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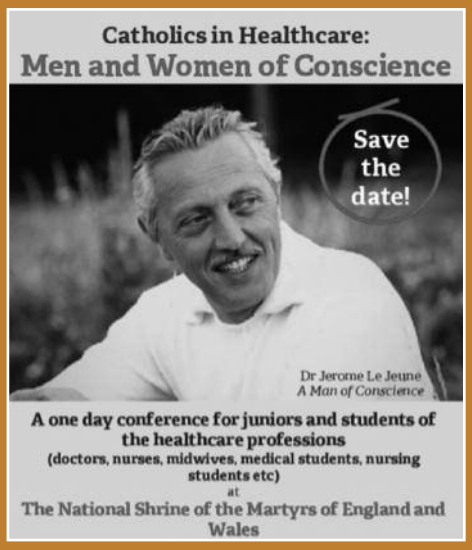

IN THIS ISSUE

JOURNAL OF THE 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

CATHOLIC MEDICAL ASSOCIATION (UK)

39 ECCLESTON SQUARE, LONDON SW1V 1BX
TELEPHONE NUMBER. +44 020 7901 4895
FAX NUMBER. +44 020 7901 4819

CATHOLIC MEDICAL QUARTERLY

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Submitting articles to the CMQ

CMQ is an open access medical journal set up to discuss key issues in medicine as they relate to and support doctors, nurses and other health care professionals in their practice. It is the journal of the Catholic Medical Association (UK). Views expressed are those of the authors and do not necessarily reflect the views of the CMQ editor or those of the CMA(UK). The CMQ was originally published in 1947 as the Catholic Medical Gazette.

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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FEBRUARY 2018

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

EDITORIAL

FRUITS OF THE SAME TREE

DR PRAVIN THEVATHASAN

Fifty years ago, Pope Paul VI released his famous encyclical Humanae Vitae. He made a number of remarkable predictions: for example, contraception leads to the exploitation of women and the poor. In his great encyclical Evangelium Vitae Saint John Paul wrote that "contraception and abortion are closely connected, as fruits of the same tree".

The 16 September 2017 Tablet editorial states: " It may be that the majority of Catholics have come round to the formula sometimes used in the United States, that abortion in the first trimester should ideally be "legal, safe- and rare". That would be a realistic policy framework for Catholic campaigners and legislators to pursue." It is worth noting that The Tablet has been in a state of active dissent regarding Church teachings on contraception. And now it has demonstrated that Saint John Paul was correct: a contraceptive mentality eventually leads to acceptance of abortion in rare instances. Acceptance of abortion in rare instances eventually leads to promotion of abortion on demand. I have no doubt that the journalists working for The Tablet back in 1968 when Humanae Vitae came out would have condemned abortion outright while arguing that the teaching of the Church on contraception needs to change. Their successors have a different view. Let us compare The Tablet editorial to recent remarks by Bishop Michael Campbell of Lancaster: abortion is a "foundational issue" and "Catholics cannot claim to be true to the faith if they do not support Church teaching on Abortion. It is not good enough to keep the Catholic brand name and keep our heads down in the public sphere".

At times, throughout history, the Church in an interesting short piece it has had to be/was resolute in her determination to protect fundamental truths and to protect the disadvantaged and vulnerable. There is a real resonance here in terms of the need to remain clear on key issues of family life and morals.

If contraception and abortion are fruits of the same tree, we need to examine how Catholics responded to Humanae Vitae back in 1968. In his book Salvation and Sanctification, the brilliant Fr John Hardon wrote: " Like Hans Kung, Karl Rahner also refused to accept the teaching of Humanae Vitae. But unlike Kung, Rahner said he believed in the Church's infallibility. To which Kung countered, "what kind of infallibility do you believe in?"...in Kung's mind there was no doubt that Pope Paul considered the doctrine of Humanae Vitae infallible." Most Catholics have followed Rahner in accepting that there are circumstances when conscience trumps Church teaching even when conscience is not formed according to the constant teachings of the Church on matters of faith or morals. If this is true for contraception, it is equally true for abortion and that is why the editorial in The Tablet is not incorrect in noting a greater tolerance for abortion among practicing Catholics. On this matter, Kung turns out to be right and Rahner wrong: once you reject the consistent teaching of the Church in one area of faith or morals, there is nothing stopping you dissenting in other areas. You end up asking if there is such a thing as infallibility, as Kung did.

When I first became pro-life, I too believed the teaching of the Catholic Church on contraception was wrong. There were certain individuals who helped me change my mind: Saint John Paul II and Dietrich Von Hildebrand, for instance. But there was one person who stood head and shoulders above all the rest. Her name is Margaret Sanger, founder of Planned Parenthood. She was a racist and a eugenicist. I personally believe her to have been one of the most evil women of the twentieth century. At a time when statues of other racists and others are coming down, is it not outrageous that there are people being given the Margaret Sanger Award? More than anyone else, she convinced me of the immorality of contraception. The following quotes are to be found on-line at http://www.dailysignal.com. In a letter to Clarence Gamble on the 10th of December, 1939, Sanger writes: "We do not want word to go out that we want to exterminate the negro population".

Of course there are some American billionaires who will praise her for being thoroughly modern when she states: "The most immoral practice of the day is breeding too many children." Sanger also wrote: "The most merciful thing that the large family does to one of its infant members is kill it". (Woman and the New Race, 1920, chapter 5)

It is unlikely that she will be regarded as a champion for the disabled when she writes:"I think the greatest sin in the world is bringing children into the world, that have disease from their parents, that have no chance in the world to be a human being practically". This was from an interview with Mike Wallace in 1957.

Sanger said that people who she considered unfit needed to be sent to "farmlands and homesteads" where they can

be supervised to not have children. What is needed is a "stern and rigid policy" of sterilization and segregation. Methods of population control, including abortion, will be "defending the unborn against their own disabilities." (Birth Control Review, April 1932, pages 107-108) With her close and strong alliance of racism, discrimination against disability and eugenics alongside both compulsory and voluntary contraception, Sanger revealed where the great advocates of population control really find motivation and purpose.

Even though Sanger did a better job in convincing me than Paul VI, the teachings of the Church makes sense: artificial contraception is wrong not because it is artificial but because it is contraceptive. It profoundly disrupts the procreative and unitive nature of marriage and sexual intercourse. Direct contraception involves choices that cannot respect God-given values, meanings and purposes, both procreative and unitive. Saint John Paul II was insightful when he said that contraception is not only anti-procreation but is also anti-unitive. Those are the key reasons why the great Dietrich Von Hildebrand saw the conjugal act as an expression of the loving, mutual self-donation of husband and wife. The philosopher Germain Grisez has stated that openness to procreation is required for integral fulfillment in Christ. Paul Quay, a Jesuit priest who chose to stay faithful to the teachings of the Church, spoke beautifully in terms of symbolism and sacramentality. There are so many great Catholics who have written in favor of the traditional teaching. We need to promote them.

In my case Paul VI failed to convince, at least in the first instance. Sanger did not. The direction that The Tablet has taken suggests that once we accept contraception, we are more likely to eventually compromise on abortion. When faced with challenges to the fundamental truths o f our Faith, compromise is often an attractive option. But for men and women of conscience, when faced with challenges to the fundamental truths of our Faith, compromise is not possible.

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CATHOLIC MEDICAL ASSOCIATION ANNUAL CONFERENCE AND AGM

SATURDAY 14TH APRIL 2018

AT ST MARY'S UNIVERSITY, TWICKENHAM TW1 4SX

On

CONSCIENCE MATTERS IN THE WORKPLACE

(Followed on Sunday 15th April by the Annual General Meeting, at St Mary's)

Our Annual Symposium will focus on issues of conscience within healthcare with particular emphasis on matters surrounding abortion and end-of-lifecare. This is particularly important following the case of the Glasgow Midwives, foeticide, widespread prenatal screening, eugenic abortions, the prospect of buffer zones around abortion clinics and the challenges around counselling and supporting women who are considering abortion. The Symposium will also address the theology of conscience and legal issues around conscientious objection, assisted dying and other end-of-life issues. We aim to provide be ample opportunity to discuss matters of conscience affecting healthcare workers and counsellors with those with practical medical and legal experience these issues.

Confirmed speakers and participants include:

Sister Roseann Reddy.
Sisters of the Gospel of Life, Glasgow

Ms Clare McCullough.
Good Counsel Network

Mr James Bogle,
Barrister, Inner Temple.

Dr Trevor Stammers,
Programme Director in Bioethics and Medical Law, St Mary's Twickenham

Dr Charlie O'Donnell,
Consultant in A&E and ITU Medicine

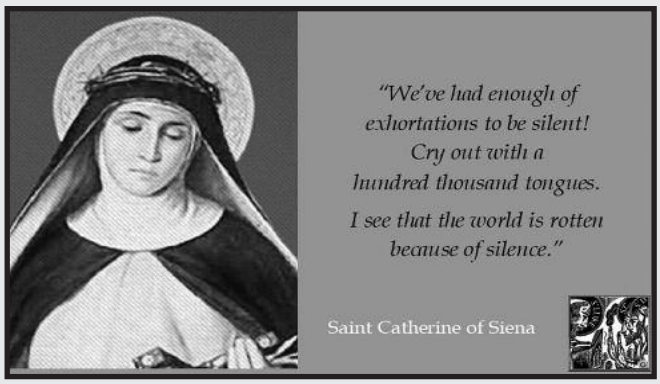
Dr Mike Delaney,
General Practitioner.

For more details and to book your place email **cygnetodoc@aol.com**

And see the poster on page **27**

SEMPER IDEM EDITORIAL

Semper Idem is the first of a new section within the Catholic Medical Quarterly put together by the CMA's Committee for the New Evangelisation. This Committee was founded two years ago by young Catholics in healthcare to support our fellow young Catholics in healthcare, through prayer, friendship and catechesis. In that time we have organized two annual CMA youth conferences (reports of the second one can be read about in this section), kick- started the CMA Facebook page into an effective and positive mode of communication for the CMA, and produced a prayer card to St Giuseppe Moscati, amongst many other things. We are concerned with supporting young Catholics in all branches of healthcare, from students in healthcare sciences to young professionals in healthcare. We would like to thank the CMQ editorial committee for giving us this platform.

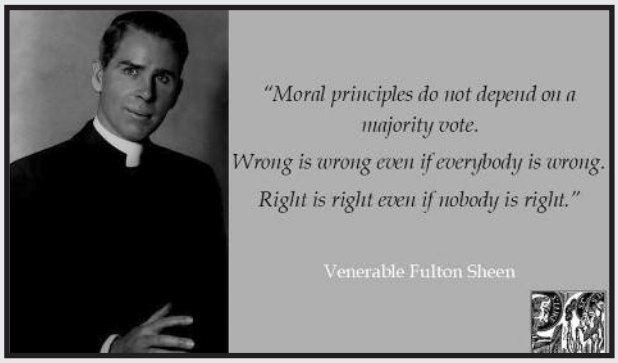


Behold, I send you as sheep in the midst of wolves. (1)

Alas we no longer live in a Christian society. Those who are serious about the Faith find themselves under siege even whilst still at school. And it only gets harder at university and in working life. Those of us in healthcare are acutely aware of this: as healthcare shifts to the extremes of patient-centredness, it seems as though we are expected to comply with whatever the patient wants even if it be unto ruin. Our religious beliefs are ridiculed as medieval and not fit for the modern enlightened age. So much so that sometimes we find ourselves apologizing for our Faith, even though there is nothing in ours that goes against evidence based practice.

