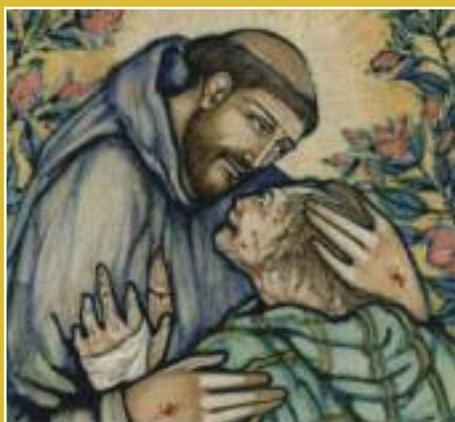


MAY 2020 Vol 70 No 2

catholic medical QUARTERLY

cmq



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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.



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MONK OF AMPLEFORTH

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for non-members £25 or \$50
(Within Europe postage paid:
Outside Europe add £5 or \$10 for postage).

Single copies £5.25+£1.75 postage in UK,
£5.25 plus £2.25 within Europe, or
£5.25/ \$10 + £3.00/ \$5 outside Europe.

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. Catholic Medical Gazette was published in 1914 and in the 1920's that became the Catholic Medical Guardian followed by the CMQ after the Second World War.

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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Dr Adrian Treloar

It is probably unwise to try and learn lessons from anything as big and impactful as the current pandemic while it is still developing. At the time of writing, the UK is expecting the biggest upsurge in cases and deaths to happen in the next fortnight. And despite all that, a good friend has just told me that he thinks the whole thing is a hoax. He does not have a particular religious or political background. But some people just cannot see how worrying are the data and statistics about this pandemic. Admittedly, by the time you read this, and when this is read again in coming years, it may well turn out that the dire predictions of half a million people dead in this country did not occur. As I write this, today, we hope those high figures will not be seen. Although we must also fear that they might.

What is clear is that a tiny and entirely invisible enemy, can stop the whole world's economy in its tracks, and that within just a fortnight, being locked down and unable to leave one's home causes massive societal change and impact. Fear is everywhere. On the street people fear that any passer-by may be a killer (carrying and spreading a lethal virus). And those who pass me (and you) also fear that I may kill them.

Panic buying and empty shops abound across the world. Britain's airports are all but closed.

Most importantly of all, people are dying. Young and healthy friends of mine are suffering severe respiratory symptoms with some on ITU. Many more are dying. While the majority may have already been old, frail and unwell, it is clear now that they are not the only ones. Young and healthy people die of this virus too.

These are good times to remind ourselves that we are biological beings, created by God in His image, but with spectacular moral, intellectual and physical frailties. When we forget that we think, perhaps, that we might be immortal on this earth. And yet, life is a precious gift from God, with which we have the chance to seek (and gain) eternal salvation. Because God made us as biological beings we must cooperate with that biology. We must eat, drink, be wise and temperate and also take care when faced with infections. We forget that our peril. As well as that, we must try and do the Lord's work and bring others towards that hope, and salvation.

We are biological beings, created by God in His image, but with spectacular moral, intellectual and physical frailties

We do that by prayer, devotion and sharing our faith as well as by the work we do each day in medicine. Importantly, we must also be careful but heroic. Especially as healthcare workers, we **MUST** tend the sick and be willing to be exposed to the risk of this virus and other dangers. That exposure will be done sensibly and carefully but we must be sure to see that the sick are served. Fr Damien did that for lepers in the 1870's and 1880's.



After eleven years caring for the physical, spiritual, and emotional needs of those in the leper colony, Father Damien realized he had also contracted leprosy when he was scalded by hot water and felt no pain. He continued with his work despite the infection but finally died of the disease on 15 April 1889.

And of course, seeing such death and tragedy, we should see the view that doctors might be able to kill their patients as even more abhorrent.

I have learnt much already during this pandemic. Please God, my family and I will survive. But let us always cherish the gift of life and let us work to promote that message of love, hope, and the value of every human life.

We are biological beings, created by God in His image, but with spectacular moral, intellectual and physical frailties

May our frail and vulnerable biology be that “thorn in our flesh”^[1] which keeps us close to and reliant upon His mercy. We shall rejoice when, once again, we can go the Church on Sunday. Perhaps also, the faithful need also to return to regular confession. This is no time to be walking around in a state of sin.

[1] 2 Corinthians 12:7-9,

An appeal for the missions during the pandemic.



From Dr Rob Hardie
Chairman of the Catholic Medical Missionary Society

At the height of a global pandemic must be a right and just time to make an appeal for you to support the poor who will struggle so much with the Coronavirus.

Pope Francis warned us all of “globalisation of indifference” and encourages us to live our lives responding to both “the cry of the earth and the cry of the poor” (*Laudato Si* 49). Our sister Mother Earth seems to be responding on her own at the moment and it is reported that the waterways in Venice are blue and no longer brown (though dolphins haven’t yet been seen!) and maybe the ‘stars’ in Hollywood can see the real stars where there used to be smog. The Poor of the world, however, cannot respond on their own and are in desperate danger from COVID-19.

We have known for years that health outcomes are much worse among the poor, and deprived communities both in Britain and across the world. We can but imagine the death, destruction and suffering that Coronavirus will bring to countries such as Sudan, and the slums and shanty towns across the world.

For five years the Catholic Medical Missionary Society (CMMS) has been supporting the work of two medical Comboni missionary sisters in

Ethiopia. Sister Nives sent an email at the beginning of April, saying, *“It is really very scary what is taking place. We are all on our knee.... because of this Virus. This Lent was not hard, but very hard. I do not have new word to say to anybody in this moment even though Easter is coming. Last week we heard that the Virus reached Addis Ababa with 11 cases. If it comes here where we are working, I tell you it will be the end for most of us, because people do not have any hygiene, any precautions, and any information whatsoever, so...”* Sr Nives is 71 and the other sister 76!

When the Pandemic hits the ‘Third World’ then millions of the world’s poorest people will die in dreadful conditions and circumstances.



The CMMS is a tiny charity, closely associated with the Catholic Medical Association (UK) and we give money directly to projects in the third world, deducting no administrative costs from your donation. The CMMS will continue to provide all the support it can to medical projects in the poorest of places. Please help us to help them. A gift aid form and details of how to make a donation are enclosed with this copy of the CMQ and available available via the CMA (UK) website and also the online version of this issue (www.cmq.org.uk)

PLEASE HELP.



Coronavirus

These are unprecedented times. As healthcare professionals, we are facing a crisis never experienced before. The experience from Italy and Spain should inform us that the crisis in the UK is only beginning and will certainly continue to accelerate in the days and weeks ahead. Many more will die despite the country's best efforts. Many doctors and nurses and health care assistants will become seriously ill. Some will die. Possibly some members of the Catholic Medical Association (UK) will die. Yet we must face these challenges with great hope. As people of faith, we can bring consolation to so many. As Christians, we can help others to carry their crosses and to face suffering with renewed hope. We can both serve Christ by sharing in the suffering of others and we can be the face of Christ for others by our courage and sacrifices. While these may be frightening times, we know that there is no need to be afraid. We know the final outcome and are assured of the victory of Life over death.

There is a danger that some in the medical profession may use this opportunity to promote a utilitarian ideology in rationing health care.

There is a danger that some in the medical profession may use this opportunity to promote a utilitarian ideology in rationing health care.

We may need to be vigilant to ensure that all patients we encounter, especially the weak and vulnerable, receive appropriate care. There is no doubt that some difficult decisions will need to be made. There will be some patients who, quite appropriately, will not be considered for, and will not receive, interventional ventilatory support

for genuine reasons related to true futility. This, for example, will include patients with end-stage respiratory or cardiac failure. In many cases, such decisions to withhold invasive supportive measures will be correct and ethical, although difficult for some to accept. In some cases, patients who continue to deteriorate, despite full supportive measures initially employed, will have their supportive treatment withdrawn. Sometimes that will be the correct, although painful, decision that will need to be made.

There may be attempts, however, to deny patients appropriate treatment with decisions made on the basis of age or perceived disability or a perceived poor quality of life, even when such patients may have reasonable prospects of survival if given time with supportive therapy including invasive or non-invasive ventilatory support. Even worse, we could see cases where patients, already receiving ventilatory support, have stabilised and are considered likely to recover but who have supportive treatment withdrawn purely to allow other, perhaps younger, patients receive the assistance of the support system that has been taken from them. Those of us in a position to influence clinical decisions need to remain alert to ensure that unjust discrimination in healthcare provision is not allowed to happen.

