



NOW: ABORTION AT GPs' SURGERIES

When the Human Fertilisation and Embryology Bill was being considered last year, an amendment was put forward which would have allowed abortions to be performed in doctors' surgeries. In the event, the Government did not allow time for the abortion amendments to be considered – but abortions are going to be allowed at doctors' surgeries anyway.

The law says abortion can be carried out only on premises licensed for the purpose, like hospitals and private clinics. The Government has power to license other places, but has not done so until now. A request under freedom of information legislation by GP newspaper has revealed the Government's intention to allow abortions at GPs' sites.

One such abortion facility, run by British Pregnancy Advisory Service, opened quietly in Wolverhampton last year. BPAS is to open another in Newcastle upon Tyne shortly. These are technically private clinics based at GP sites. NHS trusts are considering opening similar facilities in Hounslow, the West Midlands, Kirklees in West Yorkshire, Islington in London and West Somerset. The facilities will be able to provide medical abortions,

using the abortion pill, up to nine weeks of pregnancy.

A survey of family doctors for GP newspaper found 33 per cent said they would refuse to work in a surgery or a larger polyclinic offering abortions, and 61 per cent said they did not believe practices should be offering abortions at all. Fifty-six per cent believed such services would increase the number of abortions.

Ann Furedi, chief executive of BPAS, said GPs' surgeries were an excellent place for early medical abortions to take place. But Dr Trevor Stammers, chairman of the Christian Medical Fellowship and himself a GP, said the survey of doctors showed that many GPs were so seriously concerned about extending abortion

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to GP premises that the whole Department of Health strategy was called into question.

“Many GPs object to being involved in abortion and family medical practice is simply not the right context for it. Rather than this extension of abortion into every local community, CMF supports both access to counselling that is independent of abortion provision and increasing support services for women who wish to continue with an unplanned pregnancy. One in three women will change their minds

about abortion if given time, space and support to make a fully informed decision.”

Dr Peter Saunders, CMF general secretary, said “If GP surgeries are to be used for carrying out abortions, what is that saying about family medicine? What confusion will this create in patients’ minds when their family doctor is treating illness in one consulting room and ending life in another? This is abortion liberalisation by stealth. The Government must listen to the voices of front-line doctors. This move is both unwanted and unnecessary.”

NOT ALL MILK AND HONEY

Proponents of assisted suicide quote Oregon, the state in the USA where assisted suicide is permitted, as their promised land. It is legal there, they say, and appears to work well.

Not so, according to a report by the International Task Force on Euthanasia and Assisted Suicide.

The department responsible for collecting data knows how many cases of assisted suicide have been reported but not how many have taken place because it “has no regulatory authority to ensure compliance with the law.” There are no penalties for doctors who do not report prescribing lethal drugs for the purpose of suicide. Patients whose doctors will not prescribe lethal drugs for them can “shop around” for an assisted suicide doctor.

It is not known in how many cases there were complications in dying, as doctors were present at death in only 19 per cent of cases. One man who took a lethal dose of drugs was unconscious for 65 hours, then awoke. No one knows how many patients have been coerced into suicide by relatives, by guilt, or by feeling that they are a burden.

Lethal drugs have been prescribed not only for the terminally ill, but for patients suffering

from depression or early dementia. According to nurses, since assisted suicide has been legal, inadequacy in meeting patients’ pain needs has increased up to 50 per cent.

■ **Baroness Warnock**, described as the UK’s most prominent bioethicist, told a meeting in Belfast that for doctors to ignore the living will of someone who wanted to be helped to commit suicide was “*a genuinely wicked thing to do.*”

She said she believed where someone was diagnosed as having the beginnings of Alzheimer’s or dementia, it was a positive duty for doctors to talk to them about what would happen when they reached steep decline. People who were unable to recognise family and unable to do anything for themselves “*can be kept alive and are kept alive, but the question has to be: what is the point of the life at the last stages of Alzheimer’s or dementia?*”

Licia Corbella, writing at www.mercatomet.com said, “*In Warnock’s twisted world of ‘ethics,’ doctors who kill are righteous and doctors who refuse to kill are villainous. Black is white, white is black and wrong is right. Murder is merciful and compassionate; care, cruel. Somewhere out there, George Orwell is saying ‘I told you so.’*”

ONE GREAT BIG FIASCO?

