropriate legal protection, before as well as after birth" (Declaration on the Rights of the Child, General Assembly resolution 1386(xiv), (20 Nov 1959) also quoted in CRC preamble, ICCPR Article 6.5, forbidding execution of a pregnant woman, ICESCR Article.10.(2).
[24] Universal Declaration Article 2, ICCPR Article 2.1, ICESCR Article 2.1, CRC Preamble & Article 2.2
[25] Universal Declaration Article 5, ICCPR Article 7, CRC Preamble & Article 37
[26] General Comment No 36. Paragraph 13.
[27] General Comment No 36. Paragraph 22.
[28] General Comment No 36. Paragraph 23.
[29] General Comment No 36. Paragraph 23.
[30] General Comment No 36. Paragraph 25.
[31] General Comment No 36. Paragraph 28. Also, Convention on the Rights of Persons with Disabilities, Article 10.
[32] General comment No 36. Paragraph 31.
[33] General Comment No 36. Paragraph 9.
[34] General Comment No 36. Paragraph 9.
[35] The American convention on Human Rights. Adopted 22.11.1969; entry into force 18.07.1978.
[36] Convention for the protection of Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine: Convention on Human Rights and Biomedicine. 04/04/1997 - Treaty open for signature by the member States, the non-member States which have participated in its elabora tion and by the European Union, and for accession by other non-member States Treaty No. 164.
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[39] Explanatory Report – ETS 164- Human Rights and Biomedicine (convention). Paragraph 22.
[40] Commission on Human Rights, 12th Session (1957)
[41] See for example, R v. Wycherley (1838) 173 ER 486, where the accused declared that she was pregnant when asked whether she had anything to say to stay her execution. Her execution was delayed in order to determine that she was not, in fact, pregnant.
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[46] United Nations Declaration on Human Cloning. Resolution adopted by the General Assembly. 8th March 2005.
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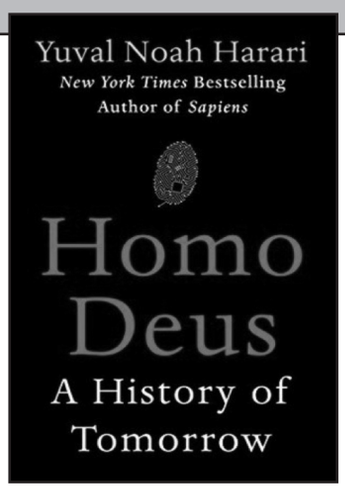
BOOK REVIEWS

"HOMO DEUS– A BRIEF HISTORY OF THE FUTURE" BY YUVAL NOAH HARARI

REVIEWED BY DR BRUNO BUBNA-KASTELIZ



Yuval Noah Harari is an Israeli historian who obtained a PhD from Oxford University and now lectures in the Hebrew University of Jerusalem. His previous book - "Sapiens – a Brief History of Humankind" was published in 2014 in 40 countries. This volume is its sequel, first published in Hebrew in 2015, then translated by the author into English in 2016. The first book "showed us where we came from and the second where we're going", as the author puts it. He splits the book into three parts- how sapiens has conquered the world, how sapiens gives meaning to the world and how sapiens loses control. He writes: *"All the predictions that pepper this book are no more than an attempt to discuss the present-day dilemmas and an invitation to change the future"*.

Our lives are now ruled by algorithms and data. However, we have come to realise that not just our decisions and actions are dictated by algorithms but neuroscience has discovered that even our emotions and feelings are the result of biochemical algorithms. Harari believes that chasing the humanist search for universal happiness will lead to self destruction. Christians believe that there is a unique, indivisible and eternal part of each human called the soul, as indeed did Socrates. If, however, we believe wholeheartedly in the theory of evolution, this negates the existence of a soul in both humans and animals. He believes that this dilemma cannot be resolved. All our actions are based on a set of decision-making processes which in humans we call 'mind' but in robots consist of electro-mechnical processing. That is why we believe we could create more human-like robots in the future. What we can't do is actually describe or place 'mind' in the brain. In other words 'consciousness' or 'awareness' cannot be reproduced in a robot. Harari explains the dominance of humans over other animals as not being due to more sophisticated tool manufacture but being able to cooperate in large numbers more flexibly than any other mammal. Man has woven a fictional web of meaning which allowed flexible cooperation. All coups d'état have only been successful if the revolutionaries are better organised and in larger numbers of the disaffected than those who were ruling.