Whatever may happen, we all need to take all possible precautions to protect our own health and lives and the health of our loved ones and colleagues. A little extra time devoted to prayer and spiritual reading will bring tremendous personal and community blessings. With churches now closed, we have been provided with a wide variety of means to continue participating in the Sacramental life of the Church through live streaming services from all over the world. We might also consider making efforts to devote more time to family prayer and perhaps some traditional devotions such as daily Rosary, Divine Mercy chaplet, personal novenas and participating in a personal manner in re-dedication of England as the Dowry of Mary on Sunday 29th March.

Update on "Abortion Pill Reversal"

Since the last update in August 2019 and following a positive response from the GMC, we were once again disappointed that further attempts to encourage the Royal College of

Obstetricians and Gynaecologists and NHS England to support an “abortion pill reversal” programme were ignored by both of these bodies. No response from either organisation was received to the two latest letters sent to them. It is clear that no support will be forthcoming from them, possibly because of a perception that any challenge to the notion that abortion is always wanted by women in crisis pregnancy situations must be resisted. We have had an offer of support from SPUC with our plans to proceed with this programme. Following negotiations, a leaflet to be distributed to doctors throughout the UK is being developed. It will contain all of the necessary information on the background for this programme, the scientific basis for Progesterone therapy, results from studies in other jurisdictions, preparations and dosing regimens that can be effectively used, safety information and relevant references. The leaflet will be available for distribution later this year. We hope that a number of doctors in each part of the nation will be prepared to participate and offer women hope in situations where they have changed their minds about proceeding with abortion after having taken the first abortion pill, Mifepristone.

Concerns over GP contract and the issue of contraception provision

In recent months, we have been involved in discussions with the BMA and NHS England over a change in the GP contract relating to General Practice and contraception provision. In the past, contraceptive services were considered “additional” and there was no problem for individual GPs or GP practices to opt out from providing artificial contraceptive services. Last year there was a unilateral decision made, without any consultation, that contraception was no longer “additional” or optional but instead must be considered “essential” and mandatory. In effect, it meant that all GP practices must provide such services to clients if requested or should make provision for contraception to be provided by subcontracting others to provide the service. This is not acceptable to Catholic doctors working in General Practice. The problem arises particularly in instances where every doctor in a practice, or a doctor in a stand-alone practice, wishes to faithfully follow Church teaching on this matter.

In December 2019, a letter stating our concerns was sent to both the BMA and NHS England personnel responsible for formulating this “new” contract. A prompt response was received from a BMA representative and, more recently, from a representative of NHS England. The responses were somewhat sympathetic but did not adequately address our concerns. A second letter seeking further

clarification and further reassurance has been sent to the BMA (with another to follow to NHS England when the virus pandemic has calmed down). Our reiterated concerns have been acknowledged but a further formal reply is awaited. We stand firm that conscience can not and will not be compromised on this issue.

Assisted suicide / euthanasia

On February 25th this year, CMA (UK) Honorary Registrar, Dr Dominic Whitehouse, delivered a very well received presentation in the Houses of Parliament on “Palliative Care not Assisted Suicide”. The event was co-sponsored by SPUC and was attended by twenty-four sitting MPs. Other parliamentarians, unable to attend, sent representatives to the meeting. Feedback from all who attended was very positive.

Following on from the Royal College of Physicians poll on the question of “assisted dying” (assisted suicide in effect) in 2019, the Royal College of General Practitioners held a similar vote among its members this year with the results revealed on March 11th. The largest group, as in the case of the RCP poll, were opposed to a change in the law (47%). The second largest group (40%) supported a change in the law to legalise assisted suicide. A small minority of 11% felt that the RCGP should adopt a position of neutrality on the issue. The remaining 2% who took the trouble to vote abstained from supporting any of the above positions. Perhaps the most significant revelation from this exercise in democracy (as with the RCP poll) is the level of apathy regarding this issue among doctors. Of 49,539 members invited to participate in the poll, only 6,674 took part. That represents a poll turn-out of 13.5%. This suggests that organisations such as the Catholic Medical Association (UK) and others who value the sanctity of life face tremendous challenges in convincing others that life is truly precious. The results of a more recent poll on this issue conducted by the BMA are still awaited.

May God Bless you all,

Stay safe and continue to be the face of Christ for all those you encounter,

Best wishes

Dermot Kearney

President Catholic Medical Association (UK)

Please go to page 7 for our “Stop Press” update on the Royal College of Physicians Position on assisted suicide (Page 7).

STOP PRESS.....

Very good news on the Royal College of Physicians and assisted suicide.

We are delighted to be able to say that on March 26th the RCP put out a further statement on assisted suicide, clarifying that they do not support a change in the law to make it legal.

You may recall that the RCP was subjected to a legal challenge by four Fellows of the RCP (including our President Dr Kearney and Dr Treloar). As a result those fellows were happy to drop their legal challenge to the College. Dr David Randall, who led the challenge wrote as follows.

Dear All,

I'm pleased to let you know that today the RCP has put out a further statement on assisted suicide, clarifying that they do not support a change in the law to make it legal:

<https://www.rcplondon.ac.uk/news/rcp-clarifies-its-position-assisted-dying>

As a result we are happy to drop our legal challenge to the College. We have made the following statement:

'We are pleased that the RCP Council have reflected on ways in which the neutral position on assisted dying adopted by the RCP last year has been misrepresented by some outside the College to imply an indifference to the issues raised, or support for a change in the law. We, as individuals, have profound concerns about the safety and impact on society of any change in the law in this regard. We therefore endorse the statement that makes it clear that the RCP does not support such legislation.'

Thanks so much to each of you for your generous support in this. We hope this will be a significant moment in the ongoing struggle against assisted suicide - the struggle to keep medicine about caring for people, and to keep the most vulnerable in our society safe."

Dr David Randall

Especial thanks go to Dr David Randall who led the action and also to Dr Kathy Myers and Dermot Kearney for their huge courage and leadership.

An excellent new resource on Dehydration

<https://dehydrationlifeline.org>

It's great to report a new resource for families who are concerned about the possible dehydration of their loved ones. The site is simple and really good, with sensible simple advice and help and also the offer of support in discussing problems with the hospital providing (or not) care.

Are they dehydrated?



For example, in its section entitled "Are they dehydrated?" you find this advice.

- They may be thirsty and ask for water.
- They may not be able to reach to drink for themselves even if there is water at the bedside.
- Their mouth, tongue and lips may look dry and crusted and their speech may be soft and poorly pronounced. (Breathing through the mouth can also cause a dry mouth)
- If they have a urine bag, the urine will be dark yellow.
- They may start to get drowsy or confused.
- They may have an intravenous drip but it is running very slowly.
- Blood tests can help confirm dehydration if disputed.
- If you suspect dehydration try this test: gently lift a fold of skin on the back of the hand: if dehydrated, it will remain elevated.

This is 'skin ridging'



Abortion law is rapidly changing.
Please see page 14

Prayers for Coronavirus and other pandemics



This window in Canterbury Cathedral illustrates the story of Richard Sunieve who, before a pilgrimage to Canterbury to pray at Becket's tomb, was so ill with infection, his mother kept her distance & delivered his meals via a long pole.

Now is a goodtime to publish some prayers for pandemics and plagues. Bishop Keenan recommends the Protection prayer (below) followed by the Rosary each day until the crisis ceases.

We thought you would want to know about this prayer initiative being introduced by Bishop John Keenan. In short, he is recommending that we Pray the Protection Prayer (below) followed by the Rosary each day until the crisis ceases.

Prayer for God's protection in the time of any common plague of sickness

Almighty God, who in thy wrath didst send a plague upon thine own people in the wilderness, for their obstinate rebellion against Moses and Aaron; and also, in the time of king David, didst slay with the plague of pestilence threescore and ten thousand, and yet remembering thy mercy didst save the rest: Have pity upon us miserable sinners, who now are visited with great sickness and mortality; that like as thou didst then accept of an atonement, and didst command the destroying Angel to cease from punishing, so it may now please thee to withdraw from us this plague and grievous sickness; through Jesus Christ our Lord. *Amen.*

An act of perfect contrition

Through an act of Perfect Contrition, you receive pardon for your sins outside of confession, even mortal sins, on condition that you determine to amend your life and make a firm resolution to go to sacramental confession as soon as this becomes possible for you.

Perfect Contrition is a grace from God, so sincerely ask for this gift throughout the day prior

to making your act of contrition: "My God, grant me perfect contrition for all my sins".

1. In reality or imagination kneel at the foot of a crucifix and say to yourself: "Jesus, my God and my Saviour, in the midst of your agony, you remembered me, you suffered for me, you wished to wipe away my sins".
2. Contrition is 'perfect' if you repent of your sins because you love God and are sorry for offending Him and causing the sufferings of Christ on the cross. Before the Crucified Christ remember your sins, repent of them because they have brought our Lord to His sufferings on the Cross. Promise him, that with His help, you will not sin again.
3. Recite, slowly and sincerely, an act of contrition focused on the goodness of God and your love of Jesus: "O my God, because you are so good, I am very sorry that I have sinned against you and by the help of your grace I will not sin again. Amen".
4. Make a firm resolution to go to sacramental confession as soon as practically possible.