Scientists wanted to clone human embryos and take stem cells from the embryos - destroying the embryos in the process - hoping that the stem cells could be used to treat disease. Large numbers of stem cells were required for research, and human eggs to create cloned embryos were in short supply.

To give them the stem cells they needed, they proposed creating embryos from rabbit, pig or cow eggs with the contents removed and replaced with human DNA. To make that possible, they put intense pressure on politicians to legalise the creation of animal/human hybrid embryos. They held out the prospect of cures for Alzheimer’s and Parkinson’s diseases, although there was no evidence that such cures would be forthcoming. Disability charities, attracted by the prospect of cures, supported them.

Politicians, wanting to see Britain at the forefront of world research and mindful of the large amounts of money to be made, agreed. Creation of animal/human hybrid embryos became legal when the Human Fertilisation and Embryology Bill was pushed through Parliament last year.

Now it seems it may all have been for nothing.

First, scientists have been unable to get funding for the research. Three groups of scientists were licensed to create hybrid embryos. Professor Justin St John of Warwick University had not begun work and was still preparing a grant proposal. Dr Lyle Armstrong, of Newcastle University Centre for Life, created 278 hybrid embryos, which survived for three days at most, but was denied funding to help retrieve stem cells.

Professor Stephen Minger, of King’s College, London, was denied funding and was unable to buy £80,000 to £90,000-worth of equipment. He suggested funding might have been

denied because people on funding bodies had moral objections to creating hybrid embryos. This has been denied. A spokesman for the Medical Research Council said applications were considered on their merits.

What is more likely is that funding bodies are choosing to fund research on stem cells obtained by ethical means which offer more hope of success. Adult stem cells, to which there is no ethical objection, have been used to provide treatment for a large number of medical conditions. So far, stem cells from human embryos have not provided a single treatment.

The National Institute of Health website recently listed 2,170 clinical trials involving adult stem cells, 125 involving umbilical cord blood stem cells, but not one clinical trial in humans involving embryonic stem cells.

Scientists recently developed a new technique of reprogramming adult skin cells to make what are called induced pluripotent stem cells for patients with diabetes, muscular dystrophy and Down’s syndrome. The work was described as a significant scientific breakthrough. More and more scientists – like Sir Ian Wilmut, whose team created Dolly the cloned sheep – are turning from cloned embryos to methods which (as well as being ethically unobjectionable) are cheaper and potentially more successful.

Second, experiments in the United States appear to indicate that using hybrid embryos doesn’t work. Research company Advanced Cell Technology inserted human DNA into hollowed-out animal eggs. While the cells began to grow and divide, they quickly gave up. Using an animal’s egg appears to turn off the genes that are needed to grow the cells into an embryo.

Image now has a new website. Check it out at www.imagenet.org.uk

'ABORTION RIGHT' FOR CHILDREN

The pro-abortion Family Planning Association has made a film for schools that teaches children they have a right to choose an abortion.

They are offering the DVD to schools for £25 with a booklet that claims to explode the "myths" that having a surgical abortion can harm a woman's future ability to conceive and that having an abortion is always upsetting. "Women may feel relieved, have mixed feelings or feel sad," it says. "Only a few women experience long-term psychological problems and those who do often had similar problems before pregnancy."

4 The film, called Why Abortion?, shows actresses in a range of situations in which they justify abortion on the grounds that they cannot afford to have a child or because it could jeopardise relationships with parents or boyfriends. Their choices are then debated by a group of teenagers from Northern Ireland, with the majority defending the right to choose. They claim abortion is legal and safe and religious leaders shouldn't moralise about the issue.

The accompanying pack gives contact details for private abortion providers and "non-judgmental" counselling services.

