

VII.
REPORT
OF THE
COMMUNICATIONS COMMITTEE

The Report summarises various matters that the Committee dealt with in the past year. Summaries usually fail to reveal the amount of work involved, but allow me to assure you that each matter required a great deal of input and the Church should be grateful to the various people who serve it in the ways mentioned below. The Committee is grateful to Mrs. Heather Akroyd for her work as clerk this year (we are also grateful for the work that the previous clerk, Mrs. Catherine Pearson, at that time also the Communications Officer, did for the Committee). In addition to brief reports describing the regular responsibilities of the Communications Committee, there are two longer items: one, written by retired Professor Donald MacDonald, considers our response to current attempts connected to the End-of-Life Assistance Bill and the other is an assessment of a prominent element of contemporary life, the Celebrity Culture. I would like to thank Professor MacDonald for his help in responding to issues of moral concern that are drawn to the Committee's notice.

(A) WEBSITE

1. *Website* The new Free Church website became 'live' last Autumn. It is a 'content managed' site which means that content can be added and modified without recourse to specialist software. This makes for a more flexible arrangement than the previous one and creates the opportunity to utilise the site as a primary means of communication. We are now able to post news and information on a fast and more professional basis. The two drawbacks have been that adding content is perhaps not as easy as originally anticipated as well as the departure of our Communications Officer, Mrs Catherine Pearson. By the time that the new site came on line, she had taken maternity leave and has now decided not to return. We congratulate Mrs Pearson and her husband on the birth of their son, thank for her several years of service to the Free Church and wish her well.

2. *Getting information online* The absence of a Communications Officer has meant that the site has been under-utilised since it went live. The Committee is aware of this and will do everything in its power to improve it as well as continue to climb the learning curve. At the same time, it is important that news and other interesting items be communicated to the offices as quickly as possible. It is also important that photographs should always accompany such items. The site will be what we make it.

(B) MEDIA

The main item of media interest over the last year was the possibility of fracture within the Church of Scotland. At the time of the 2009 General Assembly the question was raised by the media as to whether the Free Church would welcome individuals or groups disaffected within the Kirk. This was an impossible question which forced the Media Officer into the difficulty of expressing the positive wish for greater union without appearing at the same time to be opportunistic.

(C) THE RECORD

The Record is a team effort – involving a significant number of people. Mrs Catherine Pearson (Design and Layout), as mentioned above, has left and her place has been taken by Mr Al McInnes whose work is also greatly appreciated. The rest of the team who work on *The Record* are Rev. Malcolm Maclean (Review editor), Mrs Janet MacPhail (Gaelic), Mr Charles and Mrs Daphne Douglas (From the Frontiers), Mrs Alison MacDonald (WFM Editor) and Mrs Dayspring Macleod (Proof reading and Prayer Diary).

1. *Circulation* The circulation at the end of the year (2009) was 3244 congregational subscriptions (2008 - 3317), and 404 individual subscriptions (398), giving a total of 3648 (3715).

Given that the price of the magazine increased from £1.25 to £1.50 at the beginning of the year this is a cause to be thankful.

2. *Website* We are working on getting a website subscription service set up.
3. *Content.* During the course of the year a number of new regular writers were taken on. Rev. David Meredith provides a consistent and stimulating biblical commentary entitled *Word for Today*. On the 400th anniversary of Calvin's death Rev. James Eglinton has been writing a popular summary of *The Institutes* entitled *Calvin for Dummies*. Mrs Barbara Cross provides interesting historical Christian biographies. Mrs Graham Weeks from the IPC in England provides commentary on the church scene in England entitled *Across the Border*.
4. *New Name* *The Monthly Record* has changed to *The Record* and has now been registered as such. The change has either not been noticed or commented on positively.
5. *Feedback* Most of the feedback is positive with a wide variety of people who write either expressing appreciation or offering constructive criticism. There are others who are less happy but we are grateful for their patience.
6. *Problems* The biggest problem is that although there is plenty material to fill the pages we do not receive sufficient news from Free Church congregations. The Editor does not have time to be a reporter or news gatherer and relies on congregations and individuals to provide information. The Committee would remind congregations that they have a well designed and contemporary magazine which is free for Free Church congregations to publicise their activities and news for prayer.
7. *Future Plans* We will continue to look to develop both design and content. We also intend to have a couple of editions per year which are more evangelistic and we intend to stop the free online edition and instead introduce an online subscription edition. As usual all feedback and ideas are gratefully received.

