The global population is now over seven billion people and will reach 9.3 billion by 2050, pushing up food demand by ... London last November. Dr Trevor Stammers is New Bioethics Editor and Programme Director in Bioethics and Medical Law.

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Food Irradiation: Necessary and Safe?
Prof Geoffrey Hunt
Director of the Centre for Bioethics & Emerging Technologies

The global population is now over seven billion people and will reach 9.3 billion by 2050, pushing up food demand by about 60%. At present 868 million individuals are under-nourished, while at the same time an estimated one-third of all food produced in the world is wasted. Even in the U.K. the official estimates are that 5.6 million people live in deep poverty, and ‘food banks’ for the needy are proliferating while at the same time 15 million tonnes of food is wasted every year. And not all of this comes from supermarkets – half of it is discarded by households. The reduction of food waste is a pressing ethical issue. What can be done? While this is largely a matter of human compassion and political will, technological answers are offered and one of these is food irradiation. However, adequate public consultation and understanding are missing.

Food irradiation (also called ‘cold pasteurisation’) is the process of very briefly exposing food to ionizing radiation from a source such as Cobalt-60 in order to disinfect, sterilise or preserve food. It is intended to reduce risk from pathogens in food, including E. coli, salmonella and Listeria. This technology, considered in isolation from other considerations, saves the lives of many thousands of people each year by increasing the production of food and cutting waste. However, looked at in a wider context, and in terms of scientific detail, certain ethical questions arise that require full attention from all stakeholders.

On the official level all is well. Independent scientific research on the subject has been extensive, supporting the endorsement of food irradiation by the US Food and Drug Administration (FDA), the United States Department of Agriculture and the World Health Organization (WHO) as ‘a safe and effective process for the production of wholesome food’. The European Food Safety Authority (EFSA), published a report in 2011, ‘A Scientific Opinion on the Chemical Safety of Irradiation of Food’, that was generally favourable to irradiation. Foods which are currently irradiated in some European countries include poultry and dried herbs, and other foods are now under consideration.

Objections and Counter-Objections
Among the objections given by various consumer bodies, advocacy groups and individuals are that irradiation may degrade the food product (impacting on flavour and texture), may inadvertently produce radioactive breakdown-products harmful to human health, and may cause the dangerous mutation of bacteria through DNA damage. Furthermore, there is evidence that irradiation decreases the vitamin levels in the food. Indirectly, it may generate the ‘moral hazard’ of lowering hygiene and food quality levels since there may arise the tendency to irradiate food that would otherwise have been considered unfit for human consumption. The handling, transport and disposal of radioactive materials presents some hazards (especially to the workers involved) that would need to be expertly and expensively managed.

All of these objections have been met by counter-arguments from industry and many food scientists. These include the following: that food irradiation addresses a pressing need; that the process is very fast, efficient and economical; that it may prolong shelf-life; that irradiation can usefully delay the ripening or sprouting of fruits and vegetables and replace the need for chemical pesticides, and has other environmental advantages over alternatives; that it is a particularly useful technology in poorer countries that have high pathogenic risks; that the degradation of food by irradiation has been exaggerated or is no more harmful than the alternative methods.

Public opinion
In the domain of public discourse about food safety the scientific arguments are often by-passed, with industry and commerce using persuasive techniques to assuage what they perceive as irrational fears generated by
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Associated with ‘radioactivity’ and accidents in relation to nuclear energy, as well as military applications. Unfortunately, many consumers suspect that irradiated food is radioactive and that a food-irradiation plant is a mini nuclear plant – both of which are completely false. The Alliance for Natural Health (www.aniinternational.org) is an example of an NGO strongly opposed to food irradiation. No doubt there are some well-founded concerns that must be addressed.

In the USA and some other countries labelling regulations require the usage of the ‘Radura’ symbol at the point of sale, together with usage of the word “irradiated” or “treated by irradiation”. Some claim that current labelling is inadequate. Clearly, the public should be consulted and better informed about food technologies including irradiation, and the question remains how this is to be achieved.