A pro-life spokesman said every abortion involved a personal tragedy for a mother and a child which would have lasting consequences, whether felt immediately or not.

■ **The Sex Education Forum**, which describes itself as the national authority on sex and relationships education, says clinics offering pregnancy tests and the morning-after pill

should be available in every secondary school. This is despite its own admission that there is a lack of evidence showing that school-based clinics are effective.

Already up to a million girls have access to the morning-after pill at school, with almost one in three secondary schools offering on-site sexual health services.

Children's minister Beverley Hughes said on-site services provided easy access to health advice that evidence suggested they are reluctant to access through GPs or clinics.

Professor David Paton, of Nottingham University Business School, said research suggested school-based clinics had little or no impact on teenage pregnancy rates, and might in fact increase risk-taking sexual behaviour.

More than 1,000 morning-after pills were given out at such clinics in Oxfordshire over six years, but teenage pregnancy rates in the county continued to rise over the same period.

A spokesman for the Family Education Trust said sexual health clinics in schools sent out the message that it is normal for children to engage in sexual activity.

■ **Sixty-seven per cent of people** working in schools thought abortion advice should be given in sex education classes, according to a poll by Teachers TV. Eight out of 10 thought discussing the matter could offend parents, and four out of 10 that it might offend pupils. A quarter of secondary school teachers said they had been asked for advice on abortion. Asked the reason for the high teenage pregnancy rate, 42 per cent blamed the breakdown in social values, 19 per cent the sexualisation of young people and 16 per cent sex education.

■ **Ann Furedi**, chief executive of the British Pregnancy Advisory Service, said she does not believe unborn human life has the same value as born human life. For her, she said, the question was not when does human life begin

but when does human life really begin to matter, and that could be relative to the woman who was carrying it. The person who made a decision about the future of an unwanted pregnancy should be the person closest to the issue and most affected by it.

■ **GPs are to be paid bonuses** for persuading teenagers to have long-lasting contraceptive injections and implants. They are to be paid every time they give a teenager advice on sexual health, particularly on long-acting contraception. They may do this without parents' knowledge. The Government says many teenagers fail to take the pill regularly or use condoms properly and that an injection or coil would better prevent teenage pregnancies. Family campaigners said long-lasting contraceptives would promote promiscuity and increase sexually transmitted infections.

■ **Twenty-one girls under 16** become pregnant each day in Britain. On average, 12 of them have an abortion, according to the Department for Children, Schools and Families. David Paton, professor of industrial economics at Nottingham University Business School, said conception rates for under-16s had remained unchanged while abortion figures had risen. The figures were more evidence that the Government's efforts to cut teenage pregnancy rates by provision of contraception and the morning-after pill without parents' knowledge had not worked.

■ **Euro MPs have passed a resolution** calling on each of the 27 states in the European Union legally to guarantee access to "sexual and reproductive rights" – a phrase used to include abortion on demand. The resolution will have to go before the EU Council of Ministers before becoming law. It will add to pressure on national governments to abolish restrictions on abortion.

■ **Scientists at Cambridge University** have discovered that high levels of testosterone in mothers' amniotic fluid is connected to autistic traits in children. They say this could lead to

tests for autism before birth and want a public debate on the consequences. Critics say there would be no way of knowing the effect of the disorder in individual cases and some who had the disorder showed extraordinary abilities in mathematics and music.

■ **There are at least 260,000 new cases** of mental health problems in the United States each year as a result of abortion, said the Washington Times, despite the pro-abortion movement continuing to deny any connection. The American Psychological Association said the risk of psychological harm is "low."

■ **The organisation 40 Days for Life** announced 40 days of prayer and fasting to April 5 to end abortion in the United States. During the last 40-day campaign, they say, babies' lives were saved, abortion workers quit and one abortion clinic closed down.

■ **At 20 weeks, Leanne Shields** was told her baby was not developing properly and would be born with severe disabilities. She decided that whatever happened, her baby would have every chance of life. He was born at 29 weeks weighing 1lb 6oz, spent 10 weeks in hospital, and has just celebrated his first birthday at home in Basildon, Essex – a picture of health.