Far worse, however, we often experience opposition from within the Church. Ideas which seemed anathema just a decade ago have been given the nod and wink by high ranking Church officials. For example , we have recently seen celebrities of the modern world with dubious reputations and views invited to the Vatican to give talks.(2) We see bishops contradicting one another.(3) Religious and clergy who go against the perennial teachings of the Church are held up as exemplary even while they trudge ever closer to their judgement. All this while the faithful are ostracised within their own Church and removed from their jobs.(4)

This is the reality that faithful young Catholics have to face. Once they decide to follow their conscience as



shaped by the teachings of our Lord Jesus Christ, they can expect to be alone, with little or no support from the Church hierarchy or even from most of their fellow Catholics who do not know any better. Yet more saints are forged in times of persecution, just as diamonds are only forged under immense pressure. There are glimmers of hope here and there: at our recent conference for young Catholics in healthcare, Mary Doogan told us about the cost of following her Catholic conscience, Dr Swee Ang inspired us with stories of her colourful life, and the Little Sisters of the Poor also talked beautifully about their vocation. We also heard a presentation by a young nurse on the Catholic heritage of nursing. (All these talks will soon be available online on our Facebook page, through the generous assistance of Radio Immaculata).

The feedback from our second annual CMA youth conference was fabulous. A young medical student wrote: "As young healthcare professionals, we left the conference with renewed energy and wonderful friendships, but perhaps most importantly, with the determination to keep God at the heart of our work." A nurse wrote "It was great to meet so many like-minded people, passionate about the Faith."

The common theme was that these people were not going out of their way to do heroic deeds, but simply acting on the promptings of their conscience in their work. Therefore, our next conference for young Catholics in healthcare will follow from this on the theme of conscience in healthcare.

Be ye therefore wise as serpents and simple as doves.(5)

Conscience is not merely a feeling, but a judgement formulated according to reason, in conformity with the true good willed by the Creator.(6) It is formed by God, who has revealed Himself, and the guardian of that revelation is the Catholic Church. Therefore, a rightly formed conscience is always in conformity with the teachings of Holy Mother Church (and not what some of her churchmen may say on a whim).

Although there are conscience clauses in healthcare legislation in this country which afford some protection for the practitioner, they are constantly in need of defending from secularists who insist that these impinge on the rights of the patient to basic healthcare.(7) Our forthcoming CMA Youth Conference will be in March 2018 and is entitled Catholics in Healthcare: Men and Women of Conscience. The aim of this conference is to inform young Catholics in healthcare of the Church's teaching, and how

to go about it without having to go against an informed Catholic conscience. It will also be a good opportunity to meet like-minded people.

If you are a young Catholic in healthcare, we hope to see you there!

The Editor
CMA Committee for the New Evangelization

REFERENCES

2 Paul Ehrlich, population control proponent and zealous promoter of abortion, was invited to talk at a conference in the Vatican organised by the Pontifical Academy of the Sciences on Feb 27 2017

3 http://www.ncregister.com/blog/edward-pentin/doctrinal-anarchy-as-bishops-conflicting-positions-on-amoris-laetitia-

4 Professor Josef Seifert, a prominent Austrian Catholic philosopher and former member of the Pontifical Academy for Life, was removed from the Dietrich von Hildebrand Chair at the International Academy of Philosophy (founded by Seifert himself) by the Archbishop of Granada, Spain, after he published a critique of Amoris Laetitia in a German magazine of philosophy and theology.

5 Mt 10:16

6 Catechism of the Catholic Church. Part 3, section 1, chapter 1, Article 6. http://www.vatican.va/archive/ccc_css/archive/catechism/p3s1c1a6.htm

7 http://www.cmq.org.uk/CMQ/2013/Aug/nhs_no_place_for_conscience.html

CATHOLICS IN HEALTHCARE: MEN AND WOMEN OF CONSCIENCE

The Catholic Medical Association invites all junior and students of the healthcare professions (doctors, nurses, midwives, pharmacists, AHPs...), and all young people involved in the pro-life movement, to our next youth conference (18-35), entitled **"Catholics in Healthcare: Men and Women of Conscience"**. At the National Shrine of the Martyrs of England and Wales, Tyburn Convent, Hyde Park, London on Saturday 10th March 2018

Programme:
11:15am registration.
The conference will commence with Holy Mass (Missa Cantata) and talks will follow on

- The English Martyrs by one of the Tyburn nuns,
- Dr Joseph Shaw on conscience in healthcare
- Mr John Smeaton (SPUC) on Abortion and conscience.

Entry £10 donation, includes lunch, all profits to Tyburn Convent.

CONFERENCE REPORTS EDITORIAL

What follows are two reports by attendees of the CMA's second annual youth conference which was entitled Catholics in Healthcare: Extraordinary Lives, Extraordinary Saints, and was held on Saturday 4th November 2017 at St Aloysius' Catholic Church in Euston, London.

Conference Report 1

This was the first CMA conference that I have attended and I really enjoyed the day. It was great to meet so many like-minded people, passionate about the Faith. It was not just the talks themselves which inspired me, I also picked up so many golden nuggets of ways in which I can improve my work life as a Catholic. Mary Doogan said that she always said a prayer before walking through the main doors at work. Something I will now do myself!

The talk on the history of nursing and how it is rooted in Catholicism made me feel very proud of what I do. I was particularly interested to learn about St Louise and the Daughters of Charity of St Vincent de Paul, which I knew very little about. I know what my next read will be. A comment from the audience during the Q&A session afterwards said that the word 'nursing' derives from the Greek word meaning 'to nurture'. This underlined exactly why I came in to Nursing. As modern day Nursing gets more and more bogged down in technology, I am reminded of the simple and most important aim of my vocation. Thank you to the CMA for reigniting this in me.

By a young nurse

Conference Report 2

It was a real blessing to attend the recent CMA conference for Catholics in healthcare entitled 'Extraordinary Lives, Extraordinary Saints'. Having had a quick glance at the programme before arriving, I had imagined that the conference would entail a series of talks, each portraying an individual's compassionate commitment to the care of others whilst perhaps also providing information on how best to navigate certain tricky ethical situations as Catholics. The speakers were not, however, simply inspiring professionals who happened to be practicing Catholics and had plenty of practical advice to offer. Rather, they were individuals who were actively putting God at the centre of their lives and responding to their personal call to love Him by serving the infirm.

Dr Swee Ang spoke about seeing the face of Christ in the faces of children whilst working in war-torn territories and a young nurse encouraged us to re-evaluate the job (or even vocation) of a nurse given its roots in the order of the Daughters of Charity. Later in the afternoon, Mary Doogan, a midwife, explained that she would always pray before ever setting foot in the labour ward. The Mother Superior of the Little Sisters of the Poor spoke beautifully about the lives of the sisters working in care homes, their days rooted in prayer and dedicated to showing love to the elderly they serve. All these testimonies highlighted to me how vital it is for all of us to be open to God's calling us in unexpected directions throughout our lives. It is extremely easy to fall into the trap of planning out one's career in detail or at least of ruling out certain paths which don't seem to fit into our fixed vision of our futures. As young healthcare professionals, we left the conference with renewed energy and wonderful friendships, but perhaps most importantly, with the determination to keep God at the heart of our work. St Vincent de Paul is reported to have said, 'Do not limit your vision any longer to yourself, but see the Lord around you and in you, ready to put his hand to the work as soon as you ask for his help. You will see that all will go well.' The speakers and religious present at the conference undoubtedly witnessed to the joy and freedom that comes from giving one's work over to God.

By a young medical student

THE PATIENT'S PASSION BY FR GARY DICKSON

Suffering is a sad reality that we meet every day in our professional practice, and often enough in our personal lives too. Making sense of suffering is necessary if it is not to demoralise us, and the first thing to say is that suffering is not a punishment for our personal sins as some claimed at the height of the AIDS crisis. Rather, suffering and death are the result of the ***Original Sin***, by which man cut himself off from God Who alone is life, happiness and peace, thereby gaining only the opposites: sorrow, suffering and death. Just as some personal sins can have negative effects upon health, such as gluttony, sloth and promiscuity, so the effects of the Original Sin - the loss of life, happiness and peace - are a consequence, not a punishment. Negative consequences of sin are of God's ***permissive*** will rather than His positive will, by which we mean He ***permits*** us to suffer the effects of our choices but does not purposely inflict that suffering on us as a punishment. To understand suffering and death in this

Figure 1:Expulsion of Adam and Eve from the Garden of Eden, Massacio, 1425. Capella Brancacci, Santa Maria del Carmine, Florence, Italy.

abstract way does not console the suffering person, nor does it comfort their loved ones who stand with them in their suffering. Nor does it keep the health care professional from emotional import when faced with the task of alleviating that suffering. A ***meaning*** to suffering must be held that goes beyond such abstract knowledge. For those of us who are Christians we must have a more positive picture; we must speak of "the Mystery of Suffering" rather than "the problem of suffering", for the suffering of Christ purchased our salvation: "on Him lies a punishment that brings us peace, and by His wounds, we are healed" (Is.53v5), and our participation in that suffering brings us to eternal glory; we are "co-heirs with Christ if we share in His sufferings in order to share also in His glory" (Rom.8v17). It is then, in the context of Christ's Passion and Death that we must see human suffering.

We must speak of 'the Mystery of Suffering' rather than the 'Problem of Suffering', for the suffering of Christ purchased our salvation...

While Saint Peter takes up Isaiah 53 to remind us that, "By His wounds, we are healed" (1.Peter 2v24), Saint Paul informs us that such suffering has the positive value of being redemptive: "I make up in my own body that which is lacking in the sufferings of Christ" (Col.1v24). Of course nothing intrinsic lacks in the suffering of Christ; all that it lacks is our participation in it: we share in the Easter Sunday experience only after having undergone the Good Friday experience, and we share in the Good Friday experience by our prayer, our sacrifice and our suffering. These do not enable us to win, deserve or purchase salvation; they are but the way in which we take the Good Friday experience to ourselves that we may also experience Easter Sunday. But there are further values to partaking in the sufferings of Christ.

A life of prayer in this is essential. By praying for ourselves to embody the humility, knowledge, skill and compassion of God for those who suffer.... we bring God into the otherwise dark situation of suffering and death..

First, it enables us to become co-redeemers with Christ. Christ of course is not 'co-anything': He alone is Redeemer: "there is but one mediator between God and man, the man Christ Jesus, who gave Himself as a ransom for all" (1.Tim.2v5) but He allows us to cooperate with Him in His great work of Redemption: to "fill up…whatever is lacking in the sufferings of Christ" (Col.1v24). Second, suffering reminds us that man is not in charge of his own destiny and opens us up to a humble, conscious dependence upon God and His grace. It reminds us that we are not God; that no matter how high the pedestal the general public gives healthcare workers to stand upon we are, in the final analysis, going to fail: all our patients will one day die. All we can do is ask God for the grace to work humbly with His wisdom, His compassion and His skill. A life of prayer in this is essential. By praying for ourselves to embody the humility, knowledge, skill and compassion of God for those who suffer, and by praying that our patients will benefit from the knowledge, skill, and compassion of health workers, we bring God into the otherwise dark situation of suffering and death, and the greatest prayer we can offer is Holy Mass.

We should take every opportunity to attend Mass regularly and offer the Holy Sacrifice for those who suffer so as to unite them to Christ on the Cross who even now, pleads His sacrifice before the Father on behalf of the world: "Christ … entered into heaven itself to appear now before God on our behalf" (Heb.9v24); "Christ Jesus, who died, and more than that was raised to life, is at the right hand of God, interceding for us" (Rom.8v34). He is still the Lamb slain in sacrifice (Rev.5v6). We may not be able to attend every day, but we can offer our daily prayers in union with the Masses going on at that moment, and give them a value beyond the worth that comes from praying alone. As we stand at the foot of the cross (the patient's bed or chair) we should also call upon the Mother of the Afflicted who stood by the Cross of her Son. Her very presence brought courage and strength to her Son, and we can ask her to obtain from Him for our patients that same courage and strength.

