LETTER FROM WESTMINSTER

Parliament's moral agenda

JOHN WARDEN

The new parliament is assuming early in its life the characteristics that may shape it for the rest of its term. Most parliaments do acquire their own distinctive stamp. Some are dominated by economic events, some by foreign affairs (as with Rhodesia), and others by the reform of institutions such as local government.

This one looks as if it may go down as the *moral* parliament, being much bound up with issues of social and moral concern. What is more, they are likely to be matters closely connected with health care and medical ethics. One of the first to be brought to the floor of the new House of Commons was the case of the Cleveland children.

In the course of a few weeks more than 100 children in the Middlesbrough area had been removed from their parents on suspicion of sexual abuse within the family. Nothing could have been better calculated to bring together all aspects of a disturbing national problem—its scale, the division of professional opinion, the shortcomings of the law, and so on.

Lessons are clearly to be learnt and the government has responded by sending a team from the Social Services Inspectorate to report within a week. Furthermore, the Standing Medical Advisory Committee has been asked as a matter of urgency to draw up guidelines for the medical profession on the diagnosis of child sexual abuse. Perhaps it is reassuring that the minister answerable to parliament is the Minister for Health, Mr Tony Newton, rather than the Home Secretary or the law officers. While many may approach the treatment of child abuse inside the family as a medicolegal problem, the government is coupling it more firmly to the personal social services.

While the Home Office toys with the untried concept of family courts, an obvious solution presents itself in the 20 year experience in Scotland of children's panels, which bring such cases before a group of medical, legal, and lay assessors in a statutory but informal setting. But that is something for debate, among other such topics, in the "moral" parliament.

Against this background it is timely to recall what Professor Ian Kennedy of the chair of medical law and ethics at King's College, London, wrote in a letter to *The Times* barely a month ago. Lamenting a lack of clear guidance on matters of medical ethics and human rights, Professor Kennedy wrote:

"In the lifetime of the last parliament the courts were left to grapple with such questions as teenage contraception, surrogate motherhood, informed consent, the permissible limits of abortion, and the sterilisation of a mentally handicapped minor."

On such topics the judges have sought to clarify the law, or more often fill the gaps in it. Professor Kennedy therefore urged the incoming government to set up a commission on medical law and ethics to advise parliament on how to legislate on these so called moral issues. Whether or not the cabinet accepts his suggestion, it is being forced by events to address a mounting backlog of problems.

Last week it became committed to legislate on the Warnock report in the lifetime of this parliament. At one stroke that will cover embryo research, surrogacy, in vitro fertilisation, the legal status of sperm banks, and the like. The long first session (until October 1988) also gives more scope for private members' bills—a favourable "cop out" for governments on matters of conscience. Abortion reform could easily be a runner here.

Ticking away like a time bomb, of course, is the whole problem of the acquired immune deficiency syndrome (AIDS) and its medicolegal spin off. Mercifully, AIDS did not emerge as an issue at the general election. No party stooped to win votes by branding the other as the creator of the permissive society. AIDS does, however, look like being a factor in the American presidential elections over the mandatory screening of immigrants and inmates of federal institutions. Some states are making marriage licences conditional on screening. The British government must be watching with some apprehension, as it will the consequences of the decision at the BMA's annual meeting that "testing for HIV antibody should be at the discretion of the patient's doctor, and should not necessarily require the consent of the patient" (p 147).

Oddly, the other non-issue of the election was the proposal in the Conservative manifesto to "liberalise the laws on liquor licensing hours." This has since been confirmed by the Home Secretary as a pledge to legislate on flexible opening in the coming year. Public houses will be free to choose their opening hours between 11 am and 11 pm on weekdays without recourse to magistrates.

BMJ's lone voice

If the new intake of MPs is no different from the last the *BMJ* will be almost a lone voice in saying that "a government that cared about health would avoid changing the licensing laws" (24 January, p 202). The liquor laws again come into the category of moral issues. Where does the Department of Health and Social Security stand? It is courageously neutral on the question of licensing hours. It will be interesting to see whether there is any intervention by the new Health Education Authority.

So far the only gesture has been left to the Ministry of Transport in the form of an unprecedented summer "Don't Drink and Drive" campaign, while the Home Office still puts restraints on the use of the intoximeter and refuses to contemplate introducing random breath tests.

These contradictions in official policy are beginning to disturb Tory MPs to the extent that ministers could well be in for a surprise when the licensing bill does come before the house. The government may yet be forced to give some ground.

It was indeed given warning from its own side in the Queen's speech debate by Sir Bernard Braine, MP for Castle Point. He forecast that the bill would be vigorously opposed unless it contained proposals for countering alcohol abuse. He said: "The misuse of alcohol poses a profound and still growing threat to the health and wellbeing of our society, compared with which the impact of illicit drugs, dreadful as it is, is relatively small."

The government was determined to tackle the problems of the health service, to help it cope with the enormous demands placed on it, yet it seemed oblivious to the fact that up to one in five hospital beds is occupied by a patient with an alcohol related illness, he said.

"Why," Sir Bernard asked, "when other countries are desperately tightening up on the availability of alcohol . . . are we taking up parliamentary time relaxing it?"

From the minister winding up the debate there came not a word in response. Who was he? Why, none other than Mr Norman Fowler, until four weeks ago the Secretary of State for Social Services.

JOHN WARDEN is a parliamentary lobby correspondent