DON'T MISS THIS! Image Prayer Conference

A day of teaching on
prayer, praise, worship and
intercession, with

Ian Cole
of World Prayer Centre

Holy Trinity Church, Stalybridge
Saturday, June 13
10.30am to 4.30pm

MAKE A NOTE OF THE DATE
Full details in the next image news

“...the news in brief...”

■ **An exhibition** promoting assisted suicide is being held at Dundee University. Titled Life is over! If you want it, it has depictions of death through the ages, personal accounts of experiences with terminal illness and banners saying “Die with dignity” and “Death is gentle.”

Academics Tracy Mackenna and Edwin Jannsen are behind the exhibition. Jannsen, whose father died by assisted suicide after being diagnosed with incurable cancer in his native Netherlands, claims euthanasia can turn death into a positive experience. He said his father’s death reflected his attitude to life, “as he liked to be in control.”

Nick Wood, of Care Not Killing, said they were surprised an exhibition supporting euthanasia was sponsored by the university and apparently endorsed by the authorities. A university spokesman said any views expressed by the exhibition were those of the organisers alone.

■ **New guidelines** have been prepared by professional bodies, including the Royal College of Physicians and the British Geriatrics Society, to advise doctors and nurses when to carry out discussion with patients on end-of-life decisions.

The guidelines say patients with terminal illnesses should routinely be offered help to make living wills setting out their wishes for future treatment, such as whether they would want feeding tubes to be removed if they fell into a coma. The guidelines suggest that setting out their wishes is in the patients’ best interests.

Dr Peter Saunders, of the Christian Medical Fellowship, said “We have grave concerns about people saying in advance that they would like food and drink to be removed. This

could be used by people to take advantage of relatives for financial and personal reasons. Living wills take away the freedom of the doctor to do what is in the best interests of the patient.”

■ **In his book** Against Physician Assisted Suicide, palliative care specialist Dr David Jeffrey tells of a former Army instructor who had terminal cancer and was determined to commit suicide. After a discussion with a doctor, it emerged that he was missing the Army. He was taken to watch a passing-out parade of young recruits, where a party had been arranged in his honour.

“His life was transformed,” said Dr Jeffrey. “He had a purpose and his demeanour completely changed. He died two weeks later, comfortably. People’s lives always have that potential. Even in the midst of suffering there can be change.

“You just don’t know what will happen.”

■ **The Royal College of Nurses** is asking nurses for their opinions on assisted suicide. “The notion of ending a human life,” it says, “is a profound and emotive concept, particularly for health professionals whose values and code of ethics are orientated to improving and maintaining health wherever possible.” But the RCN, it says, believes a consultation is appropriate in light of recent public debate. The consultation closes on May 22.

■ **A film with Julie Walters** as Anne Turner, the retired English doctor who committed assisted suicide at a Swiss suicide clinic, was shown on BBC TV the night before a Commons vote on the Coroners and Justice Bill, which could affect the law on assisted suicide. A BBC spokesman said he was unaware that the BBC scheduled the film to coincide with a parliamentary matter.

■ **A massive German study** has confirmed the link between abortion and increased future

premature births. Dr Manfred Voigt and colleagues studied more than two million pregnancies between 1995 and 2000 in the biggest study of its kind in the past 30 years. Data about women’s abortion history was taken from a perinatal database, not from interviews, avoiding incorrect results as a result of women falsifying their abortion history. The study found that one abortion increases the risk of future premature birth by 30 per cent, while more than one abortion increases the risk by 90 per cent.

■ **Schools across Wiltshire** have introduced drop-in sessions to provide pupils as young as 11 with the morning-after pill, contraceptives and pregnancy tests without parents’ knowledge. Swindon Borough Council officials said nurses would encourage children to talk to family members, but were themselves forbidden to discuss pupils’ visits to the sessions with anyone, including parents or carers. They said young people “have a right” to practise safe sex.