An interior struggle begins; their experience of the Garden of Gethsemane

Figure 2 Agony at the Garden by Giovanni Bellini. 1459-1465. National Gallery, London.

Consider for a moment the reality of The Holy Eucharist: it encompasses Christ's farewell Supper with His Apostles; His Agony in Gethsemane; His Carrying of the Cross; His Crucifixion, Death and Resurrection. Each of these parallels an aspect of life in those we care for. Those given a diagnosis of terminal illness enter the Garden of Gethsemane where the prospect of suffering and death stands squarely before them. Every new limitation they encounter; every loss in their ability to perform the activities of living is a loss which brings with it a sense of grief, and a reminder that they are on 'the downward slope to death'. An interior struggle begins; their ***experience of the Garden of Gethsemane***. From the dread of what is to come arises the plea to have the chalice of suffering taken from them, either by intervention of the medical staff or the direct intervention of God. Kubler-Ross identified this stage in her book 'On Death and Dying' as the Bargaining Stage; either a bargaining with the physicians: "If I do A, B or C will you be able to cure me?" or with God: "I promise never to do A, B or C again if you cure me".

For those of us who are in good health the prospect of death is a reality we rarely contemplate; for the sick and suffering that prospect is a daily companion. Many, if not most, seem to give great example of how death is faced with dignity and courage; rejoicing in what they can still do and the pleasures they can still experience rather than the losses they undergo, thus the many funeral eulogies which say "s/he fought bravely and cheerfully right to the end". In this on-going struggle they become another Simon of Cyrene: they move from the Agony in the Garden of Gethsemane to *carrying the cross with Christ*.

The period when people approach the end of their lives is often clearly their participation in the Crucifixion, and here we should be doing as the soldiers did with the soaked sponge: offering whatever will ease their physical pain and mental anxiety. Today society wants to short-circuit the Lord's Passion by euthanasia and assisted dying.

As health care professionals, we are called and dedicated to caring, not killing.

This damaging ideology of physician/nurse assisted dying does two things. First, it prevents us from developing compassion for the dying by eliminating that period in which the greatest compassion, insight and care is required. Second, it deprives the world of graces won by the suffering Body of Christ. We must strive to ensure that those who are dying are accorded a high dignity and importance and prevent it being eliminated by euthanasia and so-called assisted dying. As health care professionals we are called and dedicated to caring, not killing. The Hippocratic Oath may no longer be taken ("I will use treatment to help the sick according to my ability and judgment, but never with a view to injury and wrong-doing. Neither will I administer a poison to anybody when asked to do so, nor will I suggest such a course … Into whatsoever houses I enter, I will enter to help the sick, and I will abstain from all intentional wrong-doing and harm …") and Nightingale's maxim of "First do no harm" may no longer be commonly quoted, but if we take ourselves seriously as healthcare workers, surely we have an obligation to avoid taking part in "assisted suicides" or engaging in euthanasia by commission or omission. If our philosophical system does not keep us from such actions, the Divine Law certainly does: "Thou shalt not kill".

We ought never to underestimate the privileged position we have taken on by providing healthcare to those who suffer.

Truly, those of us who care for the sick have a very privileged position: we are called to encompass the compassion of Veronica, who wiped the face of the Lord; called to imitate Simon of Cyrene, who helped Our Lord to carry the Cross, and called to have the compassion of the Holy Mother who stood by her Son to give strength and courage. We ought never to underestimate the privileged position we have taken on by providing health care to those who suffer.

Fr Dickson is a priest of the diocese of Hexham and Newcastle, and before training for the priesthood trained and worked as a nurse. This article was written for us shortly after he made the difficult decision to retire from active ministry last year. This decision was made due to his poor health having severe COPD. At the time of writing (December 2017) he has been in hospital for several weeks with an infective exacerbation of COPD. The editor asks for prayers for his recovery.

He blogs at: **catholiccollarandtie.blogspot.co.uk.**

ABORTION AT 50

ADORABLE BABY WITH DOWN'S SYNDROME FRONTS YOGHURT CAMPAIGN. HER MOTHER HOPES IT WILL CHALLENGE MISCONCEPTIONS.

"She was great fun to photograph with limitless energy and smiles and her pictures are simply beautiful." Image: Anne Dillon

A beautiful little girl with Down's syndrome has been gracing yoghurt pots across Ireland.

In 2017 Abby Dillon was revealed as one of four faces of Glenisk's Organic No-Added-Sugar Baby Yoghurts. She was one of the 14 finalists chosen from 4,500 entries into Glenisk's #SweetBaby search competition.

Mum Anne, from County Cork, told the Irish Independent how proud and excited she was. "It's so important for us because there are so many misconceptions and old-fashioned stereotypes about people with Down Syndrome. I think visibility in the media is the first step towards awareness, breaking down those stereotypes, and ultimately acceptance."

More alike than different

She also spoke about what it was like having a baby with the condition. "When Abby was born it was a scary time for us because we didn't know any other babies with Down Syndrome. "If we knew then what we knew now it wouldn't have been as scary. People should understand that people with Down Syndrome are more alike than they are different."

Emma Walls, Director of Glenisk, said that Abby was a natural on set. Ms Walls said: "She was great fun to photograph with limitless energy and smiles and her pictures are simply beautiful. She was a natural at the shoot so we chose her to feature on our natural flavour; we are honoured to have her feature on Glenisk packs."

With thanks to SPUC for the original of this article. You can see more photos on the SPUC website: **https://www.spuc.org.uk/news/newsstories/2017/july/adorable-baby-with-downs-syndrome-face-of-yoghurt-campaign**

NINE MILLION TOO MANY. IN DEFENCE OF ABORTION CLINIC PRAYER VIGILS.

ADRIAN TRELOAR
FRCP, MRCGP, DRCOG, MRCPSYCH

October and November 2017 saw Ealing Council and then Portsmouth City Council passing resolutions which seek to establish Public Space Protection Orders around abortion clinics. This move has been driven by the concern of abortion clinic providers and also some patients who attend those clinics at the presence of prolife witnesses outside the clinics. In fact the prolife witnesses have been peaceful and it is important to note that there has not been violence or other disturbance. Police have never had recourse to make arrests or to charge anyone at such events. And yet there are many women who have been helped by those witnesses, and many who have turned back and later delighted in having kept their babies.

There is real concern about the way in which abortion clinics counsel women seeking abortion. In late 2016 the Care Quality Commission found that Marie Stopes "put women at risk by failing to adequately train staff and neglecting to obtain proper consent from patients". Staff at Marie Stopes International (MSI) had "limited training" in resuscitation and clinicians were found to be "bulk-signing" forms authorising abortions, the Care Quality Commission (CQC) said.(1) Other services had already been suspended earlier that year. (2)

In late 2017 there was grave concern expressed that staff in Maidstone received performance related pay for assuring that women who entered the clinic did not leave until they had had an abortion. Even after women had stated that they did not want to proceed with the abortion, some were repeatedly rung by clinic staff to support them if they had a change of heart (or, as some might have thought, to "support" them into having a change of heart)(3).

In that context the debate occurred both in Parliament and in Councils about the rights and wrongs of protests outside abortion clinics. In a truly shocking failure to be willing to hear the other viewpoint, Rupa Huq (the MP for Ealing) refused to meet women who say they were helped into keeping their babies by pro-life witnesses. It does appear that that level of determination not to listen to the voice of hope and the voice of the unborn child is

Another little girl who was saved by pro-life volunteers outside a clinic. (Good Counsel Network picture)

deeply embedded in those who promote abortion.

Here we reproduce two of the most powerful submissions on the matter. The children born and the women who have suffered so much and been helped can speak for themselves.

My daughter wouldn't be alive today if MPs pushing buffer zones had their way.
This testimonial from "Kate" was read in Parliament on the 8th November 2017 in the wake of the claim by that pro-life groups outside abortion clinics "harass" women..

"I leapt out of the window"
"I never wanted to go through with an abortion but I felt a lot of pressure from people around me who offered it as a no brainer solution," the testimony began. "On the way into the clinic at the Marie Stopes clinic at Ealing I was offered a leaflet by a woman who I spoke to briefly. She just told me she was there if I needed her." Still not happy with being there for an abortion, Kate *"leapt out of the ground floor window and cleared 3 fences to escape. I talked to the woman on the gate again, who offered any support I needed to keep my baby and this gave me the confidence to leave where I was supported by the group that this women worked with."*

What would women like me do?

She didn't find any aggression from the pro-lifers outside the clinic, but was given help to keep her daughter. Her story ended with a powerful message to MPs: *"The potential introduction of buffer zones is a really bad idea because women like me, what would they do then? You know, not every woman that walks into those clinics actually wants to go through with the termination. There's immense pressure, maybe they don't have financial means to support themselves or their baby, or they feel like there's no alternatives. These people offer alternatives.*

"I had my baby who is now three and a half years old. She's an amazing, perfect little girl and the love of my life. I want MPs here today calling to introduce buffer zones to realise, that she would not be alive today, if they had their way."

The Abortion clinic told me nothing

In the debate at Portsmouth City Council, Caroline Farrow (a well-known Catholic blogger) stood up to recount how when she became pregnant through rape twenty years ago, the abortion clinic offered her no other options.

"I was not informed about the basic facts of my procedure, such as the development of the foetus, that pills were given as a pessary, or that I could expect to experience a form of labour," she said. "If I'd been given this information or known about how an abortion can affect your mental health, especially during subsequent pregnancies...then I would have rethought. Had I been given the counselling services offered by those outside the clinic, it's likely I would have changed my mind. Had I been offered practical help such as accommodation, financial help to get me on my feet and retrain for a different career, or legal help to challenge my employer's discriminatory policies, then I may have rethought. In an age where choice is key I didn't choose to have an abortion, rather I went through with one because that was the only option available to me."

If I'd been given a real choice

"When I learnt of services like those offered by 40 Days for Life I was angry that these hadn't been made available when I needed them," she continued. "I was also angry at how I'd been misled and the reality of abortion glossed over by the clinic. Had I walked past people gently praying in public witness it may well have given me cause for thought...and then, instead of telling you about the baby I lost thanks to having no choice, I would be mother to a twenty year old. If you genuinely believe in choice for women, vote no today."

Many other women have also told us that they have had similar experiences.

What do the prolife vigils actually do?

The motion was also ably opposed by Lisa Butler, head of the Portsmouth 40 Days for Life group. She countered many of the accusations made against the prayer vigil, and explained that the whole way of operating was designed around being approachable and non-judgemental to women in need.

Isabel Vaughan-Spruce, who runs the Birmingham 40 Days for Life campaign, presented evidence that it is often opposition pro-choice groups that create a climate of fear around vigils. She showed councillors video evidence of pro-abortion protesters harassing an elderly priest. A local resident also came forward to say that when she came across 40 Days for Life, she was struck by their true care for women and unborn children. Only one of the four public deputations, a representative for Hampshire Pro-Choice, supported the proposal.

In parliament Paula Sheriff MP described "anti-choice protesters" as "reprehensible", and complained about Government money being given to Life to help vulnerable pregnant women. Diane Abbott, effectively accused the prayer vigils of criminal activity. She stated that the *"guerrilla actions and threatening activity"* of pro-life activists are modelled on tactics from America, where clinics *"have been closed following demonstrations, attacks and even bombings."*

Pro-Choice or infantophobia ?

