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Licence to Kill?

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Licence to Kill

A Case Study in Medical Ethics

"Things ain't what they used to be". This is certainly our perception concerning morality. Moral standards seem to be shifting and changing. This process is often described as secularization. That is a shift from a culture and context in which morality, law and culture presuppose God to one in which atheistic, humanistic presuppositions form the basis for making laws, moral decisions and the cultural expressions within a society. This is certainly *not* to say that there was some golden time when everyone was a religious believer. Rather it is to suggest that in the framing of laws, the teaching and expression of morality, the drawing up of professional codes of conduct, and the development of ways of behaviour socially and culturally, Judaeo-Christian teaching, doctrine and beliefs played a major and fundamental role. In that sense, there was a God-centred morality at work shaping society. Now that is less and less true, and in its place there is a man-centred view of morality. In this man is the designer of all things and creates his own morality. This propounding of an humanistic moral view usually rests on the man's reason, feelings, or will, or on some amalgam of these.

Another aspect of this process of secularization is a shift away from the idea that some things are right and wrong, good or bad in themselves to the idea that things are right and wrong on the basis of consequences alone. This is the move from the deontological to the teleological account of morality. Consequences are what really matter. Why does our government pursue the policies it does, or the opposition parties propound their alternatives? In the end, it is because they believe, rightly or wrongly, that their policies will lead to the greatest happiness of the greatest number of people. Social policy making is clearly teleological and consequentialist for the most part. "Right" equals good consequences.

The main feature, and indeed threat, in the process of secularization lies in relativism. As a philosophy, it begins from the apparent variety of moral views in our midst. In Timbuctoo, if you have an aging relative you kill and eat him to send him to the next life whole and hearty, rather than too old and decrepit to function properly there. In Taunton, if you have aging relatives, you put them in an old folk's home providing the best of care and visit them once a month. Morality varies from time to time, place to place, person to person. This means that there are no absolutes. Everything is relative. Right, wrong, good and bad vary according to the circumstances, people and setting. Therefore, argues the relativist, live and let live. We must be tolerant. We must allow people to do their own thing, and be free to do our own thing too. This is radically affecting our evangelism and apologetics. We must be tolerant of the views of others. We must see that our views are just our way of looking at and feeling about things. Thus truth is simply relative and existential and we make no absolute claims and present no absolute chronicle of truth.

These aspects of the secularization process have had a great influence on us all, but it is to the medical profession we turn to examine the effect. Traditionally, the medical profession is highly conservative. It has high professional standards and moral codes.

Nevertheless the medical world is on the side of change. Its values are shifting. Younger doctors have little in the way of ethical training. Morality is supposedly caught from the doctors, rather than taught. At the same time, the consumer society is affecting the doctor-patient relationship. When we visit the doctor, we expect him to give us something to help the pain. What kind of doctor is it if he doesn't give us medicine? The problems of over prescribing are partly the result of patient pressure on busy doctors to prescribe. We expect and demand that the doctor does something. Thus there grows an atmosphere where the doctor is expected to do what the patient wants. Patients have rights and these rights are not only defended but demanded with great vigour. Of course, there is much that is good in the recognition of patient's rights, but there is also a danger that the doctor may simply become a "need-meeter". He is in danger of losing his integrity, freedom and even responsibility. In such a context, there is really little surprise in a patient asking to be put out of his misery and expecting the doctor to be willing to kill him. Can you really be a doctor, if you never say "no" to a patient?

One further aspect of the changing medical world is the impact of technology. The growth in expertise has meant narrower specialization in medicine. The growth of technological capacity has meant that medical people are *able* to do wonderful things like kidney and heart transplants, hip replacements, and keep people alive for long periods of time by artificial means. But does *can* imply ought? Because they are able to do wonders, does this mean that they ought to do them? Should people be kept alive? Should a doctor be allowed to kill?

Our society seems increasingly to demand a right to die. Another way of expressing part of this demand is as giving doctors a licence to kill. When, if ever, is it right to give a licence to kill?

The Law — Licence to Kill

Law is crucial for medicine. More and more laws are affecting the practice and control of medical matters. The law is one expression of the kind of society we are and have. Our laws express our values. They also set limits to what we will and will not tolerate within our society. The law does sometimes grant a licence to kill.