Summary of a talk given by Prof Hunt to polymer technologists in Wädenswil, Switzerland on 21st March 2013 under the auspices of St Mary’s University’s partnership in the European Commission’s Cooperation in Science & Technology (COST) project, FA-0904.


Assisted Dying: A Cautionary Tale from Belgium

Prof David Jones

Lord Falconer, a former Lord Chancellor, tabled a bill in the House of Lords in May 2013 which would legalise ‘assisted dying’. It is likely to be debated this summer, perhaps as early as June. In November 2013 the veteran Scottish politician Margo MacDonald MSP introduced an Assisted Suicide (Scotland) Bill. Margo MacDonald died early this year but the debate on her bill will go ahead, probably in the autumn. Both Falconer (in 2009) and MacDonald (in 2010) had made previous attempts to change the law but in both cases these were defeated in free votes, as was the third of three attempts by Lord Joffe to introduce ‘assisted dying’ in 2005. Thus far parliamentarians both sides of the border have remained sceptical.

There are various technical differences between these various bills. In Joffe’s 2003 Assisted Dying Bill and in Margo MacDonald’s 2010 End of Life Assistance Bill, ‘assisted dying’ was a euphemism for both for assisting suicide and for euthanasia, that is, for mercy-killing. In an attempt to home in on the thin end of this particular wedge, the current bills of MacDonald and Falconer use assisted dying only to mean assisting suicide.

Nevertheless, the differences between these bills in their various iterations are less significant than the similarities. All these bills are recognised as much by advocates as much as by opponents as representing a major cultural change. They represent the final rejection of the Hippocratic understanding of medicine in that they would permit doctors to give ‘a lethal draft’ with the aim of ending the lives of their patients.

As England and Scotland consider whether to cross the ethical Rubicon it is worth considering the experience of those few countries in the world that have taken this fateful step. Currently only five countries have legalised euthanasia or assisted suicide: Switzerland, the Netherlands, Belgium, Luxembourg, and a handful of states in the United States of America. The Northern Territory of Australia briefly legalised euthanasia but this law was then overturned at federal level.

Of these countries, most scholarly research has focused on the Netherlands or on the American state of Oregon, and in the United Kingdom most media interest focuses on Switzerland (because of the Britons who travel there to commit suicide). However, while euthanasia in Belgium has been relatively overlooked both by scholars and in the popular media, the country now has over ten years’ experience of legal euthanasia and provides an important cautionary tale.

In 2002 Belgium followed its northern neighbour and legalised euthanasia. The law was controversial from the beginning and it was argued that the first case, a man who had campaigned in favour of the law, did not in fact fulfil the legal criteria. Since that time Belgium has produced a series of controversial cases, especially in more recent years: euthanasia of life-prisoners, euthanasia of someone who regretted having gender-reassigment surgery, euthanasia on the grounds of anoexia nervosa, euthanasia of twins who were deaf and who were afraid they would go blind. Belgium has also begun the practice of taking organs for transplantation from people after euthanasia. Such actions simply reinforce the impression that such patients are worth more to society by their deaths than by remaining alive.

Perhaps the most overt example showing that legalising euthanasia has set Belgium on a ‘slippery slope’ is the decision taken this year to extend the law to cover children. Children who are dying of a terminal disease will now be offered the choice of lethal injection. Such a radical departure from palliative care practice has sent shock waves throughout the world. These children are considered too young to vote or to marry, to buy alcohol or watch certain films. In various ways the state acts to protect children and young people from others, even from their parents, and sometimes also from themselves. And yet, in Belgium a request from a child with no lower age limit, could be grounds for deliberately ending that child’s life.