The term Pro-choice is a positive term favoured by the pro-abortion lobby. But those who are pro-abortion are campaigning to remove the voice that defends unborn children from society [4]. In the end the greatest victims of abortion are the dead children that result from it. They are denied life. And the desire to enable that killing, the performance management of workers in abortion clinics and the repeated stories of poor care in abortion services all suggest that there is a real problem. Removing the voice that defends unborn children from society is therefore profoundly anti-choice. In the end those who campaign for legal abortion have to want the killing of unborn children. And they want to silence those who seek to offer an alternative. Would "Infanto-phobia" be a better term?

Peaceful protests, peaceful support

Given the accusations of infant-phobic speakers, it seems important to record clearly and unambiguously that pro-life vigils in this country have been peaceful, compassionate and shown real care for women who are choosing abortion.

Nick Hurd, the minister for policing also confirmed that *"the police recently assessed that pro-life demonstrations do not ordinarily result in crime or disorder, and it is rare that police intervention has been called for."* He also stated that the Government believes that existing police powers are sufficient to protect people against harassment. Mr Hurd also stated that pro-life groups deny intimidation, and said such claims that Pro-life groups are intimidating were "a million miles away" from his experience of talking to pro-life constituents, who presented the arguments *"with great calmness and dignity".*

While some (and especially perhaps those who provide, and receive income from, abortion services) are clearly upset by the reality of opposition to abortion, we should be willing to acknowledge the many children whose lives have been saved by these prayer vigils. We should also acknowledge the many women whose lives have been transformed by having received the opportunity to turn back from having an abortion.

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We should also acknowledge the many women whose lives have been transformed by having received the opportunity to turn back from having an abortion.

Caring about women, caring about children

We must all be profoundly moved and sympathetic towards women who, in crisis, choose abortion. But we must also recognize that those women so often need support as they choose to keep their babies. And nine million abortions is a vast number. Every single one of those nine million has involved doctors and nurses. The many children whose lives have been saved by pro-life vigils are surely evidence that those who offer help to women in crisis should not be silenced

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DECRIMINALISATION OF ABORTION

DR PHILIP HOWARD
MA GDL LLM MA MD FRCP

In order to understand this issue it is important to know what an abortion is and what it means for it to be decriminalised.

Ethical standpoint

The debate is usually confused by a failure to distinguish between the termination of a pregnancy (which refers to the physiological state of the woman) and an abortion, which refers to the killing of an embryo or foetus. This is what philosophers call a "category" error where the subject of the discussion is placed in the wrong framework or category through confusion over definitions. The difficulty is compounded by when pregnancy begins. From a moral and biological standpoint pregnancy does in fact begin with conception when a new and distinct human being is formed. To add to the confusion, the beginning of life in law remains a mystery and is left to the discretion of the Jurisdiction of the individual European Member States.[1] What is even more remarkable is that the Secretary of State for Health has discretion, under secondary legislation, to determine the beginning of life for the purposes of embryo experimentation and human "ad-mixed embryos" and other situations regarding in vitro fertilisation that might arise.[2] In common law and prior to implantation of the embryo, abortion is deemed to be impossible. Where there is no "carriage" there can be "no miscarriage". However, a woman may be a "mother" by virtue of having within her (womb) an embryo or gametes that have given rise to an embryo, even before implantation. The old adage that "at least we know who the mother is" remains true... but only up to a point.

The presence of a developing embryo begins a biologically fascinating "cross-talk" with the mother as the embryo signals its presence through various chemical mediators. In this way the embryo signals its presence to the mother whose uterine environment adapts to permit implantation and gestation to occur.

Ethically, abortion means the deliberate intention to directly end a pregnancy and destroy the life of an embryo

or foetus. Intention has both a subjective aspect i.e. in relation to what the person wants or wishes to do and an objective aspect, which is determined by the actual circumstances of the case. I might intend to shoot a man behind a curtain (subjective intention) but fail because what I thought was the man was merely a shadow (objective test). I am therefore guilty of attempted murder even though the attempt was bound to fail.

Principle of Double Effect.

Abortions are defined as indirect where they arise as a secondary and unintended consequence of another necessary action according to the Principle of Double Effect. This has five aspects. There must be a necessity to act. The act must of itself be either good or morally neutral. There must be a sufficient margin between the expected good effect and secondary undesired consequences. The good effect must not be obtained through an inherently bad action. Finally the bad effect(s) must not be directly willed or intended.

In the case of Ectopic Pregnancy, surgery to a fallopian tube (salphingectomy) removes the imminent risk of haemorrhage. The purpose here is to secure the safety of the woman by removing an immediate source of potential haemorrhage. As a secondary consequence of this the foetus is deprived of the blood supply to that part of the fallopian tube and as a consequence dies. Of course, if it was possible to implant the embryo within the uterine cavity this ought to be done. If this was possible, it would be a viable option which might save the life of the foetus in addition to that of the mother. Surgery for ectopic pregnancy is necessary to save the life of the mother and the surgeon would be failing in his duty if he did not take the necessary action. On the other hand, surgery for ectopic pregnancy would not justify the removal of the fallopian tube alone (salphingectomy) if reimplantation was possible as this would then become a moral obligation to save the life of foetus. The use of abortifacient drugs following conception but prior to implantation is morally wrong. This is because they are a direct attack on the embryo. Confusion arises because according to the law, and many textbooks, abortion can only take place after implantation. This was established in this country by Mr Justice Munby in the judicial review by SPUC.

Abortion from a legal standpoint

Abortion remains a statutory crime in England and Wales and a common law crime in Scotland.

Offences Against the Person Act 1861

Under the Infant Life (Preservation) Act 1929 it is an offence for a pregnant woman to unlawfully intend and attempt to procure her own miscarriage. It is a crime for another person to unlawfully attempt to procure the miscarriage of any woman whether or not she is with child by the administration of drugs or the use of instruments. The supply or procurement of drugs or instruments to procure an abortion is also a crime, though with a lesser sentence of up to 5 years imprisonment. A lot hinges around the use of what constitutes "unlawful" procurement as defined in common law.

The Infant Life (Preservation) Act 1929

The Infant Life (Preservation) Act 1929 was described in the introduction as "an Act to amend the law with regard to the destruction of children at or before birth." This reference is to craniotomy where the skull of the child was crushed in the case of obstructed labour in order to proceed to vaginal delivery. The 1929 Act concerns the crime of child destruction in which there is an intentional act to destroy the life of a child who is capable of being born alive, unless it was done with the intention of preserving the life of the mother. The child was deemed, prima facie, to be capable of being born alive after 28 weeks of gestation.

Rex v Bourne 1938

The meaning of the term unlawful procurement of abortion was raised in Rex v Bourne 1938 [3] where it was held not to be unlawful to procure abortion following rape or when the life of the pregnant woman was in danger.

Abortion Act 1967

The Abortion Act 1967 provided the circumstances where abortion could lawfully be carried out up to 28 weeks of gestation after which there is a prima facie presumption of viability and would not be a crime under the Offences Against the Persons Act 1861, Infant Life (Preservation) Act 1929 or common law. Except in an emergency, the procurement of abortion requires two doctors acting in "good faith" (undefined) to certify that if the unborn had not reached viability they were of the opinion that the risks to the health of the mother or to her existing children were greater than if the child was born alive or if there was a serious threat to the life or health of the pregnant woman. This considerably extended the grounds for abortion and effectively allowed abortion on demand for social reasons. Now most abortions (97-98%) are performed on the grounds that continuance of the pregnancy is thought to entail a greater risk to the mental health of the mother than having an abortion. However, there is very considerable doubt that pregnancy adversely impacts on mental health.

The Morning After Pill ('Emergency contraception')

The use of Emergency Hormonal Contraception ('Morning After Pill') was not regarded as an abortion in the judicial Review brought forward by SPUC. [4,5] Mr Justice Munby stated that there can be no miscarriage unless there is carriage following implantation of the foetus. "Whatever *may or not have been meant in 1861 the word "miscarriage" today means the termination of an established pregnancy, and there is no established pregnancy prior to implantation. There is no miscarriage if a fertilised egg is lost prior to implantation. Current medical understanding of what is meant by "miscarriage" excludes results brought about by the pill, the mini-pill or the morning-after pill. That is also, I should add, the current understanding of the word "miscarriage" when used by lay people in its popular sense".* Therefore, although the term "carriage" was not ever defined and indeed the word "abortion" was not even used in the OAPA (1861) the term "abortion" has come to mean the procurement of miscarriage after implantation.

Indeed Mr Justice Munby went on to explain that "*There would in my judgment be something very seriously wrong, indeed grievously wrong with our system – by which I mean not just our legal system but the entire system by which our policy is governed – if a judge in 2002 were to be compelled by a statute 141 years old to hold that what thousands, hundreds of thousands, indeed millions, of ordinary honest, decent, law abiding citizens have been doing day in day out for so many years is and always has been criminal. I am glad to be spared so unattractive a duty. The social case put by the FPA, and supported in all its particulars by the Secretary of State, remains wholly unanswered by SPUC. Preferring to concentrate, as it is entitled to, upon narrow legal issues, SPUC has not attempted to refute FPA's case. I strongly suspect that it could not, even if it wished to."* To add to the confusion in the light of the above "abortion" or more precisely, the procurement of "miscarriage" occurs whether or not the woman is actually pregnant. The logic of the judicial approach would seem to be that statutes that are 141 or more years old need not necessarily apply, the meaning of words is what they currently are meant to mean, the views of thousands or even millions of individuals are paramount and that the social views of organisations, such as FPA, and the Secretary of State, is inherently unanswerable. In such cases we should not concentrate, much less rely, on "narrow legal issues." The law is decided by the practice of "honest, decent, law abiding citizens" and what they do on a day to day business. The view that pregnancy does not occur until implantation was refuted by the pioneer of IVF, Prof Robert Edwards, who wrote in1980: " Pregnancy surely begins at fertilisation... And discussions on the merits of the I.U.D.s or "morning after" pill will be best served by accepting their role as early abortifacients."[6] Notwithstanding this judgment in 2002, Mr Justice Hamilton in the High Court in Northern Ireland where the Abortion Act 1967 does not apply but the OAPA 1861 still applies stated that section 58 protects the "foetus in the womb" and that the "right to life of the foetus, the unborn, is afforded statutory protection from the date of its conception."[7]

The Human Embryology and Fertilisation Act 1990.

Following the passage of the Human Embryology and Fertilisation Act 1990, which reduced the statutory limit of viability from 28 to 24 weeks, abortion was also permitted on the grounds of significant foetal disability up to the point of natural delivery i.e. beyond the time of viability. The HEFA 1990 therefore brought in foeticide. It also legitimised in vitro fertilisation and paved the way to embryo experimentation. Foeticide is where the unborn child is killed in utero by injection under ultrasound guidance so that it can then be "delivered" as a stillborn. Foeticide is now legal for congenital disability up to the time of birth. If the disabled child was born alive, then it could not be killed as this would be murder. Clearly, this is only a short step from neonatal euthanasia. The nurses in the Glasgow Midwives case were unprepared to participate in foeticide and abortion on their obstetrical wards.

In the year up to March 2016, according to police recorded crime data, there were seven cases of "intentional destruction of an unborn child "and seven of "procuring illegal abortion."

Further legal considerations

Where abortion provision is lawful it is subject to further regulations and standards [8] by the Care Quality Commission.[9]

The Abortion Act 1967 does not apply to Northern Ireland except in the case of fatal foetal abnormality and sexual crime (rape and incest). Judicial Proceedings were brought by the Human Rights Commission that the law was too restrictive in contravention of Article 8 of the European Convention on Human Rights - the right to respect for private and family life. The outcome was that it was the responsibility of the Northern Ireland Assembly to amend the law or not.