However, according to the author, this ability to cooperate undermines the sacredness of human beings. If the accomplishments of man were due to the unique essence of each individual human, i.e. his immortal soul, then this would fit in with the sanctity of human life. But this is not the reality of human activity. The reality is that it is possible to achieve cooperation when using the intrinsic attributes and sharing benefits in small groups. In other words it is the fictional 'stories' we tell ourselves, whether as belief systems or social acceptability, that provide the reasons for our cooperation – something that chimpanzees, for instance, cannot do. When enough people with the similar belief systems stop believing them to be self-evident, those 'facts' enter the realm of subjective rather than objective reality. Your reviewer would suggest, for instance, that this thinking means that once you reject the specific meaning of marriage in its moral and societal impact, then any alternative coupling can be made to have whatever meaning is put on it, all subjective and relative.Harari then castigates religion: he writes of 'clerical diktats', where religion equals order while science equals power. Man has had to create a humanist covenant to bridge the gap he perceives between science and religion. However modern technology is increasingly likely to undermine that covenant. Governments and religions find it hard to keep up with the rapidity of change in technology and the altered impact this has on the meaning and validity of peoples' feelings about the change. The problem of the development of technology to improve cognitive and physical attributes in humans and robots results in an upgraded superior caste of beings who benefit from technology but also resulting in a vast underclass who will be thought of as inferior, useless and unemployable.

The third part of the book looks at the way that humans are attempting to realise the humanist dream but which will eventually lead to self-destruction. By enhancing technology – the very tool which brought humanism into being by allowing the 'feelings' of humans to be paramount – it will also be able to manipulate, homogenise and discard these feelings to the detriment of humans. Science does not deal with questions of value or give meaning to human existence. It cannot solve the conundrum of free will or conscience. Harari argues that free will does not exist. Our belief in free will is due to faulty logic because we do not choose but feel one option to be preferable to another. Implanting electrodes in the brain can manipulate not only behaviour in rats but also choices in humans, as has been demonstrated in a US military research programme. What happens when we invest a human with enhanced intelligence is that there is a decoupling of intelligence and consciousness. What this means is that in upgrading the algorithms for cognitive attributes in humans, we may actually be downgrading the

minds of humans.

Finally, Harari blames the new religion he calls Dataism that will dominate the organisation and knowledge of our lives. What is needed, according to Harari, is the development of a common scientific language bridging, for instance, musicology, political science and cell biology into a unified communication entity. The position in which we are now may respond to four saving impulses: a new cognitive revolution where a single data-processing network is created but is not centralised; Dataism must not be allowed to take over from capitalism as the new world religion by claiming it knows what is right and wrong; a recognition that cosmic data will result from Dataism; a system which actually runs the country and flexibly organises its population may be successful.

Homo Deus– a Brief History of the Future by Yuval Noah Harari was published in 2017 by Harvill Secker, ISBN 13579108642. 450pp

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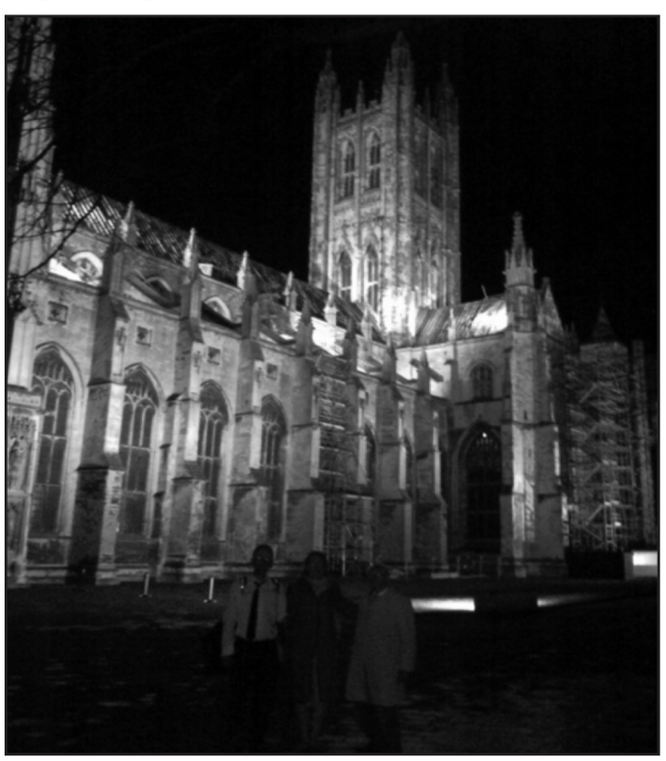
CONSCIENCE – LESSONS FROM 7TH CENTURY ENGLAND, ST BEDE AND THE REAL PRESENCE.

RECOUNTED BY ADRIAN TRELOAR

Abstract

St Bede tells us that the Mediaeval seat of the English Catholic Church was in Canterbury and not in London because of the resolute protection of Catholic teaching on the Blessed Sacrament and intercommunion. Bishop Mellitus sacrificed (in conscience) the conversion of London to protect the Blessed Sacrament from abuse. In 731 the Venerable Bede wrote *"Historica Eccelsiastica Gentis Angelorum"* (The Ecclesiastical History of the English People).