The Centre for Bioethics and Emerging Technologies is therefore collaborating with the Scottish Council on Human Bioethics on a report to draw attention to what is happening in Belgium before steps are taken in this country which could produce a similar culture shift. If anyone doubts the danger that legalising ‘assisted dying’ could lead to a slippery slope, they need to look at the changes occurring in Belgium. CBET is also hoping to host a conference on this topic in November 2014, details to follow in subsequent newsletters.

Prof David Jones is Director of the Anscombe Centre, Oxford and Visiting Professor at St Mary’s University.

Democratising Technology Development

St Mary’s University was represented at a Cooperation on Science & Technology (COST) meeting of European polymer and nanotechnology experts in Rome on 26th-28th February 2014. CBET has been an active partner in this four year programme, ‘Eco-sustainable food packaging based on polymer nanomaterials’, which was finalised with this meeting attended by over a dozen European country representatives. Prof Geoffrey Hunt, director of CBET, a specialist in the ethical dimensions of new technologies, presented a keynote paper on ‘The Convergence of New Food Technologies: Social & Ethical Issues’. As chairperson of the Working Group on ‘Ethics, Standardisation, and Science-society dialogue’ Prof Hunt also presented a report to COST officials to sum up the group’s achievements. The meeting took place at Italy’s national research body, Il Consiglio Nazionale delle Ricerche, in the heart of Rome and next to the Sapienza Università di Roma.
Theology meets Medicine
Dr Andrew Sloane

Dr Andrew Sloane, a medically qualified theologian and bioethicist from Morling College, Macquarie Park, New South Wales, Australia is spending a six month sabbatical at St Mary’s. During this time he is working on his third book which addresses the theological-philosophical basis of medicine. We invited Dr Sloane to write and share some of his current thinking on this topic.

I’ve come to CBET and St Mary’s to work on a book project looking at a Christian philosophy and theology of medicine (a project that seems to generate equal measures of consternation and interest).

So, why that project? I initially trained (and briefly practiced) as a doctor before turning to theology. While I’ve had a diverse range of research interests (ranging from epistemology through bioethics to Old Testament ethics and hermeneutics, I have long had a desire to bring the worlds of theology and medicine together. That’s what this project aims to do.

Now, while medical and bioethical issues have spawned a great deal of debate in both public and academic contexts, little has been done to engage with the underlying issues of the nature of medicine and its role in human community. This book seeks to fill that gap by providing Christian philosophical and theological reflections on the nature and purposes of medicine and its role in a Christian understanding of human society.

The book will provide two main ‘doorways’ into a Christian philosophical-theology of medicine. First, it will present a brief description of the contexts (both ‘Western’ and ‘non-Western’) in which medicine is practiced in early twenty-first century, identifying key problems and challenges that medicine must address in those contexts of abundance and scarcity. It will then address issues in contemporary biotechnologies (euthanasia and organ transplantation), demonstrating how the debate is rooted in conflicting visions of the nature of medicine (and so human existence).

This will lead to a discussion of some of the philosophical and theological resources currently available for those who would reflect ‘Christianly’ on medicine, using the lenses of medical knowing, the concept of ‘health’ and its role in shaping medicine and medical practice, and a phenomenological perspective on health and medicine to gain some clarity on broader issues.

The bulk of the book will consist of an articulation of a Christian understanding of medicine as both a scholarly and a social practice, articulating the philosophical-theological framework which informs this perspective. It will flesh out features of medicine as an inherently moral practice, one informed by a Christian social vision and shaped by key theological commitments.

The book will close by returning to the issues of the context of medicine and of bioethics with which it opened, demonstrating how a Christian philosophical-theology of medicine informs and enriches those discussions.