The decriminalisation of Abortion.

In February 2017 the BMA published a discussion paper on the decriminalisation of Abortion in preparation for the debates as to whether the BMA should support decriminalisation at the Annual Representative Meeting in June 2017.

The decriminalisation of abortion would mean that it is no longer a criminal offence. It would remain a medical or surgical procedure provided essentially for social reasons. The implications of full decriminalisation to birth would be considerable and would lead to an increase in abortions.

Use and supply of abortifacient drugs

It would no longer be an offence either for the woman herself or any other person to procure an abortion. In January 2017 in Belfast a woman who had bought abortifacients for her daughter faced prosecution, subject to judicial review. "Woman who bought abortion pills for daughter can challenge prosecution".[10] In another case a man procured abortifacients for his wife who was 16-17 weeks pregnant with a view to procuring a termination.[11] When the woman discovered the intention she left her husband and had the child. Similarly there have been cases involving the self-administration [12] and supply to others of abortifacients. [13] In 2012 a woman induced her own miscarriage close to term with the use of Misoprostol after 24 weeks and when natural delivery was imminent. It was described as "a cold calculated decision that you took for your own convenience and in your own self interest alone." According to the judge, she could have been charged with abortion or the crime of child destruction. The judge commented in his sentencing that "There is no mitigation available by reference to the Abortion Act, whatever view one takes of its provisions which are, wrongly, liberally construed in practice so as to make abortion available essentially on demand prior to 24 weeks with the approval of registered medical practitioners. What you have done is to rob an apparently healthy child *en ventre sa mere*, vulnerable and defenceless, of the life which he was about to commence." [14]

The use of abortifacient drugs would be permissible. These are already widely available on the Internet and other sources. It would no longer be an offence for a husband or partner to procure an abortion surreptitiously, although the administration of abortifacients itself would be an assault

on the woman, though not a criminal offence involving the pregnancy.

The General Pharmaceutical Council had proposed a change to the right of Pharmacists to conscientious objection with respect to the provision of abortifacients. There was a public consultation in 2017 to remove the right to refuse to supply abortifacients and a duty to refer in favour of "patient centred care." In the event the right of conscientious objection of Pharmacists was not removed in the updated Guidance. [15] Mr Duncan Rudkin, CEO, said ""This guidance is intended to reflect the broad range of situations when a pharmacy professional's religion, personal values or beliefs might impact on their willingness to provide certain services. It will support pharmacy professionals to make good decisions and provide person-centred care, within the legal framework." The Guidance itself stipulates "Employers must also keep to the relevant employment, human rights and equalities law, and must not discriminate against pharmacy professionals because of their stated or perceived personal values or beliefs, including religion." In the submission of the Catholic Medical Association (20.03.17) we stated that "Freedom of conscience is essential for the freedom of every human being and should be recognised in professional practice and safeguarded by law. No authority has the right to interfere with a person's conscience. Conscience bears witness to the unique importance and freedom of the individual and as such is inviolable.... A necessary precondition of all ethical clinical practice is that the practitioner acts with integrity according to objective standards.... Pharmacists must be able to maintain their integrity and consciences and to decline to participate in care that they reasonably believe to be harmful to the patient or to others."The decriminalisation of abortion is likely to remove the right of conscientious objection as it would become a social rather than a medical issue except where there was a claim for the misuse or supply of abortifacients in clinical negligence.

Assault on pregnant women

The crime of child destruction arose because of the need identified by Lord Atkin to fill a legal lacuna."[16]

"The gap is that, whereas the mother of a child who kills it after it has a separate existence is guilty of what was the crime of murder and is now the lesser offence of infanticide, yet, if she kills the child in the actual course of delivery or within such a short time afterwards that it has not had and cannot be proved to have had a separate existence, it is not an offence.".

Assault on a pregnant woman may induce a miscarriage, however it would not constitute procurement of an abortion if this was decriminalised. However the crime of manslaughter or even attempted murder would persist if the child was born alive and subsequently died. Therefore, a more severe assault that prevented a live birth would not constitute abortion and might obviate the potential for manslaughter by preventing the birth of a living child. The assault on the unborn child could be physical or pharmacological. Abortifacient drugs could be used without the knowledge of the mother who might consider that she was experiencing a natural "miscarriage".

Embryo experimentation

It would seem likely that decriminalisation of abortion would reduce the rights and confuse the legal indentity of the embryo and unborn child. If the embryo was no longer considered a human person, experimentation on embryos is likely to be extended. The human embryo would have less legal protection than a laboratory animal as it would be regarded as no longer human. It would be easy for the in vitro embryo to be used as an experimental entity for genetic research, studies on embryonic development, pharmacological research and drug testing. There is a risk that embryonic research would benefit the development of lucrative patents and the embryo would simply be seen as an object in research. This was seen in the lucrative patents arising from germ line genetic research and the development of gene editing techniques.

Foeticide

Foeticide is already permitted under the 1990 HEFA Act for congenital abnormality or "pregnancy reduction" prior to an induced miscarriage. This usually involves an injection into the foetus in utero following which there is a "natural" or induced miscarriage. Foeticide for other reasons would also be legitimised up to the time of birth if abortion was to be decriminalised.

The legal acceptance of foeticide raises novel issues with the advent of intrauterine treatments including surgery. If a viable foetus undergoes intrauterine surgery for the correction of a congenital abnormality e.g. a heart defect and it is successful, the child could then be either delivered at the completion of the surgery by dividing the umbilical cord or returned to the womb for later parturition. In this instance the unborn child becomes a patient subject to a therapeutic procedure which might cause lasting benefit in later life. Consent would have been obtained from the mother on behalf of the unborn child, notwithstanding any agreement, or disagreement, from the father. However, what would the situation be if the surgery was to fail? Would foeticide or abortion be permitted? Since foeticide is currently permitted in the case of congenital disability up to birth, the answer would appear to be in the affirmative. Conversely, would the surgeon be obliged to end the life of the unborn in the event of failed surgery if this was the wish of the mother? Would the surgeon be obliged to perform foeticide rather than allow the child to be born with a disability? Would the surgery occur with this contingency and might the surgeon be considered negligent, with the prospect of extensive damages, if foeticide did not occur? Would this also apply for minor defects which were poorly corrected or worsened by attempts at surgical correction?

If prenatal foeticide becomes permissible for 'failed' surgery or other interventions, what logically would prevent perinatal euthanasia for failed intrauterine surgery, or indeed for perinatal disability discovered at birth? What would this mean for disability discrimination and attitudes towards those who are disabled if they could have been destroyed shortly before (or after) birth for their disability? What, if any limit or threshold would be placed on foeticide or active post-natal euthanasia?

Conscientious objection to abortion and foeticide

The decriminalisation of abortion would mean that it would be regarded as a social issue though performed as a medical procedure. Therefore, doctors and midwives could be sued for not performing foeticide or abortion competently and the rights of doctors to conscientious objection would be seriously undermined as abortion and foeticide would no longer be crimes at all. There would be moral confusion over the meaning of the rights of the pre-born or immediately post-natal child.

Post-natal euthanasia and infanticide

The issue of foeticide will inevitably raise the question of the rights of the unborn and the neonate. If foeticide is legal immediately before birth, why not euthanasia immediately after delivery? What is the moral distinction if any between immediate pre- and post-natal existence? What legal or moral change happens at birth? Would the prospect of a requirement for abortion or foeticide not deter the development of prenatal therapies and the development of foetal medicine?

The judgment of Lady Hale in the Glasgow Midwives case [17] at paragraph 16 was chilling as it indicates a clear understating of the legal and moral issues involved when the child after foeticide is treated as a stillbirth with the possibility of bereavement and burial.

"When a patient undergoing a termination is admitted to the Labour Ward, a midwife will be assigned to give her one to one care. This will involve all the usual care of a patient in labour and giving birth – monitoring her condition and stage of labour, pain relief, toileting, delivering the foetus and placenta, supporting the patient and her family through an emotional and upsetting experience, and making the arrangements for the baby once delivered. These will depend upon the family's wishes, but may include helping them with, for example, taking photographs and making funeral arrangements."

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2. The Human Embryology and Fertilisation Act 1990 section 1 (a) states that "In this Act, except where otherwise stated-(a) embryo means a live human embryo where fertilisation is complete." Otherwise stated refers, inter alia, to the discretion of the Secretary of State. Under the HEFA 1990, the meaning of "mother" is define as "The woman who is carrying or has carried a child as a result of the placing in her of an embryo or of sperm and eggs, and no other woman, is to be treated as the mother of the child". However, to add to the confusion and enjoyment of the topic, the Human Tissues Act 54 (7) states "For the purposes of this Act, material shall not be regarded as from a human body if it is created outside the human body. Section 31 45(A) (b)section 4 A(11) (power to amend definition of "human admixed embryo" and other terms).
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UNITED NATIONS FAILS TO USE ITS OWN LOGIC IN DEFENCE OF THE UNBORN

COMMENT BY DR PHILIP HOWARD

The United Nations Human Rights Committee (UNHRC) has put forward a draft document for consultation to make fundamental changes to Article 6 of the International Covenant on Civil and Political Rights (ICCPR).

The UNHRC proposals challenge the fundamental human right to life. The following is an abridged version of the response of the Catholic Medical Association to the proposal.

There are six foundational principles of the right to life under the UN Declaration of Human Rights (1948), upon which subsequent conventions, including the ICCPR, are based. These are that the right to life is inherent, inclusive, equal, inalienable, indivisible and universal.

The right to life is inherent to all living human beings by virtue of their humanity and membership of the human family. Article 6 of the ICCPR recognises the right to life of all human beings without distinction of any kind: 'Every human being has the inherent right to life.' The human embryo, formed at conception, is a genetically unique, living, individual from conception with a self-contained power to direct and organise his or her own development and formation as a human being. With the advent of 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.

Since the fundamental right to life is inherent it can neither be conferred nor removed by government or any external authority. The right to life is the basis for the enjoyment of all other human rights and is the foundation for freedom, justice and peace.

Inclusivity means that the rights refer to 'everyone' and 'every person' without discrimination. The UN Declaration does not make a distinction between human beings, who are all members of the human family and therefore all are human persons. The definition of some human beings as 'non-persons' is deeply problematic but has been a means of denying individuals their rights, 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, Native American Indians, slaves, aboriginal populations and Jews. Sadly, unborn children, especially those who are disabled, are increasingly regarded as the modern equivalent of human 'non-persons'.

'Inalienability' refers to rights that cannot be removed, destroyed, transferred or renounced even by the individuals themselves, their parents or society. 'This right shall be protected by law. No one shall be arbitrarily deprived of his life.' *(Article 6 of the ICCPR).*

Nevertheless, the inalienability of the fundamental right to life is under threat by abortion and assisted suicide/euthanasia.

'Equality' means that no human beings are 'more equal' than others but that everyone has equal rights and dignity as members of the human family. 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. Finally, the inherent right to life is indivisible and cannot be sacrificed or denied in order to enhance the rights of others.

The fundamental human right to life which underlines the inherent dignity, worth and inalienable rights of all human beings, must be protected by law. Finally, human rights are universal to be upheld everywhere and at all times irrespective of culture.

The fundamental principle of the right to life of all human beings is breached in the case of abortion, foeticide, infanticide, assisted suicide and euthanasia.

Nevertheless, the UN Human Rights Committee (UNHRC) is proposing fundamental changes to Article 6 with respect to abortion, assisted suicide and euthanasia. The UNHRC advocates widespread access to abortion services almost as of right for pregnant women. It states: '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.'