(D) *FREE*

The Editor, Mrs Chris Nicolson, is about to enter her fifth year in post. It has been a privilege to do this work – to be involved with the youth work of the Church and to come into contact with so many committed individuals who have become friends over the years. Contact with the Church's young people has been a special treat.

1. *Production* Printed by Woods of Perth, *Free* now has a print run of 1,400 copies, with six issues per year and 20 pages per issue. Communications Officer Catherine Pearson's maternity leave meant that the design of the magazine was taken over in August 2010 by Al MacInnes and the changeover proved seamless. Al has brought his own distinctive style to the magazine. Mrs Pearson hopes to return to designing *Free* later this year and the Editor looks forward to working with her again. The plan will be to keep the current look as far as possible, to minimise the number of changes in a short period.
2. *Content* The content of *Free* continues to evolve – some regular features have been retained, and new ones introduced. Rev. Derek Lamont's column ended after several years, and the Editor would like to thank him for his work with the magazine. Mr Colin Ross and Miss Mary Louise Stone are now regular contributors, and Fiona MacArthur from Nairn continues to proof read and be a valued source of encouragement and good sense.
3. *Circulation* Circulation continues to drop very slowly and this is a source of concern and disappointment. Efforts have been made to raise the profile of the magazine. Each Deacons' Court was contacted with a request that they publicise *Free* within their church and the wider community, while recognising that many churches already do an excellent job of getting the magazine 'out there'. Contact was also made with the United Free Church through the Ecumenical Relations Committee, and the UFC distributed 100 copies among their congregations. It is hoped that this will encourage a wider readership.

4. *Readership* Comments on the magazine are generally very positive. The reason for the decline in readership is unclear. Are there fewer young people in the Church? Is it that the content does not appeal? Or is it simply that teenagers don't read as much as they used to? A conscious effort is always made to include articles by the Church's own young people, along with photographs and camp features, as it's known that readers enjoy seeing people they recognise or know in the magazine.

5. *Promotion* The Editor feels that it would be useful to have a designated person to publicise *Free* – someone with marketing experience perhaps. Also, contributions are always sought, and it is worth remembering that *Free* is a useful tool when promoting the work among young people that the church undertakes, whether as a whole or by individual congregations. Ideas and article are always very welcome.

The Editor would like to say how much she enjoys working on *Free* and how conscious she is of God's help each step of the way. The support and encouragement of the Communications Committee and the Edinburgh office staff is very much appreciated.

(E) BOOKSHOP

1. *Sales* On the whole 2009 was a good year for sales. The biggest factor that shook the Christian trade during the year was that STL went into administration. This meant that many books that come from USA were not available. Most of the Wesley Owen bookshops in Scotland have now closed down, including the one in Edinburgh. Although sales so far during 2010 have been slow the Bookshop is beginning to pick up some new customers due to this closure.

The usual conferences were supplied with bookstalls. These events remain a good way of selling books as do Free Church Youth Camps. Books by Free Church authors continue to sell well. Popular volumes included *Isaiah* (vol. 2) by Professor John L. Mackay, Rev. Iain D. Campbell's books on *Ruth* and on *Psalms 23* and Rev. Malcolm Maclean's *The Lord's Supper*.

A big help to sales was the release of the ESV Study Bible and Tim Keller's books continue to sell well. Sales to students are still a big part of bookshop income with students receiving a £150 book voucher each year for their studies. Many Church of Scotland candidates for the ministry redeemed their voucher in the bookshop. It is hoped that Hope Trust will continue to produce vouchers and that this will not be affected by the closure of Wesley Owen.

2. *Future* Many people now order on-line and it would be an advantage for customers if they could order and pay on line.

(F) SCOTTISH PARLIAMENT

Rev. Dr Fergus Macdonald represents the Committee at relevant meetings with the Scottish Parliament. The main involvement has been in connection with end of life issues. Dr Macdonald attended a meeting on 25th February 2010 with the Deputy First Minister (DFM) Nicola Sturgeon and representatives of Scottish Churches regarding palliative care. The DFM welcomed the Churches' involvement. The Churches thanked the Government for producing its 'Living Well Dying Well: a national action plan for palliative and end of life care', and urged it to make spiritual care central and ensure that appropriate training in this area is provided for all medical staff. The Churches also stressed the need for adequately funded provision of palliative (including spiritual) care services in the NHS. Some gaps in existing services in health board areas were highlighted as was the need for sharing information about children receiving palliative care across health, education and social work services.