(a) War and Defence

The recent Falklands "adventure" reveals a situation in which the law not only allows, but encourages people to kill. In situations of war or in self-defence or, indeed, in the defence of others, it is held that people have a right to kill. This is not to imply that there is no debate over the matter, but, in the context of law it is sometimes possible to grant a licence to kill. This is *justifiable homicide*. There is good reason to kill others. Mostly it is the final way of preventing them from killing others. It sets a limit to the killing of others by taking the life of the adversary.

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(b) Capital Punishment

A second example of legal licence to kill is capital punishment. Recent debates have raised again the possibility of the death penalty becoming the law of the land especially in cases of terrorism, the murder of police, and treasonable offences. Our law *could* (and at one time *did*) allow capital punishment. It could give a licence to kill. This taking of a life is seen as a proper response to the taking of other people's lives. It has the effect of limiting the killing of and harm to, others. It is also propounded on the grounds that those who have killed by the seriousness of their action, have set themselves outside the law. Thus we may legitimately take their lives.

(c) Abortion and Euthanasia

What is interesting in both the war and capital punishment debate is that we are not talking about an indiscriminte killing. Rather, it is a licence to kill which is strictly limited. The same point may be seen in the current legislation and attempts at legislation in the areas of abortion and euthanisia. Abortions are permitted in law under certain specifiable circumstances like before twenty-eight weeks and if there is serious threat to the health of the mother. Likewise in the demand for legislation allowing euthanasia, there is a clear attempt to specify conditons under which such a practice would be permitted. Such licences to kill in law are within limits. Part of the impact of such legislation on society and in medicine is that the very process of setting limits seems itself such a reasonable exercise that the limits themselves become "reasonable" to us. Thus it becomes more difficult to refuse the whole procedure, once we have begun setting limits. As J. Rawls draws our attention to this, we need to note the difference between the setting up of standards and the arguments based on and in light of these standards. We may confuse arguments about which set of standards with those concerning whether we ought to allow any standards to be set at all in matters of life and death.

For those whose response to war, capital punishment, abortion and euthanasia is a resounding rejection, it is for them absolutely forbidden. Thus for the conscientious objector, the pacifist, the anti-hanging lobby and the pro-life groups there are clear moral objections to the taking of life. For them there is no licence to kill. Killing is never permissible. Nevertheless, there are those who disagree with this most forcefully. For them war, the taking of life in self-defence, the taking of life in defence of others, the taking of life in capital punishment *is justifiable under certain circumstances.* These circumstances usually include the importance of preserving the lives of others. The argument is now growing that in modern medicine, society and the law ought to allow doctors to take life. Doctors should be (and are already) given a licence to kill. But when? Certainly, it is not in any and all situations. It is not simply a matter of when doctors feel like it. There must be good grounds. There must be justification for an act of killing. In general, there are two kinds of arguments presented in support.

Justifying a licence to kill

The two commonest arguments in support of a licence to kill re based on the good of the patient and the good of others.

(1) The good of the patient

It is held that sometimes it is in the best interests of the patient to end his or her life. In some cases of the severely malformed, the terminally ill, the senile and the unwanted or deformed foetus, it is for their own good that they should die. There are three separate elements to this kind of argument. The first deals with those cases where the patient himself or herself has *requested death*. They have asked for death. They have a right not only to die, but to be killed. We have their permission to kill them. The second line of support is that such killing *spares further suffering*. This holds both for those who have requested death and for those who are unable to make such a request. It assumes that if they were able, they would seek death. The argument is that the degree and amount of suffering is so great that death is a better alternative than to live suffering. Compassion will mean response to alleviate suffering. If that means killing, then that is what must be done. A third, and different, line of support is that the kind of life the individual has, is not worth living. This is not only a question of suffering, but also one of future expectations and hope. The quality of life present and to come seems so poor that such a life is not worth living.

(ii) For the good of others

The second main line of argument in support of some limited licence to kill is on the grounds of the good it will lead to for others. Again it is to permit the killing of the severely malformed child, the terminally ill, the senile, and the foetus, if it will lead to the benefit of others. The argument has three general lines, though these are not exhaustive of the position. It will spare the suffering of those close to and involved with the patient. In particular, it will bring relief to relatives and family. They are the ones who suffer directly both in the effect on their lives, but also in watching, often helplessly, their loved ones suffer. For their sake, it may be right to take the life of another. The second strand in the benefit to others line is an economic point. The cost of keeping alive those who are severely handicapped, senile, terminally ill, or those requiring extraordinary forms of treatment is very great. At a time of economic recession, where there are many demands for money within and without the Health services, hard financial decisions must be made. There is little cost benefit in keeping alive those whose lives are limited and painful, there are many more profitable ways of spending and allocating our limited resources for the benefit of others. There is a third level of argument which rarely, though sadly, still appears. It is that for the sake of a majority, it may be right to rid ourselves and our society of what is offensive, unacceptable and unprofitable.