'Safe access to abortion' would replace the state's obligations to provide proper antenatal care for mothers and their unborn children with difficulties. Sadly one-in-five pregnancies in Britain now end in abortion, which 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, foeticide, gender selective abortion, pregnancy reductions and 'eugenic' abortion. 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 further pave the way for the use of human embryos as experimental subjects, for the development of gene editing and germline therapies and commercial exploitation ofembryo research. Nevertheless, in 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.'

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. 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 programme with its proper finality.' The continuity of embryonic development 'does not allow us to posit either a change in nature or a gradation in moral value.' ***(as set out in Congregation for the Doctrine of the Faith, Dignitas Personae, 2008)***. 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?' ***(Donum vitae, 1987; an instruction issued by the Congregation for the Doctrine of the Faith)***

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 UNHRC also advocates that 'States' parties must [or 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.' This would endorse 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.

The proposed changes to Article 6 by the UNHRC contradict the fundamental underlying principles that inspired the UN Declaration in 1948 and fail 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 inalienable rights of all human beings, both before and after birth, must continue to be respected by the United Nations under Article 6. 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.

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. •

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

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PAPERS

A CASE AGAINST SURROGACY

AGNETA SUTTON

The Economist recently carried a leader article in support of gestational surrogacy[1] The leader recounts the story of Natalie Smith, who was born without a uterus but with working ovaries. It tells how 'with the help of in vitro fertilisation (IVF) and gestational surrogate – a woman willing to carry a baby for someone else - she and her husband were able to have children genetically related to both of them'. Mrs Smith is described as 'lucky to live in Britain, one of just a handful of jurisdictions where surrogacy is governed by clear (though restrictive) rules'. And we are told that the surrogate, Ms French, 'was motivated by her own experience of infertility between her first and second children. The experience created a lasting link: she has stayed friends with the family she helped to complete and is godmother to the twins.' The story is by all appearances a happy one.

Nobody would begrudge Natalie Smith the happiness of motherhood. But the rosy picture of surrogacy given above is but a snapshot of one apparently happy family. The controversial aspects of surrogacy are left out. *The Economist* leader fails to take note of the ethical considerations that surrogacy commodifies and depersonalises women and children, and that by fragmenting motherhood it places children in an ambiguous familial position.

The article in The Economist refers only to gestational surrogacy, so no distinction is made between traditional and gestational surrogacy. Traditional surrogacy is like that described in the biblical story of Hagar and Sarah. Hagar was impregnated by Abraham, Sarah's husband. In the case of traditional surrogacy, the surrogate is the genetic mother of the child, not so in the case of gestational surrogacy. Today gestational surrogacy is the most common form of surrogacy, because it allows heterosexual couples to have children who are genetically their own. In the case of the gestational surrogacy the surrogate carries a couple's IVF baby to term. On the other hand, in the case of traditional surrogacy the female party of a heterosexual couple is in a similar a situation to that of an adoptive mother inasmuch as she becomes the social mother of a child who is not genetically her own.

Adoption is, however, very different from either kind of surrogacy. The adopted child is not normally commisioned and brought into the world for the purpose of being given away. By contrast, surrogacy arrangements, whether gestational or traditional, are contractual arrangements whereby a woman undertakes to carry a child and hand it over to the commissioning party (or parties) after birth. Since the child is created specifically for the purpose of being transferred from one party to another, it is treated as a commodity. That the child might be greatly welcomed and dearly loved does not alter this.

The wrong of treating the child as a commodity is especially obvious in the case of commercial surrogacy. As Michael Sandel, Professor of Government at Harvard, says: 'Even if buyers did not mistreat the children they purchased, a market in children would express and promote the wrong way of valuing children. Children are not properly regarded as consumer goods … '.[2] Indeed, so to treat them is degrading. Whether the surrogacy is of the gestational or the traditional type and whether it is of the commercial or the altruistic kind, the child is treated as a commodity, since it is gestated by one party for another.

Not only do surrogacy arrangements commodify children, they also commodify women. Again this is most obvious in the case of commercial surrogacy. If the surrogate is hired for a fee to carry a child to term, she is hired simply as a gestational incubator. Today rich couples from industrialised countries may travel to Asia or Africa where, with the help of an agency or clinic, they hire a woman to carry a child for them. The health of the surrogate may be of interest to them, but only because they want a good baby-making machine. Most probably the couple want no further contact with her once she has delivered the desired goods, the child.

Undeniably, the commercial surrogate might need and welcome the money. But the fact remains that she is selling room in her womb and thus allowing her womb, and thus herself, to be used as an incubator, which is self-degrading. And if is she is in dire need of money, the commissioning couple is taking advantage of her disadvantaged position. They are exploiting her.

It might be less obvious that an altruistic surrogate is allowing her body to be used in a way that amounts to self-degradation. But she too is allowing others the use of her body as a gestational incubator. Like Ms French who carried twins for Natalie Smith, she might be befriended by the couple, and as such treated as a person. But this does not alter the fact that the surrogate allows her body, and thus herself, to be treated as property that might be sold, hired or given away.

In his *Second Treatise of Government*, published in 1690, John Locke speaks of two different concepts of property or ownership. One relates to the Biblical concept of stewardship and life as a gift from God. It refers to the gift of life and limb. The other is that of an

exchangeable commodity.

With reference to the former Locke writes that 'we are all the work of one omnipotent and infinitely wise maker and that therefore 'everyone is obliged to preserve himself' and that 'no one may take away or damage anything that contributes to the preservation of someone else's life, liberty, health, or limb…'[3] Our ownership of this gift from God is not to be sold or given away. By contrast, as Locke tells us, property in the sense of a commodity is linked to human production and labour and is of a kind that is marketable.[4] You can sell it or give it away to someone else.

Whichever the kind of surrogacy, the surrogate allows her body to be treated as a commodity, rather than as a gift over which she has been granted stewardship. The surrogate may, however, seek to alienate herself from her body and from what goes on within it. Indeed, the surrogate is obviously not supposed to think of the child as hers. That the surrogate is meant to dissociate herself from what happens in and to her body supposes a dualistic understanding of the human person. But our bodies are integral parts of ourselves. What happens to or within your body intimately concerns yourself.

The Economist leader claims that 'recent studies show that it is extremely rare for a surrogate to change her mind and seek to keep the baby'. There is no reference to the studies in question. But the leader suggests that the separation between the surrogate and the child is unproblematic. This is to deny the bonding that normally takes place between mother and child during pregnancy. It is to brush over the pain that might be felt by the surrogate when she is severed from the child she has carried to term.

But why do some surrogacy agencies charge for the counselling of surrogates,[5] if surrogates find the separation from the child easy? Indeed, according to the Iona Institute, a Catholic think-tank in Ireland, 'not only do surrogates need to tell themselves from the beginning that the pregnancy is merely a business relationship in order to ease their pains of relinquishment, they need the aid of a support group to constantly psychologically condition and affirm the mindset throughout the pregnancy'.[6]

It should also be added that there have been a number of legal disputes between surrogates and commissioning parents. The most publicised one is the American case of Baby M. In 1986 Mary Beth Whitehead, a traditional surrogate, gave birth to a baby, Baby M, for William and Elizabeth Stern. Following its birth the baby went backwards and forwards between Mary Beth Whitehead and the Sterns for two years until the Sterns eventually were granted custody of the child, while Mary Beth Whitehead was granted unsupervised visitation rights.

Of course, on the traditional understanding of motherhood, a woman who, like Mary Beth Whitehead, gives birth to the child is the child's mother. However, both traditional and gestational surrogacy severs social motherhood from birth motherhood. Both kinds of surrogacy fragment motherhood. It might be argued that social motherhood is of greater significance than biological motherhood. But the very observation that couples prefer gestational surrogacy, which gives them a child who is genetically their own, shows the importance attached to the biological links established by genes. Is the biological link between mother and child established by birth any less important? Surely not! And both gestational and traditional surrogates are birth-mothers.

As birth-mothers both gestational and traditional surrogates give life. What can be more significant? No role is more important for the provenance of the child than that of its birth-mother. It is to her - more than to anyone else - that the child owes the gift of life. The birth mother is no mere incubator, and the child is not a mere chattel.

Dr Agneta Sutton (PhD)

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[5] According to the Iona Institute in Ireland, the Center for Surrogate Parenting, which arranged the surrogacy of Elton John's sons, charge its customers over $5000 for the counselling of surrogates. See, the Iona Institute, The Ethical Case Against Surrogate Motherhood: What can We learn from the Laws of Other European Countries, The Iona Institute, 2013, 1, A, 2.
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FAITH IN MEDICINE

CONSCIENCE – LESSONS FROM HISTORY, SCRIPTURE AND FICTION

DR DERMOT KEARNEY MRCP

In the movie ***Silence***, released in the UK in January 2017, director Martin Scorsese explores the issues of religious belief, conscience, state oppression of religious practice, the personal and social consequences of defying secular authority and apostasy. The film is based on an earlier novel of the same name from 1966 by Japanese author Shusaku Endo. Like Scorsese, Endo was also a baptised Catholic.

The story is set in the area around Nagasaki in Japan in the early 17th century, a time of brutal persecution of Christians in Japan. At various stages from the 1620s onwards the Japanese people were required to renounce Christianity. They could prove that they were not followers of Christ by performing a simple act of renunciation whereby they were obliged to trample upon a carved image (the ***fumie***) of Christ or The Blessed Virgin Mary. The act was performed in public before governing officials. In some cases, the civilian under suspicion was only required to lightly step on the image to obey the edict. The authorities had learned that the best way to stop the spread of Christianity and suppress the alien religion was to encourage apostasy. This was attempted through the widespread introduction of brutal methods of torture and execution including prolonged methods of suffocation, crucifixion, scalding and burning at the stake.

In ***Silence***, the story focuses on the personal agony of a Jesuit priest who initially refuses to apostasise as he is prepared to suffer and die for his faith. He is forced, however, to reconsider when he learns that others are being mercilessly tortured because of his obstinacy.

While ***Silence*** is a work of fiction it is based on well-documented historical facts. Some of the original fumie images, in stone and wood, have survived. We commemorate the martyrdom of thousands of Japanese Christians on 6th February, the feast day of St Paul Miki and companions. The penalty for Christians refusing to renounce their faith was a cruel and prolonged death. The reward for apostasy, for a simple stepping-stone procedure, was a pardon and the sparing of earthly life.

The persecution of Christians, of course, did not begin in seventeenth century Japan. In the early years of Christianity there were sporadic, state-sanctioned efforts to suppress the new religious sect by the mighty Roman Empire. Christians were considered a threat to society as their loyalty to the state was in doubt and they would not conform to some traditional Roman pagan practices or uphold some traditional Roman pagan values. As a test of loyalty to the state, citizens were sometimes required to offer sacrifice to the Roman gods or declare their belief in the deity of the Emperor. In some cases, this could simply mean an offering of one or two grains of incense to the pagan gods. Christians who wished to remain faithful to Christ could not co-operate with such requirements. Conscientious objection, however, was not an option open to them. The calendar of Saints recognises the ultimate sacrifice and martyrdom suffered by many of these early Christians such as St Agnes, Saints Perpetua and Felicity and Pope St Sixtus II and companions. Their stories relate how they suffered and died rather than renounce their faith. Their lives would have been spared by obeying the law and carrying out relatively simple pagan acts ordered by the state.