The DFM indicated that the Government would give MSPs a free vote on Margo MacDonald's End of Life Assistance (Scotland) Bill, but indicated that both she and the First Minister would not be voting for it. When asked how the churches might help make the 'Living and Dying Well' framework a reality, the DFM, welcoming this initiative, promised that one of her officials would duly respond with some concrete suggestions.

(G) THE END OF LIFE ASSISTANCE (SCOTLAND) BILL

1.1 *Introduction* This Bill is the latest attempt to legalise euthanasia or assisted suicide in Britain. In 2006-07 Lord Joffe's Bill was unsuccessful in the House of Lords and Jeremy Purvis MSPs Bill failed to gain the signature of the 18 MSPs necessary for it to be introduced into the Scottish Parliament. In England the Director of Public Prosecutions, following a ruling of the House of Lords in response to the request of Debby Purdy (MS patient) for clarification of the law on assisted suicide, has issued guidelines about the likelihood of prosecution in cases of assisted suicide. These state that assisting suicide is still a crime in England and Wales and that prosecution would normally follow unless there are compelling public interest factors against prosecution. Although the final guidelines are not as objectionable as the draft guidelines, this is a worrying development, as it may well be used by campaigners in their attempts to change the law (see Care Not Killing website). Meanwhile there is a determined media campaign orchestrated by the former Voluntary Euthanasia Society (now euphemistically called Dignity in Dying). Sir Terry Pratchett, the popular fantasy novelist who has early Alzheimer's disease, has delivered the prestigious Richard Dimbleby lecture advocating the setting up of a tribunal to decide who would qualify for "assisted death". There have been several high profile cases of people with incurable diseases or disabilities going to the Dignitas clinic near Zurich here assisted suicide is carried out legally. The patient drinks a lethal dose of barbiturate and dies as a result. A sympathetic television drama was made of the story of Dr Anne Turner, a retired GP with an incurable, progressive neurological disease, who followed this path.

1.2 The End of Life Assistance (Scotland) Bill was introduced into the Scottish Parliament on 20th January and is currently before a Committee of MSPs. It received the signature of over 20 MSPs. Some of these might not support the Bill but they considered that the matter ought to be debated in Parliament. The Committee asked for written evidence from the public on 4th March. The consultation period is due to end on 12th May. The Committee will call some people for oral evidence and then examine the general principles of the Bill before reporting to Parliament later in the year, when there will be a parliamentary debate and the first vote on the general principle of the Bill. The Free Church, through the Communications Committee, has submitted a response to the Bill strongly opposing it.

1.3 The Bill is sponsored by Margo MacDonald MSP, who has Parkinson's disease and wants the law to be changed to allow a doctor to help end her life should she find her life become intolerable as the disease progresses. She believes that the majority of people support her view and that this choice should be available to all under certain circumstances and conditions. She has received considerable sympathetic media coverage. The Bill began life as the "End of Life Choices (Scotland) Bill" and was subject to public consultation last year. The Free Church, along with many other churches, bodies and individuals, responded to the consultation, opposing the Bill in principle, as well as pointing out many serious flaws in its drafting. Despite these criticisms the final version of the Bill is still poorly drafted and, on this ground alone, should be summarily rejected.

1.4 We oppose the Bill primarily on the principles of the sanctity of human life as made in the image of God and the duty of care and protection for the weakest and most vulnerable to the very end of natural life. However, we also use other arguments of a more practical nature, relating to the liability of such legislation to lead to abuses and to a general lessening of respect for human life at its weakest and most vulnerable. Many of our criticisms of the Draft Bill are still applicable. In particular we quote from paragraph 6 of our submission:

Individual autonomy. The foundation of the proposed Bill is clearly stated on page 2 [of the Consultation Document] to be "*the principle of autonomy, that the person has the right to determine the quality of his or her own life and its value, unrestricted by the moral, cultural, religious, or personal beliefs of others*". This would appear to give the individual an absolute right to decide when his/her life has such a quality and value that it should be ended. This extreme individualism ignores the importance of the fact that we humans exist in relationships and in community. We come into the world as completely dependent creatures and we remain dependent on one another to a greater or lesser extent throughout our lives. As well as rights we have responsibilities and duties towards others. The care we exercise towards one another is part of what makes us fully human. We should also learn to receive care as well as give it. It should not be regarded as loss of dignity to be dependent on others. We have no right to demand that someone help to end our life. Deliberately taking a human life is so serious that only extremely grave reasons can be used to justify it, such as, for example, a just war, and

even that concept has many problems. Ending an innocent person's life, even with the purpose of reducing the amount and length of suffering is not justified, especially when good palliative care is available. Our common humanity is best represented and supported by that kind of care and not by deliberately ending a life. We fear that this Bill, if it comes into force, would lessen people's willingness to care sacrificially for those suffering from disabling, debilitating and terminal illnesses.

2.1 *Title of the Bill* The Bill as introduced to the Scottish Parliament is now the End of Life Assistance (Scotland) Bill. The change of title is significant. Whereas the emphasis was initially on arguing for individual autonomy and freedom of choice as to how and when to end one's life, this is now subtly assumed and the emphasis is on the duty of others, including registered medical practitioners, to help people end their lives when they have decided they do not want to go on living. This euphemistic language is characteristic of the Bill. Instead of euthanasia or assisted suicide, or even "assisted dying", the preferred term is "end of life assistance".

2.2 *End of life assistance – what is it?* This phrase is ambiguous. It could mean "assistance at the end of life", which could just signify all the usual help and care, including palliative care, that people need as they approach death. It could also mean "assistance to end life", which could encompass both euthanasia and assisted suicide. These latter are two well-known and well-defined terms which lack ambiguity, but they are not used in the Bill. However, the following definition is given in Section 1.2 of the Bill:

In this Act "end of life assistance" means assistance, including the provision or administration of appropriate means, to enable a person to die with dignity and a minimum of distress.

2.3 This definition is so vague that it actually conceals the meaning which it is supposed to convey! In itself it could just mean palliative care. The phrase "to enable a person to die with dignity and a minimum of distress" is subjective and means different things to different people. The clue to the intended meaning is given in the opening sentence of the Bill. We are told that the purpose of the Bill is "to permit assistance to be given to persons who wish their lives to be ended; and for connected purposes". The assistance is not limited to help to end one's life oneself, but for one's life to be ended – obviously by someone else if necessary. The inference is that this is the best (or indeed the only) way to "die with dignity and a minimum of distress" – an inference we strongly dispute.

2.4 Furthermore the mention of "administration" as well as "provision" of "appropriate means" would confirm that euthanasia (the administration of fatal means to end someone's life) as well as assisted suicide (the provision of means to end one's own life) is permitted. In other words this Bill is a Netherlands-type, rather than an Oregon-type, Bill and encompasses euthanasia as well as assisted suicide.

2.5 *Appropriate Means (of ending life)* Nowhere in the Bill are these means defined. There are many means of causing death. Do these "appropriate means" include administering a poison such as a large dose of a barbiturate, an opiate, intravenous potassium chloride or a muscle relaxant, or the introduction of an air embolus into a vein, or suffocation with a pillow or plastic bag? Who is to judge what is "appropriate"? It appears that it is down to an agreement between the "requesting person" and the "designated practitioner" (10.1.d). Again a large amount of subjectivity is apparent, leaving a wide degree of latitude in the choice of means. This naively assumes that people and practitioners will choose some kind of "dignified" and efficient means of ending life. What if the agreed means fails? Can another means be used without another agreement between the person and the practitioner? The hint is given in 11.1 that the end of life assistance must, "as far as reasonably practicable", be provided in accordance with the agreement between the requesting person and the designated practitioner. This vagueness is inappropriate in a legislative instrument.

3.1 *Eligibility requirements* The conditions of eligibility and the categories of people eligible for end of life assistance are set out in Section 4 of the Bill. The conditions include a minimum age and a residential requirement. The minimum age is set at sixteen years and not the age of majority, surely too young for such a momentous decision. The residential requirement is that the person must have been registered with a medical practice in Scotland for eighteen months. This, presumably, is intended as a deterrent to people coming from outside Scotland to avail themselves of the proposed change of legislation. However, there is no stipulation in the Bill that registration must be with an NHS

General Practice. This requirement could be circumvented in various ways – for example, non-residents could register in advance with a private practice set up for this specific purpose.