A spiritual communion

The key to Spiritual Communion is to grow in your heart a constant desire for the Blessed Sacrament.



1. If you are aware of serious or mortal sin, make an Act of Perfect Contrition.
2. Imagine the sacred words and actions of the Mass or watch online or on TV.
3. Make all those acts of faith, humility, sorrow, adoration, love and desire that you usually express before Holy Communion.
4. Desire, with earnest longing, to receive our Lord present — Body, Blood, Soul and Divinity — in the Blessed Sacrament.
5. Say this prayer of St. Alphonsus de Ligouri: *"My Jesus, I believe that You are present in the Blessed Sacrament. I love You above all things, and I desire You in my soul. Since I cannot now receive You sacramentally, come at least spiritually into my heart. As though You are already there, I embrace You and unite myself wholly to You; do not let me ever be separated from You. Amen.*
6. After moments of silent adoration make all those acts of faith, humility, love, thanksgiving and offering that you usually express through prayers after Holy Communion.

Jeffrey McGovern, MD, FCCP, FAASM



Abstract

Saint John Henry Newman, formerly a distinguished Anglican prior to his full communion with the Roman Catholic Church, vigorously defended the Catholic Church against attacks from the secular world. In particular, his *Letter Addressed to the Duke of Norfolk on Occasion of Mr. Gladstone's Recent Expostulations* defended the Church, in general, and English Catholics, in particular, from the charge of disloyalty. In the *Letter*, Newman defines and explores the concept of conscience. His definitions and counsels on conscience relate closely to the Catholic health care provider.

They (Gentiles) show that the demands of the law are written in their hearts, while their conscience also bears witness and their conflicting thoughts accuse or even defend them (Rom 2: 15)

Saint John Henry Newman

John Henry Newman, arguably the 19th-century's most significant Roman Catholic theologian from the English-speaking world, spent the first part of his life as an Anglican in the Church of England and the latter part as a Roman Catholic. He was a priest, writer and eminent theologian in both churches and, if he remained Anglican, would likely have been named Archbishop of Canterbury. His theological esteem and contributions were so influential church historians often call him the absent bishop of Vatican II.

He was born in London, England and as a young man studied at Trinity College, Oxford.

He became a tutor at Oriel College, Oxford and for 17 years was vicar of the university church, St.

Mary the Virgin. He soon published eight volumes of parochial and plain sermons and two novels. He was a prominent member of the Oxford Movement, which credited the Church fathers for their contribution to theology. His historical research as well as his *Essay on the Development of Christian Doctrine* convinced him that the Roman Catholic Church was the closest in continuity with the Church established by Jesus Christ. Despite his promise as a prominent theologian and leader in the Church of England, he chose full communion as a Catholic. In 1847, he was ordained a priest in Rome and joined the Congregation of the Oratory, an order founded 300 years earlier by Saint Philip Neri. When Newman returned to England, he founded Oratory houses in London and Birmingham.

Newman was a prolific writer and eventually authored 40 books and 21,000 letters. In addition to his *Essay on the Development of Christian Doctrine*, he wrote *On Consulting the Faithful in Matters of Doctrine*, *Apologia Pro Vita Sua* (a spiritual autobiography written in response to criticism he received because of his conversion) and *Essay on the Grammar of Assent*. Most germane to this essay he accepted the teaching promulgated at Vatican I on papal infallibility and also addressed its strict definition which many were reluctant to do.

When Newman was named a cardinal in 1879, he accepted as his motto *Cor ad cor loquitur* (Heart speaks to heart). He died in 1890 and was buried in Rednal, England. When his cause for sainthood was considered, his grave was exhumed in 2008 with a new tomb prepared at the Oratory Church in Birmingham. Three years after his death a Newman Club for Catholic students began at the University of Pennsylvania and is still active. Soon thereafter other college and universities adopted the model of the Newman Club as a center of Catholic life on campus. Pope Benedict XVI beatified Newman on September 19, 2010 in England. The Pope praised his emphasis on the vital place of religion in civilization but also noted his pastoral zeal for the marginalized. Following confirmation of a second miracle attributed to his intercession, he was canonized October 13, 2019. His liturgical feast day is October 9.

Newman's writings on conscience are the primary focus of this essay. In particular his pointed reflections on conscience have a message for health care providers caring as they do daily for their patients. Supporters familiar with this oft-misunderstood and underappreciated man profess resoundingly

that Newman will be proclaimed the Doctor of Conscience. Doctor (doceo, Latin: teach) is an honorific title given by the Catholic Church to saints recognized as having made notable contributions to theology or doctrine. There are presently 35 Doctors with the first proclaimed as Saint Athanasius (296–373) by Pope Pius V (1568) and the most recent Saint Gregory of Narek (951–1003) by Pope Francis (2015). Conscience in the spiritual and moral life of man is one of the central themes of Newman's writings.

Events and circumstances, especially those deeply moving ones, prompt responses. In the case of the anti-Catholic pamphlet written by the Liberal English statesman William Gladstone, *Vatican Decrees in Their Bearing on Civil Allegiance: A Political Expostulation* (1874), this event prompted Newman to defend against baseless charges of disloyalty following the promulgation of papal infallibility at Vatican I (1870). In his response entitled *Letter Addressed to the Duke of Norfolk on Occasion of Mr. Gladstone's Recent Expostulations*¹, Newman addressed the Duke of Norfolk who was admittedly the head of a prominent family of England and a living example of the capacity of English Catholics to show their loyalty to church and state. Mr. Gladstone, a former prime minister, charged that "Rome receives a convert who now joins her, to forfeit his moral and mental freedom, and to place his loyalty and civil duty at the mercy of another²." Newman answered in his *Letter* the proper definition of papal infallibility, thus successfully vindicating the teaching of the Roman Catholic Church and the loyalty of Catholics to church and state. Equally important, Newman was capable, given his sharp intellect, to explore the same truth from other angles³. In this case, his *Letter* also addressed the extreme views of papal infallibility promoted by churchmen which actually extended the Pope's infallibility beyond the Council definitions. The Vatican I Council document, *Pastor Aeternus*, summarizes that "he (Pope) possesses, by the divine assistance promised to him in blessed Peter, that infallibility which the Divine Redeemer willed His Church in defining doctrine concerning faith and morals⁴." Some of Newman's contemporaries were quick to accuse and vilify those who did not embrace their own erroneous views of infallibility. It was through an exploration of the important and vital role of conscience that Newman was capable of answering both Gladstone and the extremists.

The letter to the Duke of Norfolk elucidates the role of conscience in questions of obedience. It would serve this essay well to reproduce this definition of conscience.

God, Newman writes:

"implanted (the) Law which is Himself, in the intelligence of all His rational creatures. The Divine law, then, is the rule of ethical truth, the standard of right and wrong, a sovereign, irreversible, absolute authority in the presence of men and Angels. 'The eternal law,' says Saint Augustine, 'is the Divine Reason or Will of God, commanding the observance, forbidding the disturbance, of the natural order of things.' 'The natural law,' says Saint Thomas (Aquinas), 'is an impression of the Divine Light in us, a participation of the eternal law in the rational creature. This law, as apprehended in the minds of individual men, is called 'conscience,' and though it may suffer refraction in passing into the intellectual medium of each, it is not therefore so affected as to lose its character of being the Divine Law, but still has, as such, the prerogative of commanding obedience"^[5].

God, "implanted (the) Law which is Himself, in the intelligence of all His rational creatures. The divine law, then, is the rule of ethical truth, the standard of right and wrong, a sovereign, irreversible, absolute authority in the presence of men and Angels.

St John Henry Newman

He continues that conscience is the "voice of God in the nature and heart of man, as distinct from the voice of Revelation^[6]." It is, he follows, "a constituent element of the mind, as our perception of other ideas may be, as our powers of reasoning, as our sense of order and the beautiful, and our other intellectual endowments^[7]." Conscience is "a dictate" conveying ideas of "responsibility" "duty" "vividness"^[8].

Then, Newman changes course from defining conscience to mandating what must follow from an acceptance of this concept. "He who acts against his conscience loses his soul^[9]." Conscience is a "principle planted within us, before we have had any training... such training and experience is necessary for its strength, growth and due formation^[10]."

Newman circles back to the vilification of the pope in the bigoted pamphlet of Gladstone and emphasizes that God has representatives on Earth who preserve and proclaim the moral law. Conscience is not in isolation. "Conscience is a messenger from Him, who, both in nature and in grace, speaks to us behind a veil, and teaches and rules us by His representatives. Conscience is the aboriginal Vicar of Christ, a prophet in its informations, a monarch in its peremptoriness, a priest in its blessings and anathemas, and, even though the eternal priesthood throughout the Church could cease to be, in it the sacerdotal principle would remain and would have a sway^[11]."