He wrote *"In the year of Our Lord 604, Augustine, Archbishop of Britain ordained…. [bishop] Mellitus to preach to the province of the East Saxons , who are divided from Kent by the river Thames and border on the Eastern Sea. Their metropolis is the city of London, which is situated on the bank of the aforesaid river, and is the mart of many nations resorting to it by sea and land. At that time, Sebert, nephew to Ethelbert through his sister Ricula, reigned over the nation, though he was under subjection to Ethelbert, who as has been said above, had command over all the peoples of England as far as the Humber. But when the province also received the word of truth, by the preaching of Mellitus, King Ethelbert built the Church of St Paul the Apostle in the City of London, where he and his successors should have their episcopal See….."*

Clearly therefore, it was intended to establish the seat of the Church in London and not Canterbury. But Bede continues…. *"In the Year of Our Lord 616… the death of Sabert, king of the East Saxons… left three sons to inherit his temporal crown. They immediately began to openly give themselves up to idolatry, which, during their father's lifetime they had seemed somewhat to abandon, and they granted free license to their subjects to serve idols. And when they saw the bishop [Mellitus), whilst celebrating Mass in the church, give the Eucharist to the people, filled, as they were with folly and ignorance, they said to him, as is commonly reported, **'Why do you not give us also that white bread, which you used to give to our father Saba'** (for so they were wont to call him). To whom he answered, **'If you will be washed in that font of salvation, in which your father was washed, you may also partake of the holy Bread of which he partook; but if you despise the lover of life, you can in no wise receive the Bread of life.'** They replied **'We will not enter into that font, because we know that we do not stand in need of it, and yet we will be refreshed by that bread.'** And being often earnestly admonished by him, that this could by no means be done, nor would anyone be admitted to partake of the sacred Oblation without the holy cleansing [Baptism], at last, they filled with rage, **'If you will not comply with us in so small a matter as that which we require, you shall not stay in our province'**. And they drove him from their kingdom."*

Bede records that Mellitus was forced to flee to Gaul. But at the insistence of St Lawrence, Mellitus returned to London. Bede then records that

"But the people of London would not receive Bishop Mellitus, choosing rather to be under their idolatrous high priests, for King Eabald {the Saxon overlord of southern and mid England] had not so much authority in the kingdom as his father, and was not able to restore the bishop to his church against the will and consent of the pagans."

And so it was that London denied Christianity and was not a place where, as he wanted to, Augustine could establish the see of England. The insistence by Bishop Mellitus that the Sacred Host could not be given to those that were not Baptised, led to his rejection and hounding out of London. Such independence of mind is probably characteristic of Londoners. And it was not until 675 that London was converted. Meanwhile, seeing the paganism of London and the impossibility of establishing Londinium [London] as the seat of the Primate of England the Church had established its seat in Canterbury. That is unlike almost every other great nation which has the capital as the seat of its primate. The Church gives the deepest respect (and protection) to the Sacred Host, which is of course the Body of Christ. Therefore, those who are not baptised or who are not living in a state of grace may not receive it. And the Church paid a high price in 616, being willing to "lose" London to protect Jesus in the Blessed Sacrament.

A reflection

In January 2016 I walked the Pilgrims' Way from Winchester to Canterbury. With 155 miles and 8 days to reflect upon the faith of my many forbears there was much that could be written down. So it was that, in 2016 I walked, as had St Thomas à Becket before me, into Canterbury Cathedral. In the quiet of the evening, I knelt and prayed where he was martyred. In the mediaeval seat of the Catholic Church in England.

Walking along, I was continually struck by the devotion and commitment to faith of so many forbears who walked with poor clothes, in wet rains and poor or no footwear to Canterbury. That commitment to faith and a determination to Our Lord is a thing only seen nowadays in war torn places and places of persecution like Syria and Iraq. In the West, there are few signs left of fervour and or of any willingness to sacrifice for our faith, and for Our Lord. In the peaceful tramp tramp of walking we can pray, and look forward to a reward (for me it was Canterbury Cathedral). But we can also build that resolve to one day, hope in our Resurrection and to live with *"Our"* Lord. Many have died and suffered penury for their faith. St Thomas a Becket died because of his defence of the faith and our Church. St Thomas More did not die defending Papal authority in the abstract. He died defending Papal authority on marriage and family life.

And back at work after a week's walking I was reminded that we must, at times, be resolute in defence of key and central moral tenets. First and foremost for the protection of our patients. And at times, in conscience, that may mean following the example of the early Catholic Church in England which sacrificed the conversion of the entirety of London rather than compromise the Ten Commandments or the dignity of the Blessed Sacrament. For us, at work, the compromises requested are of course around medical ethics. But the call to conscience and truth is the same call which Bishop Mellitus so resolutely responded to.