The Critical Method

WEST HAM CENTRAL MISSION

York House, 409, Barking Road, Plaistow, E13 8AL

Dear fellow ministers,

At last we know the date! On Wednesday, November 24th, Her Majesty Queen Elizabeth the Queen Mother, an old friend and beloved Patron of the West Ham Central Mission, will come to share in the official Opening of York House, That day will be the culmination of many years of thinking and praying and planning and working. Of course, there will not be room in the church here at West Ham for everyone who would like to come, but we shall do all we can to ensure that the congregtion will be as widely representtive as possible.

The building of York House, and indeed all our varied work, would not be possible apart from the faithful, prayerful, generous support of thousands of individuals and many hundreds of churches. I know that you will want to pray for us especially on the 24th November, that God will crown the day with His presence and His blessing.

Even more important than the ROYAL PATRON is the ROYAL RESIDENT, without Whom all our work would be in vain. If the folk who come to the Mission with their pain and their need and their loneliness only find a religious variant of the Social Services, then our work is in vain and our right to exist as a Mission is seriously to be questioned. It is our hope that whoever comes to us in whatever circumstances may indeed find skilled and loving care, but above all find the Christ who inspired our work, who sustains it by His Spirit and for whose glory it is done.

Brothers and Sisters, I appreciate more than I can say the encouragement and support you give to me and to the Mission. In the past, I have brought to you many specific and practical matters for your prayers. Now, however, at this turning point in the Mission's life, I ask you to join with us that in all our work, however it may develop, JESUS CHRIST MAY BE PRAISED.

May the Lord richly bless you as you begin another busy session in the Church's life.

Yours in His service,

Trevor W. Davis,
Superintendent of the Mission

When the Christian is confronted by these kinds of arguments, it is vital to use the proper method in response. This response has three elements We must deal with the arguments offered in a methodical, step-by-step manner, answering (or rather seeking to answer) each specific point made. Secondly, we must try to get behind the arguments presented to examine the presuppositions and assumptions, which form the basis of such arguments. Thus we must question the basis of the argument itself. Thirdly, we must seek to offer constructive alternatives. It is relatively easy to pick holes in another person's view. It is much more difficult to present a viable and convincing alternative. Christians need to present their views and remedies, based on their clearly stated presuppositions, as forcefully and faithfully as possible.

Response 1. — The good of the patient

There seems an oddity in suggesting that death is for the good of the patient. Does this actually make sense? Can it be better to kill someone than to let them live? The question is "In what sense better?" How can I know that it will benefit them? How can I ask them afterwards? Are you happier dead than living the way you were? This is even more complicated in the cases of those who are unable to decide for themselves or express their view of their quality of life. Such folk need greater protection and care. Nevertheless, there are those who, it is claimed, give their consent to be killed.

However, there are many problems over what constitutes valid consent. Is a person bound at the age of seventy by a piece of paper they signed at twenty-five asking that their life be terminated in certain circumstances? If the seventy year old signs another form, how can we be sure they have fully understood the issues or whether they have had undue pressure from friends, relatives or the medical and nursing staff? What follows, if large insurance policies are at stake? Consent is a difficult area. Equally the so-called right to die is problematic. Who gives or ensures this right? Whence is it derived? Can my right to die require others to take my life? Have they no right to refuse? The issues of the right to die and consent to be killed inevitably involve others and this impact is hard to gauge. Such a view of consent assumes a view of the autonomy of men and women, suggesting that they are free to do what they like with their own lives. But is this so?

The second line of argument rested on the sparing of suffering. This assumes that there is no other way to control pain and that suffering and pain can have no point. Both may be queried. Much work has been and is being done in pain control. There seems now no good reason why anyone should suffere severe pain without alleviation. Modern medicine is able to relieve pain. It is also possible that pain — quite apart from its useful warning function — may have a point in the life of an individual. Many attest to discovering their true humanity and/or a closer relationship with God as a result of painful experiences. Pain *MAY* have a purpose.

The third argument was that an individual's life was not worth living under certain circumstances. The problem is how we (or they) can know that now, and how we (and they) can guarantee that this will continue to be the case in the future.