The Pope, His representative, may only pass on what he received from the Apostles. *“The Holy Spirit was promised to the successors of Peter not so they might, by his revelation, make known some new doctrine, but that, by his assistance, they might religiously guard and faithfully expound the revelation or deposit of faith transmitted by the apostles [12].”*

Finally, Newman evinces his frustration at the attacks on conscience. He no less echoes the cries of the modern Christian against intrusions of the state on individual conscience.

Newman writes:

“All through my day there has been a resolute warfare, I had almost said conspiracy against the rights of conscience, as I have described it. Literature and science have been embodied in great institutions in order to put it down. Noble buildings have been reared as fortresses against that spiritual, invisible influence which is too subtle for science and too profound for literature. Chairs in universities have been made the seats of an antagonist tradition. Public writers, day after day, have indoctrinated the minds of innumerable readers with theories subversive of its claims [13].”

“All through my day there has been a resolute warfare, I had almost said conspiracy against the rights of conscience...”

St John Henry Newman

What then can the contemporary health care provider, more specifically the Roman Catholic provider, take away from Newman’s definitions of conscience and counsels to witness to individual conscience?

Conscience is indeed the voice of God. It speaks daily to the heart of the provider who listens despite the noise to its promptings. We know that our patients are vulnerable and yearning for healing. We summon our training and demeanor toward their care. They generally trust us and we continue to strive never to abuse that trust in their utmost vulnerability. A loss of respect for honoring our formed conscience can only erode this trust. In like fashion, we make simple and complex judgements daily and do so often without clear or distinct communication. As providers we profess judgements which affect the mental and physical well-being of our patients. How does the provider cope with the awesome responsibility of this judgement? Humility, termed the mother of all virtues, guides the purveyor of medicine. What he has learned, what skills he has mastered, what future knowledge and skills he will acquire are all for the good and well-being of the patient. Though we may think that our intellection is superior and our skills unparalleled, they are

ultimately the gifts of a loving and merciful Father. If we are to be perfect in our practice and listen to this voice of God, we must first master the virtue of humility.

Conscience must be obeyed. Do we ever think that our erroneous decisions would lead to eternal perdition? It is an inconvenient truth that our decisions and actions have eternal consequences. We can misdiagnose and mistreat and have our poor decisions and miscues flayed open by our patients or malpractice lawyers. We can more frighteningly have our decisions and actions not guided by conscience judged by a just God. Obedience to this voice of God is essential and when it is stifled by our arrogance or obstinacy we have the opportunity and necessity of the Sacrament of Reconciliation. Confession supernaturally makes our relationship right again and permits us to accept this obedience not as a servant would do so for a master, but rather as a son or daughter does for a father.

Finally, how Newman’s words of “resolute warfare” “conspiracy” and “antagonistic tradition” resonate with us. His words of the 19th century are words similar to those of the early Church living amidst the pagan Roman Empire. Newman cries out in protest but does not leave us in despair. He is also detailing the fight we will have and in which we must engage. The fight is the same throughout the ages. The fight to preserve this “Divine Law” is guided by “His representatives.” The weapons in our battle are a deep prayer life, participation in the Sacraments of the Church, basking in the wisdom of Scripture and strong and devout associations with fellow warriors. The result of our constancy will indeed be rewarded as The Evangelist John reinforces in Revelation 7: 13-14. He writes: *“Then one of the elders spoke up and said to me, ‘Who are these wearing white robes, and where did they come from?’ I said to him, ‘My lord, you are the one who knows.’ He said to me, ‘These are the ones who have survived the time of great distress; they have washed their robes and made them white in the blood of the Lamb.’”*

Saint John Henry Newman used his keen intellect to answer courageously and effectively the attacks on his faith. So convinced was he of his belief in this ancient church that he spoke out despite his membership in a minority church. Attentive to the history of the church he reminds us of the of the former names of conscience in ‘eternal law’ (Saint Augustine) and ‘natural law’ (Saint Thomas Aquinas). He also emphasizes the power of conscience as the ‘voice of God,’ a responsibility to carry out without reserve even in the midst of ‘resolute warfare.’ The health care provider is no less obligated to follow this dictum. They are admittedly held to a higher standard given their

training and participation in one of the higher arts. Constancy to this awesome responsibility does have its rewards but executing on a daily basis is challenging and seemingly hopeless. We have as our source of help, however, our brothers and sisters in Heaven, those 'prayers of the holy ones.' (Revelation 5:8) It is no less fitting that following his canonization then that the health care provider can thereafter ask for the intercession of Saint John Henry Newman to imbue him with the light of a well formed and resolute conscience.

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random headaches, yeasts infections, unexplainable random sharp pains, mood swings and a low sex drive that affected my relationship with my fiancé. If anything, I feel like FAM has made us closer. I am very grateful that I learned about FAM and that I will continue learning, practicing and growing. I've only been practicing FAM now for a few short months and it's already done a 360 in my life. I no longer fear long or short-term side effects of hormonal birth control and I'm so glad that I came to the realization that I really and truly do not NEED it.

Jordan (24) writes: A friend introduced me to the Fertility Awareness Method when I was 20, a few months before I was going to be getting married. Now I couldn't imagine not knowing what I do about my body! It has helped me realize that I don't fit into the perfect 28 day cycles, but that I still have very regular and predictable cycles. I have been able to find insight through avoiding pregnancy, struggling with infertility, finally conceiving and walking through postpartum. FAM has given me the confidence not to let my doctor put me on hormones to "fix" my endometriosis, but pursue other opinions from experienced doctors. Simply put, my life would be so different if I had not been exposed to FAM 4 years ago!

Nurit (20), is on cycle 38 TTA and she writes from Israel: Disrupting a healthy cycle with artificial hormones, never appealed to me. I googled "natural birth control", thinking I would find some herbal recipes you shouldn't trust. Instead I found the sympto thermal method of fertility charting and it BLEW MY MIND! I have always read my biology school books cover to cover even before the school year started. I had many physiology and endocrinology courses in college and I have never heard of the option before. I always thought my period was just naturally late every month (33-35 day cycles). FAM has become a passion of mine. I have decided to become certified in teaching it. I have found awesome new friends through the internet, who share the same enthusiasm. I love that I don't have to cancel out my fertility. I feel that it is handled with care and respect, also by my partner. It opens up a dialog around my cycle and our intimacy, which benefits us greatly.

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- [3] McCusker, Matthew. 2018. "The Teaching of Bl. John Henry Newman on Conscience and Obedience," Rome Life Forum. May 2018. <https://www.voiceofthefamily.com/the-teaching-of-bl-john-henry-newman-on-conscience-and-obedience>.
- [4] Pius IX, Pope Blessed. 1870. "Pastor Aeternus." Chapter IV. <https://www.catholicplanet.org/councils/20-pastor-aeternus.htm>.
- [5] Newman. 1962. Page 127
- [6] Newman. 1962. Page 128.
- [7] Newman. 1962. Page 128.
- [8] Newman. 1962. Page 128.
- [9] Newman. 1962. Page 136-138.
- [10] Newman. 1962. Page 128.
- [11] Newman. 1962. Page 129.
- [12] Pius IX, Pope Blessed. 1870. Chapter IV.
- [13] Newman. 1962. Page 129.

Benefits of Natural Family Planning (NFP)

The National Association of Natural Family Planning Teachers sent us these testimonials on NFP. Which we feel are worth reflecting on. They sit alongside many more such evaluations of the benefits of NFP.

Kayliesha 20, Bahamas writes: FAM (Fertility Awareness Method) has changed my life drastically. I literally FEEL healthier now that I'm not on hormonal birth control. No more

EVENTS

Mass will be celebrated for the CMA, at the Shrine of Our Lady of Walsingham, on Saturday 25th April, at midday.

That would have been when we were to be at St Mary's, Twickenham, for our Conference. Additionally, Mgr. Armitage will dedicate the midday Sunday Mass each week to all Healthcare Workers, for help & protection in these difficult times. Like the Re-Dedication of England to our Mother Mary recently, these services are "streamed" on their web-site:
<https://www.walsingham.org.uk/livestream/>.

Cancellation of our Annual Conference and AGM.

In response to the Coronavirus pandemic, most members will already realise that our planned Annual Conference and Annual General Meeting on Saturday 25th April at St Mary's University, Twickenham have been postponed. The theme for the planned conference had been "Healthcare at the Margins – the place of the Catholic Church". It is hoped that we may be able to rearrange for the Conference and AGM to take place later this year. In the midst of continuing uncertainties, however, no provisional date for a re-arranged conference has yet been made.