My current view is that medicine is not best understood as being about health or the alleviation of suffering, as thinking about it in those terms generates insuperable problems in relation to what can rightly be counted as integral to medical practice, and unnecessary dilemmas in areas such as end of life care. It is more helpful to see it as a community’s attempt to provide the care that vulnerable human beings need in those circumstances (physical and psychological) in which our frailty and futility are exposed (illness, injury, disability, and so on). The aim of medicine is not to overcome human finitude, but to provide care for vulnerable people with the aim, where reasonably possible, of returning them to a reasonable level of that functioning-in-community which is fundamental to human existence and without which there can be no real human flourishing. This, it seems to me, provides both a more ‘human’ approach to medicine, and one that both is nourished by and in turn nourishes a Christian view of the world.

Democratising Technology Development Continued ...

Hunt’s presentation drew attention to state-of-the-art food technologies including pulsed electric field, ohmic heating, oscillating magnetic field, intense light pulses, cold plasma, power ultra-sound, high hydrostatic pressure and polymer nanomaterials. The public is almost completely unaware of such developments, he said.

He urged that such innovations be more oriented to playing a significant part in contemporary critical issues such as alternative energy and the growing pressure on food supplies due to climate change and population growth. Technologists needed to work together under clear human welfare policies and consider how innovative technologies could converge rather than remain in separate ‘silos’. An example he gave was the need for a coordinated programme on the potential for bringing together new polymer nanomaterials and food irradiation in a more democratic decision-making process that involved the public and is from the outset more cognisant of safety and environmental issues.

Biomedical Ethics
Activities

On 15th October 2013 Prof Calum MacKellar, Visiting Professor in Bioethics, delivered a public lecture at St Mary’s entitled ‘The Emperor’s New Genes: Are we entering a new eugenic age?’. With the relentless development of new reproductive procedures, questions are now being asked whether a new age of eugenics has come into existence. Prof MacKellar’s lecture addressed the question of whether it is appropriate to compare the present situation to the eugenic ideals that were widely supported at the beginning of the 20th century and what lessons could be learned from the past and their relevance to today’s new world of genetic engineering.

Over recent months Dr Trevor Stammers has undertaken a number of media appearances related to medical ethics issues. In January as the court case got underway of Beth Warren, the widow fighting to prevent her dead husband’s sperm from being destroyed, Dr Stammers was interviewed by BBC Radio 5 Live on the bioethics of the case.

On 17th February he was interviewed by Nick Ferrari on patient data confidentiality on LBC Radio.

Publications
In November 2013 Dr Stammers’ paper on the ethics of elective ventilation was published in The New Bioethics Journal.

American author John Green’s most recent novel, The Fault in our Stars, which debuted at number 1 on The New York Times Best Seller list in January 2012, was also the focus of an article written by Dr Stammers.

Published in British Journal of General Practice, the article addressed the value of medical humanities in the training of GPs.

Published in the same journal in February 2014 was an article by Dr Stammers on the use of poetry in teaching health care professionals.

Climate Change: Is Nursing Prepared?

Prof Geoff Hunt gave a lecture on ‘Climate Change: what does it mean for nursing’, on 25th September 2013, at the University of Surrey for the postgraduate nursing programme at the invitation of Prof Ann Gallagher. His editorial in ‘Nursing Ethics’ journal, ‘Climate Change and Health’, (2006) 13:6, pp 569-70, was the first time explicit links had been made between new health demands of climate change and the lack of international preparedness of nursing to meet such demands. That editorial was followed by an invitation to give The Mary Seacole Memorial Lecture on this now pressing subject at the Royal College of Nursing’s annual congress in April 2007. This year Hunt has been approached by senior nurses in Slovenia to collaborate on this global issue.
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Meeting the Contemporary Challenges of Mental Health
Dr Pia Matthews

My students who are healthcare practitioners have often discussed with me their real concerns. It turns out these concerns have matched the interest shown by staff and by the leadership team of St Mary’s University in one particular area: that of mental health. The current worldwide initiative of ‘no health without mental health’, which means that mental health concerns all of us, has had reverberations throughout all the different levels in St Mary’s. On the Foundation Degree we incorporated aspects of mental health into the Bioethics modules. However, it soon became clear that a broader approach was the way forward. With added impetus from Bishop Moth (Chair of Governors) and from Arthur Naylor (Interim Principal) I began a conversation for ways forward with people outside as well as inside St Mary’s. As a Catholic Foundation Institution we at St Mary’s have rich insights to share with others, based on ways in which we can fulfil our mission as church to the world. The Church is well known for having particular concern for people who are marginalised in society, including those with mental health issues.