Response 2 — The good of others

It is important to note that once we allow this kind of principle to operate, we are all vulnerable. Today it may be the senile and demented. Tomorrow it may be the normal, but socially, racially, politically unacceptable. The general argument has three lines. It is to spare the suffering of others. This assumes that we shall not simply replace the suffering of watching a loved one due with the guilt of having taken (or agreed to take) the loved one's life. It assumes that there is and can be no alleviation, change, cure or alternative to the suffering and pain of the loved one and the suffering of those involved with the direct sufferer. But pain can be controlled and may have a point. More basically, is it ever right to kill someone for the sake of others?

The second argument was that of economics. Inevitably we must make economic decisions. But there is a distinction between economic and moral decisions. Wherever we have allocated resources on an economic basis, it is always possible to ask whether such a decision is right or wrong. Morality is independent of economics. People are not simply economic units. If economic considerations are the only basis for such a decision to end another's life, we are saying that people are simply economic units and we are attempting to calculate their worth. People are more important than economics.

The third argument for compulsory euthanasia has received universal condemnation and needs no other response. What is as important is to see the way in which all the arguments which support the killing of a person for the good of others are based on the consequences which will follow. The end is used to justify the act and the means.

The Presuppositions

There are two main presuppositions at work in the arguments presented in support of killing another. The first may be seen in the argument from the good of the patient. It is that man is the centre of all things. Man is autonomous. He is free to do whatever he wants. But is this so? Are there no limits to man and to his freedom? When medical experiments were first being brought under the control of ethical committees, there was a need for criteria by which to judge the acceptibility of experimental procedures. One early criterion was whether or not the medical experimenter would use the procedure or drug on himself or herself. This soon was recognised as inadequate when it became obvious that some experimenters would do anything and go to any lengths for the sake of their theory and their work. More severe limits than what a person will do to himself were required. We may question whether people have such autonomy as is assumed in the arguments propounded, but we must continue to ask whether it is ever proper and just to require others to kill us. Even if one accepted that a person had a right to die, that is very different from a right to be killed by another.

The second presupposition is a basing of moral decisions on consequences. There are two levels of response to such a position. The first is to query the practical issues of legislation, control and monitoring. If

something cannot be so controlled, the consequences cannot be guaranteed. This leads to the other response which asks how we can forsee or guarantee and control which consequences will arise. I may covet the post of my College Principal for myself. I may be walking down the street with the Principal, when the temptation to get rid of him and open the way for my gaining his post becomes too much for me I may push him in front of an oncoming 'bus. At that very moment, the 'bus driver may have a slight heart attack, lose control of the 'bus, causing it to swerve and mount the pavement, thus missing the Principal and killing me. I had a certain intent. I acted to achieve that intention. The consequences were very far from my desire or intent. We cannot guarantee the consequences of action. It seems a faulty basis then for moral decision-making.

Christian Presuppositions

If the Christian is unhappy with moral decisions based on the autonomy of men and women and consequences alone, it is important there is some propounding of an alterntive set of presuppositions. The Christian begins with an affirmation of the *sovereignty of God.* Life is seen as dependent on God. In Him, we live, move and have our being. He is the Creator, Sustainer, Preserver, and Lord of life. Thus life is seen as a gift from God. Gifts require appropriate responses. The appropriate response to God's gift of life is the recognition of responsible stewardship towards God for all that He gives. We are stewards to God for our lives. A steward is not free to do whatever he wishes with the things he has as his responsibility. He must answer to his master for all that he does with what he has been given.

How much is a person worth? Some want to see the will. Others look at the contribution an individual makes to his or her family, friends or society. Others suggest that worth is how we see ourselves. The problem arises when people have no worldly goods, appear to make no contribution to society, appear as a drag on family and friends, and have no sense of self worth. Have they then no value or worth? The Christian affirms that the *worth of a person stems from God.* God created people. He made us. We have worth as creatures of God. He made us in His image and breathed His life in us. We are like God and have value as we bear His likeness. He made us for fellowship with Him. Thus we have a purpose and value in life. Christ came, lived and died for us. (Rom. 5:8). We have value in Christ's living, dying and rising again for us. Thus the value of a person rests in God.