CMA Fifth Annual Youth Conference

At the moment, the planned CMA (UK) Annual Youth Conference will be held on Saturday 3rd October 2020. The theme for the conference will be "Agonia – A Conference on Mental Illness". Details for booking will be found on the website semperidem.co.uk and the facebook page [facebook.com/catholicmedicalassociationenglandandwales](https://www.facebook.com/catholicmedicalassociationenglandandwales)

Last year's Youth Conference on "Care of the Dying Patient", held at St Aloysius Church, Euston on Saturday 5th October was a tremendous success. As was our February meeting at St Dominic's Priory entitled "*Can We Be Saints?*" with its reflection on the life of Frank Duff, founder of the Legion of Mary.

International meetings

The Coronavirus pandemic has obviously led to the postponement and cancellation of many other national and international events. Local branch CMA meetings, planned in West Midlands, Sussex and Newcastle in March and April have been cancelled.

The Federation of European Catholic Medical Associations (FEAMC) had planned for its next board meeting to be held in Vilnius, Lithuania from April 28th to May 2nd but this meeting has been postponed. It is hoped that it might be re-arranged to take place at a later date when conditions significantly improve to allow safe travel and conferences to resume.

A UNESCO Bioethics conference had been planned to take place in Porto, Portugal from May 11th to 14th. This has been postponed and is now scheduled to take place from August 31st to September 3rd if conditions allow and if international travel restrictions have been relaxed. The CMA (UK) will be represented at this meeting with the honour of delivering a presentation at one of the sessions on the topic of "Decriminalisation of Abortion in the UK". Members are encouraged to consider attending and booking information can be found at <http://bioethics-porto2020.com/>

The US CMA Annual Educational Conference, scheduled to take place in San Diego, California from 23rd to 26th September is still likely to go ahead at the time of writing. Organisers are hopeful that health concerns over the Covid-19 pandemic will have greatly subsided well before that time. Once again, the CMA (UK) will be represented. An abstract submitted for presentation has been accepted and is entitled "Judges, Politicians, Physicians and Threats to the Doctor-Patient Relationship: Who can we Trust?".

Annual March for Life

At the time of writing, the Annual March for Life is still planned for Saturday 13th June 2020 in central London. Details and further information can be found on the March for Life UK website. Please try to attend if it goes ahead. The CMA (UK) will have a stall at the festival.

Join Doctors with Africa CUAMM team running for Africa



ROYAL PARKS HALF MARATHON

**11TH OCTOBER 2020
HYDE PARK, LONDON**

**DOCTORS WITH AFRICA
CUAMM UK**

JOIN THE TEAM

Register today to join our team, we'll ask you for a registration fee of £30 and a pledge to raise £350.

For further information please write to: uk@cuamm.org

Join Doctors with Africa CUAMM team and #RUN4MUMS in this memorable event. The Royal Parks Half Marathon takes place in four of London's stunning Royal Parks and some of the most iconic landmarks including Buckingham Palace, The Houses of Parliament, The London Eye and the Royal Albert Hall.

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Boarbank Hall Events for 2020-2021



4th-6th December 2020 - Hope in Health: Families and Carers. An Advent weekend open to anyone interested in sickness and health.

11th-16th January 2021 - Hope & Salvation: Drugs Good and Bad. Open to doctors, nurses, chaplains and other healthcare professionals.

10th -14th March 2021 - Hope and Salvation (for newcomers and for anyone who finds this time of year more convenient). Open to doctors, nurses, chaplains and other healthcare professionals. Talks will include updated highlights from the last 12 years.

NEWS

Abortion law is rapidly changing

continued from page 7

Abortion law has rapidly been changing recently. It looks as if those who promote abortion and the culture of death are well aware that there is nothing better than a crisis to break down barriers. In that context, we have seen rapid developments in the law around abortion in Northern Ireland as well as a huge liberalisation of abortion on the UK mainland. As a result of the Coronavirus pandemic, the emergency Coronavirus Act liberalised abortion so that pre-abortion consultation could be done on-line (by video etc) and the medical abortion pills could be sent to patients and taken at home. Last year, the Northern Ireland (Executive Formation etc) Act 2019, Bill was used to establish abortion legal access to abortion in Northern Ireland and to put in place the most liberal abortion regime that the UK has ever seen. The Act was fast-tracked through Parliament and forced on Northern Ireland by Westminster politicians. The Act was manipulated by pro-abortion politicians very successfully (for them). Times of crisis are times to do all we can to protect the young, the unborn and the vulnerable. The CMA(UK) submission on law reform in Northern Ireland is reproduced in this issue of the CMQ. It makes many good arguments in favour of protecting the unborn. The CMA(UK) submission on law reform in Northern Ireland makes many good arguments in favour of protecting the unborn. It is on page 21.

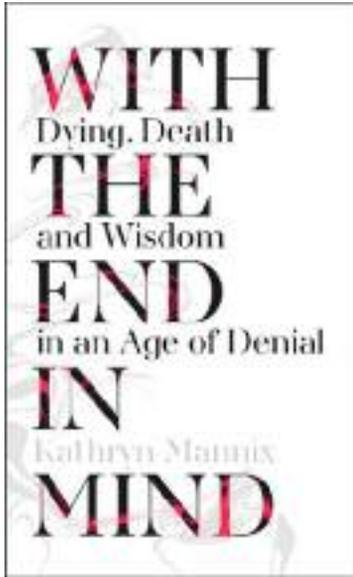
BOOK REVIEWS

With the End in Mind

by Kathryn Mannix

Reviewed by

Andrew Plasom-Scott



In the Letter to the Hebrews, in the passage read on the Feast of the Presentation, we are told that St Paul writes: *Jesus... set free all those who had been held in slavery all their lives by the fear of death.*

Timor mortis, the fear of death, is salutary in one sense: if it makes us meditate on the four last things and prepare for a good death. But if it is the fear that paralyses, the fear born of ignorance that tempts us to denial, it is clearly bad. It is to combat this evil, I believe, that Kathryn Mannix has written *With the End in Mind: Dying, Death and Wisdom in an Age of Denial*.

Mannix is a retired doctor who has specialised in palliative care, and has witnessed at first hand, many times over her career, how people approach death; both the dying and those who are with them: friends, family, carers, and medics. Her thesis is that our modern taboo about talking about death is deeply unhelpful, and she confronts this by telling many true stories about death and dying, again drawn from her extensive experience.

Her primary message is that death is normally both a peaceful and a predictable experience, and she describes the normal process of dying very simply and clearly. Further, she demonstrates time and again, through her stories, how helpful it is for both the dying and those accompanying them to know this: to know what to expect and how to interpret what they experience.

When it comes to the question of euthanasia, she is carefully balanced in her comments, above all pleading against the strident rhetoric that is sometimes heard on either side of the argument. The story she presents, however, speaks loudly and clearly about some of the less obvious risks of legalised killing. She tells of the overwhelmingly negative impact that repeated suggestions that he should consider whether he wanted to hasten his own death had on a dying man, Ujjal. Eventually, Ujjal left the Netherlands because of this, and came to England to die in peace. In this way, she often lets her stories do most of the work in her teaching.

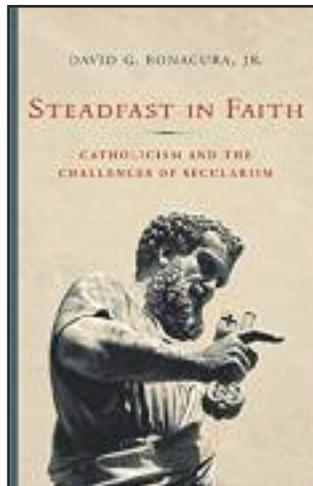
This is a powerful, honest and compassionate book that will be of great value to all in the medical and caring professions who work with people who are dying; but also to all of us, as in our common humanity, we will inevitably experience the death of those we love, and ultimately our own - and we will be better prepared for both by the wisdom shared by Kathryn Mannix.

Steadfast In Faith. Catholicism and the Challenges of Secularism

by David G. Bonagura, JR.

Published Cluny Media

Reviewed by Dr Pravin Thevathasan



This is a great apologia for the Catholic faith. Especially so in an age when the secularist agenda prevails. We must not give into despair, says the author. Our faith in Jesus Christ and his Church can and must build our lives, our families and our societies.

There are two parts to this work. The first part on the preliminaries to faith include chapters on faith in the world today, the Catholic and secular world

views and on the existence of God. The second part includes chapters on living our faith, on faith, certitude, doubt and conscience and a chapter on faith, action and politics. We are called to reflect on what it means to believe in God. Living our faith means that it has to have an impact on the way we live. As Pope Benedict so often reminded us, it is not possible to privatize our faith. I have spoken to practicing Catholics who vote in favour of the most pro-abortion of politicians. How is this possible? Because our parents always voted Labour, is the usual answer. What was once known as the Mario Cuomo option is to say that while I am personally opposed to abortion, I would not wish to impose my views on the rest of society. The author strongly argues against this pernicious view.