Our inaugural conference on mental health hosted by two of St Mary’s research centres, InSpire and CBET, was held on Saturday 26th April. Entitled Contemporary Challenges in Mental Health Ministry the conference raised awareness of mental health issues such as stigma and discrimination. Following Arthur Naylor’s opening, Dr Anthony Towey (Academic Director of the Aquinas Centre), provided a thread of continuity between the speakers and facilitated a clear sense of ownership for all those present. In his welcome speech Bishop Moth, explained his involvement with the Catholic Bishops’ Conference Mental Health Project. He pointed to some important initiatives that were springing from the Mental Health Project, including one that uses music and choir membership to build up a sense of belonging and purpose for people with mental health issues.

The keynote speech was given by Dr Peter Tyler, the Director of InSpire. Peter is well known for his interest in the interface between spirituality, psychology and religion. He spoke of the fragility of the mind, like the disobedient butterfly, and the care needed when involved in the dance between the said and the unsaid in mental health practice. The practitioner is one who facilitates, who does not impose his own interpretation of how things are, in order to ‘help the fly make its way out of the bottle’, as it were. After an opportunity for questions Julia Head, Mental Health Chaplain at the Maudsley Hospital, led into a reflective practice session and it soon became apparent that all present had much to say on why mental health should have a more prominent profile in academia and in general discussion forums. To follow Peter’s penchant for insect analogy, lunch was buzzing with networking, with sharing experiences and with trading ideas for ways forward.

At the start of the afternoon session the incoming Vice-Chancellor Designate Francis Campbell, said a few words about the interest the conference had obviously generated. Turning specifically to theology, I spoke about a theology for mental health based around the idea of the image of God. I drew attention to the differing interpretations of the image of God both for God and for human beings made in God’s image pointing out how some interpretations are more helpful than others in some situations where mental health is fragile. Peter and Anthony then took a plenary session to plot a way forward. In keeping with the commitment to serve human flourishing in all its aspects and to be open to the wider community, we at St Mary’s hope to establish a hub from which we can offer further conferences, study days and short courses. In this way St Mary’s will continue to be a haven in the world by carrying out its mission in the much neglected area of mental health.

The next symposium will be in October.

Dr Pia Matthews is Programme Director of the Foundation Degree in Healthcare Ethics and a lecturer on the MA programme in Bioethics and Medical Law.

The New Bioethics Journal Update

It has been quite a while since CBET Bulletin has carried an update on CBET’s journal The New Bioethics. We are pleased to say that in early 2013 Maney Publications took on the production of the journal and oversaw the change of title from Human Reproduction and Genetic Ethics with effect from Volume 18:1. Five issues later, the journal has increased its circulation substantially, especially overseas and is now part of several library packages available from Maney including those for Health Science as well as for Philosophy, Religion and Theology.

Over the next two years we would like to see the number of subscriptions increase in universities and other HEIs in the UK as well as overseas. Do have a look at the Journal’s new website www.maneyonline.com/loi/tbi. Sample articles are available immediately to non-subscribers at http://essential.metapress.com/content/122857. Alternatively, institutions can trial the journal for free by contacting Charlie Lawrence at c.lawrence@maneypublishing.com. If you would like to recommend the journal to your librarian, you can do so by using Maney’s online recommendation form at www.maneyonline.com/recommand.

The next issue out later this year will be another special issue dedicated to papers presented at the interdisciplinary symposium The 21st Century Body Reloaded held at University College London last November.

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