The Old Testament is quite clear that we have a duty to preserve life. The commandment is clear that we are not to commit murder and we are enjoined not to slay the innocent or the righteous. (Ex. 23:7). From the account of the first murder in Genesis, it is clear that the taking of life is unnatural. At the same time it is clear that the Bible teaches that life has an end. Three score years and ten is the average span of life. Creaturely life has no absolute value. The meaning and worth of life is with reference to God, not on its own terms.

There is a tension here for the Christian. Death is seen both as something *natural* and as something *unnatural.* It is natural in that it is part of the way the world is. For the Christian it is a necessary part of what it means to have

life. It is, however, not the end of everything and so it need not be fought against at all costs. On the other hand, death is unnatural. It is not part of the original description of creation and comes as part of the Fall. Sin brings death in its train. Thus death is an evil which must be fought against. This struggle against death is never to be at all costs. With modern techniques and the extraordinary power of new drugs and technology, medicine may be in danger of striving against the inevitable in degrading and inappropriate ways. There is a meddlesome medicine which uses heroic measures to preserve an existence, where death is the natural and appropriate alternative.

The Christian also believes that pain and suffering *can have a value*. This is not to say that they are good in themselves; nor that they are always valuable. Rather in some situations there is a value to be derived from pain and suffering. This may be seen from the book of Job, where there is great point to the suffering of Job, but Job himself cannot know what is that point. There is a test in hand to see whether a person loves God, even when it is of no benefit to him or her. Can a person love God for nothing? Job is thus deprived of the blessings of God, as part of this test. We, the readers, know that there is a point in all the suffering. Job, however, does not see that point, though in the end lives with his questions in light of meeting God. Paul, in his argument in Romans chapter 5, suggests that there are times when suffering and tribulation develops qualities in people which are important.

The difficulty for the Christian is that the arguments in favour of killing another are based on compassion. Can you allow patients to suffer? "No, of course not" is our response. We must struggle to overcome suffering; yet that may be without taking life. I can (am able) to kill, but ought I to kill? The situations depicted are often those on the borderline, where people are very vulnerable and defenceless. In such situations compassion must be very cautious and careful. This is particularly the case where there is no opportunity to correct any mistake.

This is why we are right to be uneasy with the exceptional nature of many examples presented in support of killing. The problem is that people then proceed to build a case on the exceptional, as if it were the normal. Laws, and moral laws, are based on the normal. They are general rules which work most of the time. If there is to be an exception to the normal law, then there

ERRATUM:

We apologise for a typesetting error in the Baptist Insurance Company Limited's Advertisement in the last edition of the Fraternal.

The second paragraph of Mr Purver's letter should have read:

"The Articles of Association require that a director of our Company must be "a Baptist or a member of a Baptist Church". This of course ensures that the Company has a unique bias towards the needs of the Baptist cause."

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To the Readers of the Fraternal

Dear Friends,

"L" for Liability

Two years ago I made use of "E" in my insurance alphabet to write a few words on Employers' Liability insurance, which has been legally compulsory since 1972. Usually we issue to churches a combined Liability policy covering legal liability both to employees and other persons. Liability to other persons is often referred to as public liability or third party insurance.

This section of our policy normally covers the legal liability of the Trustees and Deacons for bodily injury or damage to the property of "third parties" up to £500,000 any one accident. These may be Church members, visitors or merely an unlucky passer-by who has a loose slate from the church roof fall on his head. It must be stressed that the policy protects the deacons against legal liability for accidents which are attributable to their negligence e.g failure to detect and remedy an obvious danger or fault in the premises. This is the position at common law. Whilst it is unfortunate if a person is injured on church property, if the accident does not arise from a failure in the duty of care owed by those responsible for the premises, there is no basis on which the injured person can claim damges from the diaconate. The yardstick for damages is the amount a Court would award if the case went to litigation, although only a small minority of cases reach the courts. In the absense of negligence, the court would not make an award, and as Insurers we would not be called upon to make a payment under the Liability policy.

A system of awarding damages irrespective of negligence obtains in some countries e.g. USA, and this "no fault" approach is under considertion here. Notably the report of the Pearson Commission is "on the table". Our function as Insurers remains to protect our clients for their legal liabilities in accordance with the law at the material time. At present the time honoured principle of negligence at common law obtains, and the premiums for liability insurance are geared to this. Whilst I have been talking mainly about accidents arising on Church premises, our policies provide cover for liability arising from church activities anywhere in Great Britain, Northern Ireland, the Isle of Man or Channel Islands.