Is there a conflict between faith and science? Not at all. The author makes a good case in favour of the reasonableness of faith. Reason leads us to the conclusion that God exists. To argue otherwise is unreasonable. The problem with atheistic rationalism is that it is not rational at all.

I read this book at a time when somewhat despondent by the the strange goings-on during the Amazon Synod and found it the ideal antidote. Our faith is reasonable, beautiful and true. Only on this rock can we build our lives. To be steadfast in faith means never to think that the Catholic Church in her essence has succumbed to the spirit of the world.

For those of us in healthcare, the chapter on human suffering is highly relevant. Only Christianity ultimately makes sense of suffering because we alone have a founder who experienced the depths of suffering. It is in the crisis of suffering that what we believe is put to the test.

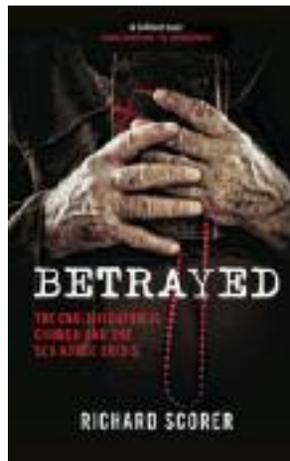
A work filled with hope.

Betrayed: The English Catholic Church and the Sex Abuse Crisis

**Richard Scorer. Published 2019 Biteback
Reviewed by Dr Pravin Thevathasan**

I have no problem whatever with the basic thesis of this book: The Catholic Church in England failed many victims of clerical sexual abuse. Victims were not believed and all too often the offending priests were moved to another parish. The author is a lawyer with a wide reputation for his work on child abuse and human rights issues. It would be difficult to find fault with what he describes.

The author also happens to be vice-president of the National Secular Society. As with so many secularists and "progressive Catholics" he fails to mention the elephant in the room: the majority



of victims of clerical sexual abuse have been adolescent males, a contrast with findings in the wider society where most victims are female. To be fair, the book was published before the McCarrick scandal exploded. We now know that a significant number of young men have also been victims of clerical abuse.

The author cites Matthew Fox, a Dominican priest who left the Church because of disagreements on a wide range of issues including sexual morality. Fox also worked alongside a self-confessed witch named Starhawk.

Cardinal Ratzinger is blamed for not going after Father Maciel. In fact, that was one of the first things he did after being made pope. I will admit that neither Popes John Paul, Benedict nor Francis come out well in the light of the sex abuse crisis. Benedict made a gentleman's agreement with McCarrick. Unfortunately, McCarrick was no gentleman.

The author also favorably quotes Geoffrey Robertson, a darling of the secularists who made a frankly ridiculous bid to have Pope Benedict arrested during his hugely successful visit to Britain. When an author quotes from such sources, you get a sense of the real agenda.

The author is keen for mandatory reporting to secular authorities. Let us be clear: there is nothing in canon law that prevents an alleged victim going to the secular authorities. As I argued in a CTS booklet, would it have been appropriate for bishops to work with secular authorities in a Communist country? In some parts of the Middle East? And now, in the light of the Cardinal Pell case, in Australia?

The author has said that a failure to act on information during confession would be considered negligent by an English Court. That is why we need a return to Catholic tradition. Anonymous confessions through a grill protects both priest and penitent. Why did rates of sexual abuse escalate in the sixties? Because a new morality was introduced in seminaries and elsewhere, a morality that was in keeping with the spirit of the times. The Catholic Church has not been well served by this openness to the world.

This book reminds us that the enemy of our enemy need not be our friend.

**Caring for the Mind:
Mental Health and Spiritual Support
Boarbank Hall, 4th-5th February 2020**

Sr Margaret Atkins



Mental health is an ever-increasing concern for chaplains of all kinds.

At Bishop Paul Mason's initiative, we ran at Boarbank Hall in early February a two-day course, *Caring for the Mind: Mental Health and Spiritual Support*, attended by healthcare and prison chaplains, and clergy with related responsibilities.

Dr Adrian Treloar, a geriatric psychiatrist based in South East London also well known for his work for the Catholic Medical Association, provided the clinical expertise, with a lucid overview of mental health difficulties.

This was complemented by Deacon Michael Mkpadi, of the Leeds Diocese, whose expert guidance in discerning among biological, emotional and spiritual disorders showed the enormous value of high-level mental health training for chaplains.

Three speakers from our own diocese completed the menu: Sr Marian Davey, based in Blackpool, gave a human face to the question with illuminating accounts of the patients she encountered as a mental health chaplain. Stephen Bamber, living in Lancaster, offered a powerful account of both the despair of addiction and the real hope of recovery, if the right networks of support are available. Stephen uses his own expert understanding of both addiction and IT to create specialist support systems for people in recovery.

Finally Jack Regan provided a couple of short but very rich sessions on Mental Health First Aid and on Caring for Yourself. We are truly blessed that Jack will be our new diocesan Head of Youth Services, starting his role in May.

Dr Adrian Treloar adds that

The Mental Health First Aid session inspired two of us on the way home to intervene on London Bridge Station to support a very disturbed lady who was clearly at risk. With the help of station staff, she was successfully returned to her family's care.

But most of all this course was a wonderful opportunity to think through hospital chaplaincy, especially from the point of view of mental health. We really struggle to achieve results in this area, and there is much to do. I shall try and work out ways in which we make improvements in Mental Health Chaplaincy over the coming months. And alongside all that, daily Mass and Daily Prayer of the Church in a monastery with fantastic views and walks all around.



**Report for Hope in
Health Advent Retreat,
6th-8th December 2019.**

Sr Margaret Atkins

This year's theme was 'Children and Health'. Our two speakers were Dr John Roper, a consultant paediatrician based in St Helen's, who also has many years' experience of taking handicapped children to Lourdes, and Sr Maureen O'Driscoll, a member of the Franciscan Missionaries of St. Joseph and a Registered General Nurse and Children's Nurse who works for Francis House Children's Hospice and Francis House Families in Manchester. John used the lens 'the individual and God', and especially Psalm 139, to explore both the spirituality of sick children, and ourselves as children in relation to God. He also made some thought-provoking comments on the importance of proper parental authority. Sr Maureen told us

the inspiring story of the origins and development of Francis House Hospice by her order, in response to a strongly felt need. Now they care not only for children, but also for young adults and beyond, as with medical assistance young people live many years longer with disabling illnesses. The weekend included shared prayer and social time, as always; this year's film showed Gregory Peck as Fr Francis Chisholm, a missionary in China, in 'The Keys to the Kingdom', which appropriately includes a key twist in the plot involving a sick child. Once again it was lovely to welcome old friends and new, healthcare professionals and other friends, to our Advent weekend of reflection. Next year's theme will be 'Families and Carers' (4th-6th December). The weekend will be open to anyone interested.

Health & Salvation Report 2020

Is it just our imagination, or does the Health and Salvation week get even better every year?

At any rate, each new theme throws up a new set of superb speakers, who inform, surprise and challenge us in new ways. The combination of a group of regular participants and fresh faces also always makes for friendly and stimulating conversation. (The fireside is the true centre of the course; the lecture room is just the trigger for those relaxed and creative evening discussions.)

This year's theme was 'Healthcare in the Public Eye'. The theme was introduced by Sr Margaret in the introductory sessions, with a meditation on a few texts from chapters 3 and 5 of St Mark's Gospel: the healing of the man with a withered hand, of the woman with the haemorrhage and of Jairus' daughter, and the instruction 'not to make him known'. Jesus himself knew both the benefits and dangers of the public eye, and was concerned to protect the privacy of the sick, and to discern when information should and should not be more widely shared.

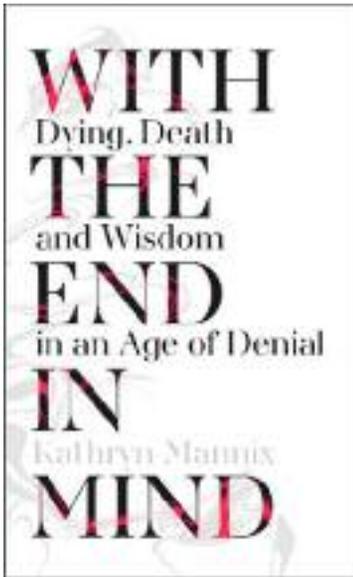
Maggie Doherty and James Abbott work for the Catholic Media Office, and Maggie is also Director of The Art of Dying Well at St Mary's University, Twickenham. Their session set the scene by showing a few videos of the astonishing skills of contemporary robots - we live in a world where a machine can order a haircut or build a house for us. How do we communicate in that world, especially with a potentially hostile media? They provided wise and experienced advice which might be summed up as Prepare Thoroughly: Listen: Stay Calm; Be Clear What You Want To Say; Remember *It's Not About Me*. It struck me that this was the sort of advice a Spiritual Director

might offer - the more we are master of ourselves and our emotions, the better we can listen and communicate. A session of role-play followed in which selected members of the group excelled themselves in their 'public' performances.