■ **Schools secretary Ed Balls** said there was a clear link between rising rates of teenage pregnancy and the tendency of a large number of teenagers to drink heavily. According to www.telegraph.co.uk, a survey of 14 and 15-year-olds in Rochdale found that one in five girls and one in 10 boys had gone further sexually than they wanted to because they were drunk.

■ **All ‘non-faith’ secondary schools** in Manchester have now agreed to let their nurses hand out contraceptives and advice about sex. Manchester’s teenage pregnancy rate is 50 per cent higher than the average for England.

■ **British scientists** are developing a simple blood test for pre-eclampsia which could save the lives of 1,000 babies a year. It is hoped the test will be available within five years.

■ **A woman pregnant** with Siamese twins has refused an abortion. Lisa Chamberlain (25), from Portsmouth, said doctors advised an abortion but she and her fiance ruled it out. Her babies have two heads, but only one body. “To me,” she said, “my twins are a gift from God and we’re determined to give them a chance of life.”

■ **Barcelona** is now the “abortion Mecca” of Europe, according to critics. A report by the Institute for Family Policy says abortion in Spain has increased by 59 per cent in the past eight years and is now the number one cause of death in the country.

■ **Figures from the Department of Health** show that the number of Asian women having abortions has jumped by 50 per cent in four years. Health professionals want contraception to be better promoted in the Asian community.

■ **Plans to legalise oral sex** for children as young as 13 in Scotland should be scrapped, Scottish Parliament’s justice committee said in a report. It said changing the law would send out the message that such activity is socially acceptable and risk free. An overhaul of laws on the age of consent is included in the Scottish Government’s Sexual Offences (Scotland) Bill.

■ **Zaragoza University** in Spain cloned a Pyrenean ibex, an extinct type of goat. It died shortly after birth.

■ **Kai Purdy** was diagnosed before birth as having a life-threatening heart condition and Edwards syndrome, a genetic disorder which is normally fatal. His parents, from Scunthorpe, twice refused recommendations to abort him. After birth, he was found not to have Edwards syndrome and the heart condition corrected itself. “I am so glad we stuck by our guns,” said his mother.

REAPING THE WHIRLWIND

National newspapers have been full of stories about a 12-year-old boy who apparently fathered a child with a then 14-year-old girl.

Said Melanie Phillips, writing in the Daily Mail: *“Our political and professional elites persist in believing that our horrendous rates of teenage pregnancy and sexually transmitted disease are the result of ignorance among young people of the facts of life. But a moment’s thought tells you that can’t be right because there has never been a time when so much sex education has been on offer. The truth is that the more sex education and contraception are provided for children and teenagers, the more they fall pregnant. . .*

“We have said shame and stigma are far worse than out-of-wedlock births and that sexual incontinence is a human right. The result is that basic codes of decorum have gone out of the window, leading to scenes such as were described in a Sunday newspaper of children. . . having sex openly in the street. . .

“The best way to tackle teenage promiscuity is through abstinence education. Where this is done well, as in some American schemes, it restores sexual restraint by instilling in young people a sense of self-respect and self-worth.

“But in Britain, this is regarded as unutterably

shocking. A few years ago, sex education advisers in East Sussex told headteachers who booked a youth theatre group to deliver a message of sexual abstinence in their schools not to repeat the invitation because it was ‘unsuitable’ for pupils.

“So much for ‘informed choice.’ Our society has abandoned its children by treating them prematurely as adults because it is too self-centred to look after them and protect them. . . we are now reaping the whirlwind.”

We don’t want to offend anybody, but it needs to be said. Giving children to understand that they have a right to sex, handing out contraceptives and morning-after pills like sweets, arranging abortions for children without parents’ knowledge: these things have been introduced while the Christian church, by and large – not all the church, by any means, but the church by and large – has sat and watched it happen.

It’s time, by prayer, by action and by example, to begin to bring this nation back from the edge of the abyss.

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Tel: 0161 273 8090 • Email: image@poptel.org.uk • Website: www.imagenet.org.uk
Registered charity number 1088573 • Issue March 2009