Yours sincerely,

M.E. PURVER
General Manager

must be an overwhelming reason for that exception. Otherwise we must follow the general rule, law, or principle. If we are to set aside the traditional, normal way of behaving the support for such a procedure must be of the strongest.

There remain problems in dealing with pain and its relief. Some treatments will have fatal results. Some witholding of treatment will have fatal results. There are real moral questions over act and omission and their moral standing. Yet there seems an important distinction between *rendering someone unconscious with the risk of killing him* and *rendering someone unconscious in order to kill him.* The motive is key. This is not to say that motivation is the only relevant moral criteria, for a moral action is more than moral motivation.

There are limits to what can be defined in the ivory tower. When people ask for the application of these moral principles outlined above, the question arises where they are to be applied. Is this simply a theoretical exercise, or a practical one? The issue facing the medical profession is very practical. Does this treatment offer a *reasonable chance* of an appreciable duration of *desirable life* at an *acceptable cost* of suffering? The way to define this is not in the narrow confines of academia but in the actual situations of life, with the principles enunciated.

Our response to licence to kill

Sometimes we have a duty to protect people from themselves and their own desires. In dealing with the suicidal, the depressed and the chronically sick it is important to protect people from some of the things they think they want to do or even they actually want. Part of our problem is a misunderstanding about the nature of compassion. It does not mean letting people do whatever they want or like. Rather it means loving them *in spite of* what they do and what they wish to do. It may be far more compassionate to prevent people doing what they want.

Another aspect of misunderstanding comes with the idea of tolerance. Tolerance is often propounded as a great virtue as if anything goes and is acceptable. Variety does not mean that we must accept everything from everywhere. But is there really such a variety, especially in morality? There seems a great degree of common moral themes and principles in all the world and among all cultures. But even if this were not the case and there was a vast variety of moral principles, that does not necessarily mean that there are no absolute principles. Nor does it mean that all principles have equal value. Some principles may be much more valuable than others. If I ask my students a question, I may be given many different wrong answers. That does not mean there is no one correct answer. Tolerance too is by its very nature limited. This may be seen when intolerance confronts tolerance. How is tolerance to respond? Dare we tolerate intolerance? At its most forceful the issue is how tolerance responds to the special intolerance of tolerance. If a person cannot stand tolerant people and wishes to destroy them, must the tolerant person tolerate annihalation?

One danger in much of the talk of licensing to kill is that the medical profession may have the perception of its nature and role changed. This is a

change from being seen as the preservers of life to being death controllers. If there is to be any form of licence to kill, this will be a momentous change of policy on the part of the medical profession. Such a change from tradition, history and moral codes must be supported by overwhelming reasons for change and with cast iron guarantees that the consequences of such changes will be far better than the present situation and its consequences.

The trend in our society is to change our moral values. Christians must dare to be different. We must dare to be different in the affirmation of our standards and the defence of these standards. We must dare to be different in the living out of these standards as a witness and challenge to our world for Jesus' sake.

David Cook

Christians Against Torture

Last year's Baptist Union Assembly commended the campaign against torture to the denomination. Since the assembly also urged action on the Brandt Report, disarmament, unemployment, the Nationality Law and Salvador, a vigorous response was hardly to be expected.

Torture is not an issue with immediate appeal even to a socially-committed church meeting, especially set alongside half-a-dozen equally worthy and pressing causes. It might have been sunk without trace, with the conscience-salving words of the assembly declaration (borrowed from the British Council of Churches) the all-too-understandable limit of Baptist response.

It hasn't been quite like that. While the denomination is not exactly gripped with enthusiasm for the campaign, here and there churches and associations have been making room for it on crowded agendas. In Wales, dozens of our congregations have taken some part in the "Christians Against Torture" campaign of the Council of Churches for Wales. A few churches have established action and prayer groups. And this year's London assembly again confronted us with the torturer's victims — this time under the related theme of "the disappeared".

This ugly issue refuses to go away, if for no other reason than that the practice of torture is spreading cancerously; at least seventy countries are now contaminated. And Christians dare not stay silent.

Quakers, with their traditional commitment to unpopular causes, have pioneered Christian involvement in Britain. In France, the churches run their own campaigning and praying organisation, working alongside Amnesty International. They have known the trauma of living under an occupying power which used torture routinely. They have also shared the revulsion of discovering that as colonial masters, their authorities were practising the same horrors on Algerians as their own people had suffered from the Nazis.

Britain's Christians presumably find the issue much more remote, and the imperative for action less pressing. Perhaps our focus needs sharpening.