Dr Nick Gent is a man of many parts, including his role as Deputy Head of Public Health England's Emergency Response Department. He coordinates responses to public emergencies, national and international, from typhoons to ebola. He investigates the medical dimensions of high-profile incidents. He provides risk assessments and advises on strategic responses. He is also a trained lawyer, with a role in advising on medical law at a European level. His fascinating talk focused on the meaning of Public Interest and its relation to the rights of the individual. He argued that our Common Law approach, which leaves the concept relatively undefined, has benefits as well as disadvantages, but that it is important to guard against clear misunderstandings: the Public Interest is not anything the public happens to be interested in (curious about). It is a legal, rather than moral or political, concept, which offers protection to protect sub-groups within society. However, its roots are in morality, not least that of the Gospels. It is dynamic, in that risks and benefits constantly change. In recent years we have abandoned a more finely graded sense of confidentiality for a black-and-white contrast between public and secret, a significant but little-noticed development. Public Interest is one of the few society-based criteria we use for ethical judgements, and its use is pervasive: it is important that we think more carefully about it and avoid misapplications of the idea.

Dr John Ellershaw is a Professor of Palliative Medicine in Liverpool, who originally trained with Cicely Saunders. He shared with us the way in which a large team of volunteers are used in a huge variety of roles in his hospital, and how they are trained and encouraged. This led to interesting group discussions on the use of the word 'volunteer', which runs the risk of implying that unpaid status is more significant than the job someone is doing. Dr Ellershaw also introduced us to the stimulating ideas of Hilary Cottam, laid out in her book *Radical Help*. How can we enable individuals within communities to help themselves and one another in ways that will support our ailing health service and remove burdens from it?

Dr Kathryn Mannix retired from her role as a Palliative Care Consultant in Newcastle in order to write *With the End in Mind*, now a best-seller.[see our book review on page 15]. Her mission continues: in her talk, she showed our group, joined for her session by a number of local



nurses, how each of us could help to share wisdom and information about the process of dying, in a way that will give great help and comfort to the sick and to their relatives. She also talked about her new role in supporting carers and the bereaved through an on-line community that has grown up around her website and twitter. The internet has so much potential for good, provided that one learns detachment and skill in negotiating its less pleasant manifestations. ^[1]

Nurse Toni Lynch gave the final talk, drawing on her unique journey from being brought up as a child in a house in the Boarbank grounds, and starting her first job at Boarbank, under the guidance of the Sisters, at the age of 11, via spells of responsibility in Accident and Emergency and Elderly Care to the role of Deputy Chief Nurse at St Thomas' and St Guy's. She spoke very movingly of her mission to integrate the values she learned as a child - discipline, care, self-giving - into her vocation as a nurse, and now as the one who is able to be the voice of the workforce and the patients to the highest levels of management. Continuing to work hands on alongside her staff one day a week gives her a deep insight into what is needed on the ground.

In our concluding conversations we reflected on the rich and unexpected set of questions raised by our theme, questions which often ran through several of the talks. This year people spoke more clearly than ever of the extent of the crisis in the NHS, and recognised that fundamental change is urgent. How will this change happen? Another theme was of the need to recover the wisdom of past generations in a new form and new context: wisdom about dying, about compassion, about community, about truthfulness. We reflected on

the need to build local communities and groups through horizontal networks and how these might best interact with vertical structures of authority. We spoke of the need to educate, encourage and empower members of the general public, and to learn to listen deeply to one another. 'It's not about Me - it's about You and about Us,' was one of the messages to take home.

A largish group made the most of the sunniest day for a walk around the coast to Jenny Brown's Point, near Leighton Moss (and we popped in for a little birdwatching en route). Of course there is a good tea room there too! Social time during the week also included watching the film of The Two Popes, and we ended the week enjoying a buffet with some of the Sisters.

As usual, the group shared Mass and the prayer of the Church, sometimes by themselves and sometimes with the Sisters. The final Mass, with the Community and residents, was a Mass of Healing, with the sacrament for the sick. Many thanks to Fr David for his liturgical support.

Because we would like to share these very special courses with more people, next year we are putting on a second event, aimed especially at those who find January a difficult time to get free.

Up-coming healthcare events are set out on page 14.



Dear Editor,

As the former medical director of the Lejeune Clinic for Down's children, it was a joy to assist parents and their lovely children. Many of the mothers had persisted with their pregnancy knowing the diagnosis before birth, but they had been made to feel that they were under an expectation to have an abortion. This was often repeated at each ante natal visit by different midwives. Some had also been given outdated information about Down's Syndrome.

I recall one case in particular. She was a middle aged professional woman who had been deserted by her partner. She had repeatedly stated her wish to continue with her pregnancy. She said the lowest point was when the paediatrician asked if she wanted the baby resuscitated. In the event the delivery went well and the baby was in good condition.

My colleagues and I approached the Royal College of Obstetrics and Gynaecology offering to hold a joint meeting to update them on the 'current outlook for Down's persons. I further suggested that a form be attached to the woman's ante natal notes stating her wish regarding the continuation of her pregnancy after a single discussion with a senior health professional.

Neither suggestion was taken up. I reluctantly came to the conclusion that the R C O G was indifferent to the needs of these women.

Dr A P Cole FRCPCH, FRCPE
Consultant Paediatrician rtd

An amended version of this letter was first published in the Catholic Herald .

CMA(UK) Submission regarding changes to abortion legislation in Northern Ireland.

Response ID ANON-YJP1-GVC3-Q
Submitted to A new legal framework for abortion services in Northern Ireland - Implementation of the legal duty under section 9 of the Northern Ireland (Executive Formation etc) Act 2019
Submitted on 2019-12-16 01:52:59

Organisation: Catholic Medical Association (UK)

Section 1 - Legislative Changes

SECTION 2.1, Part 1 - Early terminations of pregnancy

Question 1a: Should the gestational limit for early terminations of pregnancy be up to 12 weeks gestation (11 weeks + 6 days)?
No

Question 1b: Should the gestational limit for early terminations of pregnancy be up to 14 weeks gestation (13 weeks + 6 days)?
No

If you answered no to 1a and 1b, what alternative would you suggest?:

At any stage, deliberate termination of a pregnancy involves the deliberate killing of an individual and unique human being. Whether the ending of the life takes place at 1 week, 12 weeks, 14 weeks, 28 weeks or 30 years is immaterial.

Considering that a prime aim of this proposed legislation is to defend the rights of women and girls, it must be remembered that well over 50% of abortions worldwide are carried out on female human beings at their most vulnerable stage in life.

The only truly just solution is to ensure that all unborn human beings, from conception, are afforded protection by the state.

Section 2.1, Part 2 -Early terminations of pregnancy

Question 2: Should a limited form of certification by a healthcare professional be required for early terminations of pregnancy?
No

If no, what alternative approach would you suggest?:

As medical doctors, we firmly believe that it is the duty of all doctors and healthcare

professionals to protect life and to care particularly for the weak and vulnerable in society. Doctors should never become involved in processes that promote or cause the destruction of human life. Deliberate termination of pregnancy (deliberately procured abortion) can never be justified at any stage of pregnancy.

2.2 - Gestations beyond 12 or 14 weeks

Question 3a: Should the gestational time limit in circumstances where the continuance of the pregnancy would cause risk of injury to the physical or mental health of the pregnant woman or girl, or any existing children or her family, greater than the risk of terminating the pregnancy, be 21 weeks + 6 days gestation?
No

Question 3b: Should the gestational time limit in circumstances where the continuance of the pregnancy would cause risk of injury to the physical or mental health of the pregnant woman or girl, or any existing children or her family, greater than the risk of terminating the pregnancy, be 23 weeks + 6 days gestation?
No

If you answered 'no' to both of the above, what alternative provision do you suggest?:

Medical doctors are trained to carry out thorough clinical assessments when dealing with patients. They make clinical decisions based on personal clinical experience and by reviewing and understanding evidence obtained over periods of research.

There is absolutely no evidence that deliberate procurement of abortion is ever necessary to help the mental or physical health of any woman in pregnancy. Indeed, there is a growing body of evidence that abortion can seriously damage the mental health of many women who undergo abortion procedures. At very best, some studies suggest that procured abortion may have an overall neutral impact on a woman's mental health compared to continuing with pregnancy to term, although women with pre-existing mental health problems are much more likely to suffer more serious mental health issues after abortion.