In the Old Testament, God's chosen people, in several eras, were subject to conquest and persecution by a variety of worldly powers. In the second book of Maccabees, during the period of Greek domination and suppression of Judaism, one of the great stories of faith and courage in scripture is recounted. We read that "seven brothers and their mother were arrested and were being compelled by the king [Antiochus], under torture with whips and cords, to partake of unlawful swines' flesh". They could have demonstrated their loyalty to the new rule of law and renounced their Judaic traditions by simply eating pork. After the first six brothers had been brutally tortured and executed the youngest brother was strongly advised to avoid the folly of his siblings. "Antiochus not only appealed to him in words, but promised with oaths that he would make him rich and enviable if he would turn from the ways of his fathers, and that he would take him for his friend and entrust him with public affairs." The values and delights of the world can be alluring and persuasive. It is written that the young man, however, ignored the promises of the king after consulting with his mother and bravely proclaimed "What are you waiting for? I will not obey the king's command, but I obey the commands of the law that was given to our fathers through Moses…"

After informing the king of the eternal punishment that lay ahead for him, this youngest brother was rewarded with a death even more cruel than that endured by his older brothers and "he died in his integrity, putting his whole trust in the Lord" *(2 Maccabees, chapter 7)*.

There are many examples of attempts to persuade recusant Catholics to renounce the "Old Faith" and accept the new Anglican version of Protestantism in Elizabethan England. Catholics could avoid harsh penalties and demonstrate their allegiance to the new cult by attending Anglican services. Some, perhaps most famously St Margaret Clitherow, suffered cruel deaths for the more serious offence of harbouring Catholic priests when they could have saved their lives by publicly abandoning their Catholic faith. St Margaret was crushed to death with a large sharp stone strategically positioned under her back to ensure excruciating pain at York on Good Friday 1586. It is alleged that she was visited by several Protestant

ministers in her final days with offers that she could receive a full pardon and freedom if she would only renounce the Catholic faith and embrace Protestantism. She was a convert to Catholicism while her husband had remained a member of the Established Anglican church. She declined the offers to renounce her faith and suffered a martyr's death.

In the highly-acclaimed, modern fiction series ***I am Margaret***, author Corinna Turner presents a futuristic society in which all religious belief is banned. To be discovered to be a believer carries a mandatory death sentence with execution by the barbaric method of dismantlement. For ministers of religion and those found guilty of spreading "superstition" to others execution by Conscious Dismantlement is particularly horrific – a futuristic version of practices already known to us from history in the cruel executions by hanging, drawing and quartering and also by the death of a thousand cuts. In Turner's world, the condemned can save themselves and avoid such horrific treatment by the Divine Denial, simply declaring "There Is No God."

It is not only Christians who have suffered and died for their faith through the ages. To our shame, we must accept that Christians, including Catholics, have been responsible for the torture and death of Jews, Moors and others who haven't shared our beliefs. Forced conversion has occurred. As in the Maccabees story this "conversion" to Christianity could be demonstrated by simple acts such as the eating of pork or by simple attendance at religious services.

Fortunately such abuse of power by Catholics does not seem to occur today. Christians, on the other hand, continue to be persecuted for their beliefs in many parts of the world, perhaps most notably in recent times by Islamist forces in northern Iraq and Syria. There have been many substantiated reports of torture and execution of Christians and other minorities for refusing to convert to Islam. In some cases, where death has been avoided, survivors have had all possessions confiscated while others have been subjected to the re-introduction of the unjust Jizya tax. This is a payment by non-muslims to muslim rulers allowing them to remain alive, allegedly under protection, in a muslim-controlled society.

The lesson to be learned from these examples from history, scripture and fiction is that people, in all ages, have been cruelly treated for trying to practice their deeply-held and legitimate religious beliefs. Attempts are made to force others, sometimes by extreme cruelty and bullying, sometimes by more subtle, even seemingly benign and gentle gestures, into renouncing their faith and into acting in ways contrary to conscience.

There are situations facing healthcare workers today where they are pressurised to participate in practices that are contrary to their religious beliefs and where failure to do so can result in various penalties and punishments. Sometimes the pressure exerted on personnel to be complicit in morally illicit activities can be overwhelming. Sometimes this pressure is of a psychological nature; sometimes it takes the form of outright bullying with threats of grave punitive sanctions. Junior doctors expected to prescribe contraception or pharmacological agents used in the induction of abortions are told "you only have to write the prescription, you don't actually have to give the drug…" Pharmacists are pressurised into making direct arrangements for clients requesting "emergency oral contraception" to ensure that the drug is administered to them in a timely and convenient fashion. In some cases they are bullied to actually personally dispense the drugs. Failure to comply can result in dismissal. Medical secretaries are bullied into typing referral letters for abortion under a similar threat that they will lose their job if they refuse to do so. Nurses are pressurised into assisting at sterilisation and abortion procedures even though they request to be excused from such participation by a process of "reasonable accommodation". Doctors who wish to pursue careers in reproductive and maternal care are told that they cannot continue in this profession "in this country" if they will not participate in abortion, contraception and IVF provision.

There can be little doubt that people of faith, especially Catholics, are still being asked to renounce their faith or else suffer the consequences in the UK in the 21st century. There is a very close analogy between Catholics capitulating to the demands of secular authority and participating in activities contrary to Church teaching and Catholics who agreed to reject Christ and step on the fumie in seventeenth century Japan. Complicity with abortion, contraception provision, euthanasia and assisted suicide, for example, can be regarded as the fumie of today. If Catholics are seen to be willing, for whatever reason, to participate in practices that are contrary to the teachings of Christ and His Church it sends out a very powerful signal to others. Many may be influenced adversely by such scandal. Many souls are at risk of being lost. A courageous and stubborn refusal to be complicit with evil is vital for the salvation of many souls, not least our own.

In Matthew's Gospel (chapter 10) Jesus addressed the twelve apostles with the following words: "Do not be afraid of those who kill the body but cannot kill the soul; fear him rather who can destroy both body and soul in hell." He goes on to give encouragement but also a warning. "So if anyone declares himself for me in the presence of men, I will declare myself for him in the presence of my Father in heaven. But the one who disowns me in the presence of men, I will disown in the presence of my Father in Heaven."

Those who try to enforce compliance with regulations contradicting the teachings of Christ are at risk of placing themselves in a very precarious position comparable to the position held by Roman emperors and seventeenth century Japanese magistrates, King Antiochus and many other despots throughout the ages. How about those who, for whatever reason, feel they must comply with unjust and immoral laws for the sake of retaining a job or some other social standing and, in doing so, collaborate with injustice? The warning from Our Lord seems very clear for those who would deny Him "in the presence of men".

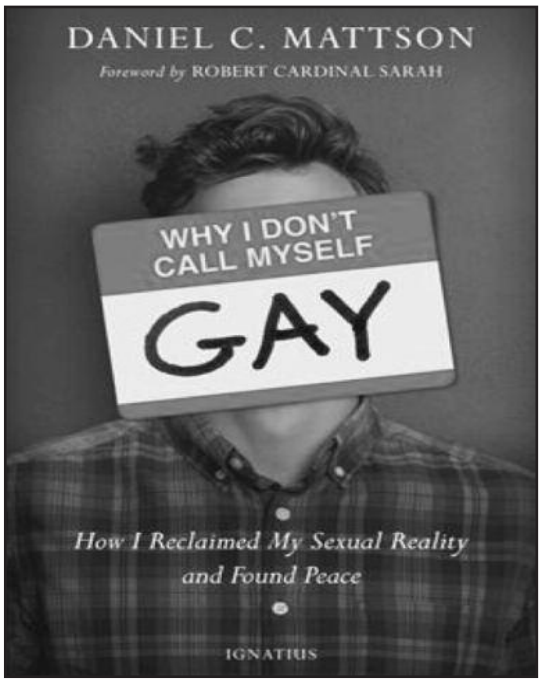
The question arises as to whether or not Catholics or other conscientious objectors should be allowed to deny services that are legal and sanctioned by the state to others. On the other hand, should Catholics be forced to act against their conscience and run the risk of losing their souls to satisfy

the wishes of those who don't share their faith? Do practising Catholics now represent a danger to modern society as had been formerly perceived in ancient Rome or seventeenth century Japan? If the answers to these questions falls on the side of denying healthcare workers the right to practice their profession in full conformity with their conscience and with the established teachings of their religion it implies that there is no role for Catholics and others with conscientious concerns in many aspects of medicine, nursing and pharmacy. There are many who would welcome the removal of Catholicism from all aspects of public life and service. Would this be fair to members of the public who specifically wish to be served and attended by personnel who share their own values and beliefs? The exclusion of Catholics or other Faith groups from some areas of public service would be a blatant attack on the whole notion of Equality and Diversity, one of the sacred cows of modern secular society. There are no simple answers that will satisfy everyone but these are questions that will need to addressed by our society for many years to come.

BOOK REVIEWS

WHY I DON'T CALL MYSELF GAY. HOW I RECLAIMED MY SEXUALITY AND FOUND PEACE

REVIEWED BY PRAVIN THEVATHASAN



By Daniel C. Mattson Published by the Ignatius Press

This is a wonderfully compassionate work. The author, a professional musician, writes extremely well. He once believed he was "gay" and he lived that lifestyle until he discovered the fullness of the Catholic Faith. It is clear from reading this that he holds no animosity whatever towards anyone in the "gay" community. What I believe he is saying is that we are all called to sanctity irrespective of sexual orientation. His message is the same as that of the great Fr John Harvey, founder of the organisation Courage. Unlike the New Ways Ministry, a dissident organisation promoted by Jesuit Father James Martin, Courage is totally Catholic.

So, what is the message of Courage? It is the same as in the Gospel: God loves us, He cares for us and He calls us by name. God does not identify us simply by our sexual orientation, so why should we?

The first part of the book gives the life story of the author. He "came out" as "gay" until he sensed that God was calling him and had a plan for him that could not be found within the "gay" community or, presumably, any other merely secular community for that matter. And so he found his home in the Church.

This section is followed by a reflection on the God who calls us. It is God who calls us to sanctity and to chastity. The vocation of chastity is, of course, not limited to those with same sex attraction and is a vital message for all of us. The true nature of friendship is discussed as well as the challenges of loneliness. How do we obtain union with God? By living out our Catholic faith and by living the virtues including those of humility and magnanimity.

There are a certain number of Catholics who identify as "gay" and who are loyal to the teachings of the Church. We ought to treat them with great respect. However, I agree with Mattson when he says that the label "gay" does not in fact describe the person. God loves persons, not inclinations.

We are called to chastity. With humility and courage, Mattson describes the temptation of pornography and ways of overcoming its lure. What is the nature of friendship? Is it something less than romantic relationships? Mattson reminds us that all authentic friendships can never be self-seeking.

What does the Church mean when it describes the homosexual inclination as a disorder? Mattson makes it clear that the Church never teaches that homosexual persons are disordered.

One of the best sections of the book is on the wisdom and examples of the saints: Basil, Augustine, Ignatius of Loyola and Alphonsus Ligouri.

The conflict within the Church is surely not between orthodox Catholics who identify as "gay" and those who do not. It is between orthodox Catholics and the Father Martins of this world who feel that they have been empowered since 2013. When the Father Martins of this world receive endorsements from the likes of Cardinals Joseph Tobin and Kevin Farrell, they have every reason to feel empowered.

A good reason to promote this excellent book.