2.3 - Fetal Abnormality

Question 4a: Should abortion without time limit be available for fetal abnormality where there is a substantial risk that the fetus would die in utero (in the womb) or shortly after birth?
No

Question 4b: Should abortion without time limit be available for fetal abnormality where there is a substantial risk that the fetus if born would suffer a severe impairment, including a mental or physical disability which is likely to significantly limit either the length or quality of the child's life?
No

If you answered 'no' to either or both of the above, what alternative provision do you suggest?:

Every foetus in utero is an unborn human being regardless of any perceived or suspected disability or illness. Just as doctors have a duty of care to persons with illnesses and disabilities who have already been born, we have a duty to care for unborn persons, at all stages of gestation, to the best of our abilities. Deliberately taking the life of an unborn human person is not proper care.

It is worth remembering that many of those human beings aborted on the basis of suspected "severe mental or physical disability" have had their lives deliberately destroyed for benign and treatable conditions such as cleft palate, clubbed foot, congenital heart defects. People with Down's syndrome are particularly vulnerable in view of the aggressive attempts to screen for this condition and the promotion of their murder prior to birth.

It is also worth considering that there are many "healthy" people alive whose mothers courageously continued with pregnancy against the advice of doctors attempting to persuade them that they should proceed to abortion on the basis of a perceived abnormality determined by pre-natal screening where such information turned out to be incorrect.

2.4 - Risk to the woman or girl's life or risk of grave permanent injury

Question 5a: Do you agree that provision should be made for abortion without gestational time limit where there is a risk to the life of the woman or girl greater than if the pregnancy were terminated?
Yes

Yes

Question 5b: Do you agree that provision should be made for abortion without gestational time limit where termination is necessary to prevent grave permanent injury to the physical or mental health of the pregnant woman or girl?
No

No

If you answered 'no' to either or both of the above, what alternative provision do you suggest?:

If there is a genuine threat to the life of the mother directly related to the pregnancy, in some very rare circumstances decisions may have to be taken to separate the mother from the placenta and foetus, even if this might cause the foreseen

death of the foetus. In these rare cases, every effort should be made to save the lives of both mother and child if possible. If delivery must take place, either by caesarean section or by induction of labour, before the foetus has reached the stage of viability (essentially now at 22 weeks gestation) then it is inevitable that the foetus will not survive despite best efforts to preserve life.

2.5 - Who can perform a termination

Question 6: Do you agree that a medical practitioner or any other registered healthcare professional should be able to provide terminations provided they are appropriately trained and competent to provide the treatment in accordance with their professional body's requirements and guidelines?

No

If you answered 'no', what alternative approach do you suggest?:

It is not the role of any doctor or other healthcare professional to deliberately end lives.

Attention should instead be given to caring for women in pregnancy, especially those who are pressurised into ending their pregnancy by others.

With increasing numbers of medical abortions, risks to pregnant women have increased due to the inherent dangerous adverse effects known to be associated with the drugs used in medical abortion (Mifepristone and Misoprostol). There have been many reports of deaths of young mothers from the administration of these drugs (in addition to the deaths of their unborn children), as highlighted by the FDA in the USA.

2.6, Part 1 - Where procedures can take place

Question 7: Do you agree that the model of service delivery for Northern Ireland should provide for flexibility on where abortion procedures can take place and be able to be developed within Northern Ireland?

No

If you answered 'no', what alternative approach do you suggest?:

If abortions are to be carried out, the highest standard of medical and nursing care must be provided. Abortion is not simply just another medical procedure despite the claims of some in the abortion provision business. Every year, in addition to the death of the unborn child, some mothers suffer serious morbidity directly associated with abortion.

2.6, Part 2 - Where procedures can take place

Question 8: Do you agree that terminations after 22/24 weeks should only be undertaken by health and social care providers within acute sector hospitals?

Yes

If you answered 'no' what alternative provision do you suggest?:

Abortion is never safe for either mother or unborn child. To ensure safety for at least the mother the higher risk procedures should only take place in a hospital setting with facilities to deal with complications that sometimes arise. To do otherwise would amount to trivialisation of abortion and its consequences and would also fail to recognise the dignity and worth of the mother involved in the procedure.

2.7, Part 1 - Certification of opinion and notification requirements

Question 9a: Do you think that a process of certification by two healthcare professionals should be put in place for abortions after 12/14 weeks gestation in Northern Ireland?

Yes

Question 9b: Alternatively, do you think that a process of certification by only one healthcare professional is suitable in Northern Ireland for abortions after 12/14 weeks gestation?

No

If you answered 'no' to either or both of the above, what alternative provision do you suggest?:

The requirement that two doctors, having carefully assessed each individual case, agree that an abortion is required for one of the reasons stated in the Abortion Act, was included in the Act for very good reason. There was a clear recognition that abortion is not an ordinary medical procedure and that it is associated with grave consequences. If properly applied, it should have ensured that abortion would be rare and safe and that women and young girls would be protected from abuse and coercion.

Allowing abortions to be carried out without this minimal safeguard will lead to more widespread abuse of women and young girls. The procedures will also be more dangerous for women.

2.7, Part 2 - Certification of opinion and notification requirements

Question 10: Do you consider a notification process should be put in place in Northern Ireland to provide scrutiny of the services provided, as well as ensuring data is available to provide transparency around access to services?

Yes

If you answered 'no', what alternative approach do you suggest?:

2.8 - Conscientious objection

Question 11: Do you agree that the proposed conscientious objection provision should reflect practice in the rest of the United Kingdom, covering participation in the whole course of

treatment for the abortion, but not associated ancillary, administrative or managerial tasks?

No

If you answered 'no', what alternative approach do you suggest?:

Conscientious objection should be extended to include a right for objection to any participation in the abortion process, including ancillary, administrative and managerial tasks that might facilitate abortion. There are many doctors, nurses, ward managers, secretaries and others who strongly object to the deliberate killing of the unborn on a variety of religious, moral and ethical grounds. They should all be allowed to opt out of participation in processes such as abortion that they believe to be unjust, immoral and damaging for all those who are involved in such processes. It is a long held tenet in medicine that doctors should not do any harm to patients under their care. The same rule applies to citizens that we should always avoid knowingly causing harm to others. Secretaries, ward managers and others should be allowed to follow their conscience and should be allowed to opt out of participating in abortion when they firmly believe that abortion is harmful to others.

Question 12: Do you think any further protections or clarification regarding conscientious objection is required in the regulations?

Yes

If you answered 'yes', please suggest additional measures that would improve the regulations:

Anybody who objects to involvement in abortion provision should be allowed to opt out if they do not wish to participate on conscience grounds. This should include secretaries, ward managers and other ancillary workers. Their right to opt out must be clearly stated and made known to all who may wish to provide abortion so that no pressure can be applied to those who wish to opt out. Any failure to respect the decision to opt out should be swiftly dealt with.

2.9 - Exclusion zones

Question 13: Do you agree that there should be provision for powers which allow for an exclusion or safe zone to be put in place?

No

If you answered 'no', what alternative approach do you suggest?:

The right to stage peaceful and / or prayerful protest to practices that are considered to be unjust or immoral by large sections of the community should be protected. Abortion providers have the right to know that many people in society do not approve of their actions. Women attending for abortion, especially those who are

under pressure from others to have an abortion, have the right to receive information and encouragement from members of society to help them continue with their pregnancy.

Any form of protest or prayerful presence outside abortion centres should be carried out with sensitivity and respect. The suggestion that there have been "incidents where there has been harassment, alarm or distress caused to the people seeking to access the locations and services provided" is simply not true. There was no evidence presented, at any stage, that the peaceful and prayerful protests at Ealing, Richmond or other locations were associated with any harassment or alarm causation. Some may have felt uncomfortable to see that some people object to abortion provision, but that is the nature of protest. Many women are grateful for the help they have received and several women are joyful that they were supported in preserving their pregnancy and in saving the lives of their children.

Question 14: Do you consider there should also be a power to designate a separate zone where protest can take place under certain conditions?
Yes

If you answered 'no', what alternative approach do you suggest?:

Protest, provided that it is peaceful and respectful, should be allowed in all areas close to abortion centres and clinics. A 5 metre exclusion zone directly outside such centres might be acceptable.

Further Comments

Question 15: Have you any other comments you wish to make about the proposed new legal framework for abortion services in Northern Ireland?

Enter answer here: It is disappointing and unjust that the people of Northern Ireland have not been consulted about the political decision to impose a liberal abortion programme in their country. It is acknowledged throughout this document that there is a significant degree of opposition to abortion provision by the people of Ulster. The opinion and sincerely-held beliefs of the people have been simply ignored.

It is important to realise that any directions from the UN CEDAW are not binding on any sovereign nation. The United Kingdom, and every other sovereign nation, has the right to make political decisions and laws supporting the values and cultural identities of its people. To use statements from the UN CEDAW to justify extension of abortion provision to Northern Ireland is a dishonest attempt to impose an unjust law on a population that has not expressed any desire to allow abortion to take place within its borders.

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