REPORTS

CATHOLICS IN HEALTHCARE: EXTRAORDINARY LIVES, EXTRAORDINARY SAINTS

DONATO TALLO

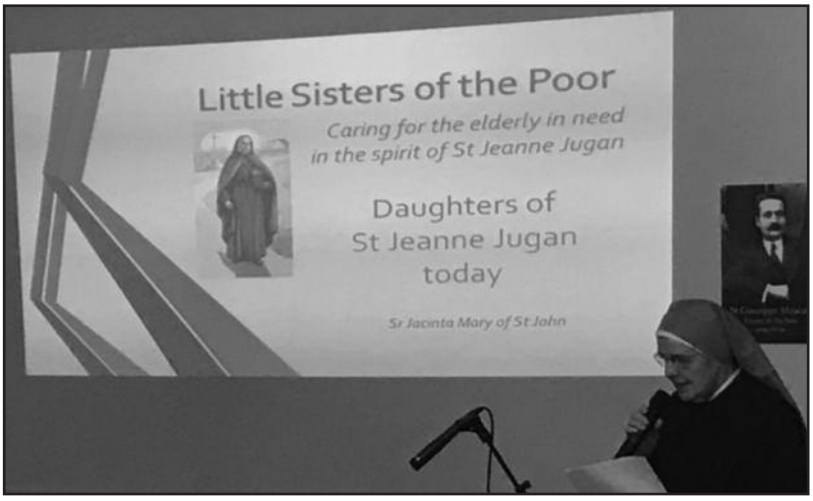
On Saturday, 4 November 2017, the feast day of St Charles Borromeo, a conference entitled 'Catholics in Healthcare: Extraordinary Lives, Extraordinary Saints' was held at the Church of St Aloysius in Euston, central London. The conference which was organised by the New Evangelisation Group of the Catholic Medical Association was primarily aimed at young Catholic healthcare workers and it was fitting that the conference took place in the smart hall underneath the church named after the patron saint of young people.

Despite the somewhat damp and drizzly day there was a very good attendance with various pro life charities,ethical groups and religious orders represented. The Catholic Medical Association and the New Evangelisation Group who organised this event are very grateful to the Parish and the Parish Priest of St Aloysius for the use of the premises and for sponsoring the event.

The afternoon event began with an emotive and interesting talk by Dr Swee Ang who spoke very openly about her experiences of working as a surgeon in war environments.

After an enjoyable light lunch a young nurse spoke very eloquently on the history of nursing and on core values of nursing practice. Mary Doogan, a pro life midwife then spoke both in general terms about Catholics working in the healthcare sector and also her personal experiences of upholding pro life views as a midwife in a professional clinical environment.

Finally the day ended with a most humorous and very inspirational talk from the Mother Superior of the Little Sisters of the Poor who have a base in South London.



She spoke about the work the sisters and lay staff undertake with the elderly and infirm. The ethos and culture of the work undertaken by the Little Sisters of the Poor is to see the face of Christ in all those they come into contact with, even if at times behaviours and actions of other can be challenging through illness or infirmity, she eplained.

Events such as this one organised by the Catholic Medical Association are a fantastic opportunity for young Catholics working in the healthcare sector to meet, nework and share fellowship while having the opportunity to listen to inspirational speakers talk on a wide variety of different ethical, moral and practical subjects.

This article was first published in Independent Catholic News on 5th November 2017.

JOINT ETHICO- MEDICAL REPORT 05.11.17

DR PHILIP HOWARD. MA GDL LLM MA MD FRCP.
PRESIDENT OF THE CATHOLIC MEDICAL ASSOCIATION.

General Pharmaceutical Council Consultation (Conscientious objection).

The General Pharmaceutical Council sought to change the Ethical Code for Pharmacists. This would have moved the Ethical Code away from an objective ethic, which seeks to ensure the health, wellbeing and safety of patients and to maintain the trust and confidence of the public. Instead, it is now promoting patient-centred care with a subjective ethic, which seeks to satisfy the wishes of the client requesting Pharmacy services. This proposed that Pharmacists *"recognise their own values and beliefs but do not impose them on other people [and] take responsibility for ensuring that person-centred care is not compromised because of personal values and beliefs."* The Council recognised that this would be a significant change from the current position and goes on to state that *"a referral to another service provider might not be the right option, or enough, to ensure that person-centred care is not compromised."*

The Council published its Guidance on 22nd June. It makes it clear that referral is still an option, except where a service is not accessible or available elsewhere. This means that in the overwhelming majority of cases Pharmacists can still exercise their right of conscientious objection. This will have favourable repercussions for other healthcare professionals.

UN Human Rights Committee consultation on Human Rights (Article 6 of ICCPR: Right to Life).

The UN Human Rights Committee has recently consulted on Article 6 ('Right to Life') of the International Covenant on Civil and Political Rights.

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

Inclusivity means that the rights refer to "everyone" and "every person" without discrimination.

Inherent means that all living 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 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 ICCPR. There is a definite move to regard abortion, assisted suicide and euthanasia and other forms of medicalised killing as human rights. If Article 6 were to be changed, this would require both a two thirds majority at the UN and endorsement by individual Member States. Nevertheless, there is a concern that the UN is also pushing the agenda of "safe abortion" as a means of population control and there is a growing move towards "eugenic" abortions in the case of Down's syndrome and other congenital conditions. There is also a persistent move towards assisted suicide and euthanasia.

Dr Philip Howard MA GDL LLM MA MD FRCP is President of the Catholic Medical Association.

CORRESPONDENCE

AMORIS LAETITIAE

FROM DR MARGARET SEALEY

Dear Editor,

We live in confusing times, when it is very easy to fall into sexual sin. Pope Francis is all for teaching the 'theology of the body' of Pope Saint John Paul II, which gives us very good reasons for living chastely, arming us against sin: we should also frequently make use of the grace of the sacraments.

What should be done with those who have fallen into the sin of divorce and remarriage? It is difficult for those with new families and responsibilities to extricate themselves: even more damage to spouses and children would be caused. It seems to me that what Pope Francis is saying (and I have read and annotated the whole document) is that there are cases where, with guidance from their pastors, on acceptance of the Church's teaching, examination of conscience and repentance, it would be possible for those in anomalous situations to come back to receiving the sacraments. Like all of us sinners they need them.

Yours sincerely,

Editor's comment

We agree that Pope Francis has taken a very pastoral approach on these matters. But on careful analysis we think that he has not, in the end, changed Church teaching on these matters. The ambiguities which you point out are seen by many others besides yourself. In one sense at least, your letter sets out why some Cardinals wrote the "Dubia" to Pope Francis on this matter. For our part, as doctors and culturally influenced as professionals by the Good Samaritan we too must earnestly seek what is right, reject what is wrong and then seek to deliver that with great pastoral skill.

We rather suspect that doing that is far easier for doctors and nurses working in health-care than it is for the poor priests who have to deal with these very complex matters in the Parish.

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For details of further events follow us on our facebook page (cmaenglandandwales/events/) and www.catholicmedicalassociation.org.uk

Conscience matters in the workplace

The CMA will be holding it's Annual Conference at St Mary's University Twickenham TW1 4SX on April 14th 2018

(Followed on Sunday 15th April by the Annual General Meeting, at St Mary's)

Our Annual Symposium will focus on issues of conscience within healthcare with particular emphasis on matters surrounding abortion and end-of-lifecare. This is particularly important following the case of the Glasgow Midwives, foeticide, widespread prenatal screening, eugenic abortions, the prospect of buffer zones around abortion clinics and the challenges around counselling and supporting women who are considering abortion. The Conference will also address the theology of conscience and legal issues around conscientious objection, assisted dying and other end-of-life issues. We aim to provide be ample opportunity to discuss matters of conscience affecting healthcare workers and counsellors with those with practical medical and legal experience these issues.

Confirmed speakers and participants include:

Sister Roseann Reddy.
Sisters of the Gospel of Life, Glasgow

Ms Clare McCullough.
Good Counsel Network

Mr James Bogle,
Barrister, Inner Temple.

Dr Trevor Stammers,
Programme Director in Bioethics and Medical Law, St Mary's Twickenham

Dr Charlie O'Donnell,
Consultant in A&E and ITU Medicine

Dr Mike Delaney,
General Practitioner.

Full (conference and evening banquet)	£100
Conference includes lunch and teas and coffees	
(Conference only)	£75
Concessions (Conference & evening Banquet)	£40
Concessions include earners below £30000/Religious	
(Conference only)	£30
Students (Conference & Buffet)	£25
(Conference only)	£15

Those wishing to be fed must book before the day!

Accomodation is available

Book via Dr Anthony John Warren
Hon Treasurer CMA

For more details and to book your place email **cygnetodoc@aol.com**

JOIN CMA (UK), OR SUBSCRIBE TO THE CMQ
MEMBERSHIP/SUBCRIPTION APPLICATION FORM & BANKER'S ORDER

To The Hon. Registrar
The Catholic Medical Association (UK)
39 Eccleston Square, London, SW1V 1BX

(Please complete all relevant sections)

☐ **I apply to become a member of The Catholic Medical Association (UK) and send herewith a completed Banker's Order (below) or cheque for the appropriate annual subscription**
(Standard membership £50, [Concessionary rate* £30], Joint members £60, Student member £10).
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My current income means that I am not a higher rate tax payer and I wish to claim the concessionary subscription rate of £30 per annum. I will notify you if I become a higher rate tax payer (above £41,000per year, 2014 threshold)

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Please pay forthwith to Lloyds Bank plc, Langham Place Branch, 324 Regent Street, London W1B 3BL (Sort Code No. 30-93-68) for the account of the Catholic Medical Association (UK), Account no. 00081844, the sum of £ being my Annual Subscription for Membership and thereafter pay this amount annually every 1st October commencing 1st October next quoting my name and membership number on all transactions. This order supersedes all previous orders to this body or to the Guild of Catholic Doctors.

Signature: _____

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BRANCH	PRESIDENT	HON SECRETARY
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Cardiff	Mr Patrick Coyle, KCSG, FRCS.	Michaela Blackwell cardiffcmabranch@gmail.com
East Anglia	Dr Robert Hardie	Contact Dr Robert Hardie via our main office
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Leeds	Dr Phillipa O'Malley	Dr. Katherine Bridge cmaleeds@gmail.com
Manchester	Mr Johnathan Berry	Dr Mark Coley cmamanchester@gmail.com
Newcastle	Dr Dermot Kearney	Dr Dermot Kearney, 6 South Avenue, Ryton Tyne & Wear NE40 3LD derkearney@yahoo.com
Nottingham	Dr Tim Connery	Dr Peter Lavelle, 54 Parkside, Wolloton, Nottingham NG8 2NN email: peter54lavelle@hotmail.com
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Sheffield	Dr S.R. Brennan	Andrew T Raftery FRCS, 280 Eclesall Road, South Sheffield S11 9PS control.freak@btinternet.com
Southwark	Dr. Berenice McManus	Prof. Peter Millard, 12 Cornwall Rd, Cheam, Surrey SM2 6DR
Sussex	Dr. Joseph O'Dwyer	jodwyer@doctors.org.uk
West Midlands	Dr Francis Leahy	Dr Pravin Thevathasan, 5 Mayfield Park, Shrewsbury SY2 6PD editor.cmq@catholicmedicalassociation.org.uk
Westminster	Dr Michael Jarmulowicz KSG. MRCPath	Westminster Hon Secretary, c/o Catholic Medical Association (UK) 39 Eccleston Square, London, SW1V 1BX webmaster@catholicmedicalassociation.org.uk
Student and junior doctors		events@catholicmedicalassociation.org.uk
Committee for New Evangelisation		events@catholicmedicalassociation.org.uk

THE CATHOLIC MEDICAL MISSIONARY SOCIETY:

Is a charity, supporting medicine in developing countries.
Our website is at www.catholicmedicalassociation.org.uk/announcements/the-catholic-medical-missionary-society
Treasurer: Dr Steve Brennan (secretary@catholicmedicalassociation.org.uk).
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If you wish to apply to the CMMS for support, please email catholicmedicalmissionary@gmail.com

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