3.2 The two categories of person eligible are (1) a person who “has been diagnosed as terminally ill and finds life intolerable” and (2) a person who is “permanently physically incapacitated to such an extent as not to be able to live independently and finds life intolerable.” These definitions are extremely loose. “Terminally ill” is defined in Section 4.4 as six months’ life expectancy, but this is notoriously difficult to predict accurately. The category of persons with permanent physical incapacity who are not able to live independently would include a very large number of people with, for example, progressive neurological disorders, paralysis, severe heart or lung disease and people with many other disabilities, both congenital and acquired. This widens the ambit of the Bill to include people whose life expectancy may not be significantly reduced and is really an affront to all persons with disabilities who are dependent on others. “Finding life intolerable” is a very subjective judgement and depends on many unspecified factors – psychological, emotional, physical, spiritual and social. This is very unsatisfactory, as this state of mind may well fluctuate over time. Yet, as the Explanatory Notes accompanying the Bill (Note 21) makes clear, the phrase is deliberately vague and not further defined.

4.1 *The procedure for requesting “end of life assistance”* The procedure is set out in Sections 2, 3, 5, 6, 7, 8 and 9 of the Bill. The “requesting person” has to make two formal, written requests, signed by two witnesses, to a “designated practitioner”, who must be a registered medical practitioner. After each of these a psychiatrist has to confirm that the person has capacity, is making the request voluntarily and is not acting under any undue influence. Only then can the “designated practitioner” agree to the request. Each of these steps is problematic from various perspectives and will be examined in turn.

4.2 *Revocability of a request for assistance* Section 3.1 states that “end of life assistance may not be provided if, at any time, the requesting person gives notice, however informal, to the designated practitioner that the requesting person no longer wishes it.” This appears to be one of the “safeguards” which are supplied. However it is not at all clear how effective this would be in practice. It is difficult to see how an “informal” notice could be given to the designated practitioner, even through a third party, if the requesting person was very ill and the designated practitioner not readily available. It could all too easily be ignored.

4.3 *The “designated practitioner”* It appears that the designated practitioner does not need to be the GP with whom the person is registered. This practitioner will not know the requesting person well and will obviously be predisposed to granting such a request, or he/she would not be involved in the first place. Since it is well known that the majority of doctors in Scotland are not in favour of euthanasia and assisted suicide, would the person’s GP have a duty to refer the “requesting person” to a practitioner who is in favour of them? The answer appears to be yes, although not specifically stated in the Bill. There is no mention of a conscience clause for doctors and other health workers who do not wish to partake in “end of life assistance” on conscientious grounds. The unacceptable inference is that it is a doctor’s duty to consider a request for “end of life assistance” and to refer the person to a doctor who has no objection to the procedure. This is confirmed in the accompanying Memorandum (paragraphs 113-115) which states that the existing General Medical Council guidelines are sufficient to cover this situation: “The GMC guidance is clear, however, and there would be a duty on registered medical practitioners who object to participating to make arrangements to see a registered medical practitioner who would be prepared to consider a request for end of life assistance” (Memorandum, 115). This is an unwarranted assumption, as this precise situation was not envisaged at the time the guidelines were drawn up. Indeed “end of life assistance” is such a radical departure from the accepted role of a medical practitioner that it cannot be regarded simply as a “certain procedure” or one of “all the options”. This is a further example of the highly unsatisfactory drafting of this Bill.

4.4 *Requirements relating to designated practitioners and psychiatrists* These requirements (Section 5) exclude from acting in this capacity practitioners who are relatives of the person, potential beneficiaries of the person’s death and others with an interest in the person’s death. Such practitioners are disqualified only if they know of the “relationship, benefit or interest”. Who is to judge whether the professed ignorance is genuine? A further cause for concern is that, at the moment, doctors are, quite rightly, not trained to kill patients. Every procedure requires training. Is it envisaged that there would be specialist training in “End of Life Assistance Medicine” with its own qualifications and protocols? This Orwellian concept is too horrific to contemplate.

4.5 *Requirements relating to first formal request (Section 6)* The request is “for end of life assistance under this Act” and has to be in writing and signed by the requesting person and two witnesses. Given the vague wording of the proposed Act this is like signing a blank cheque! How can a witness, however knowledgeable and impartial, certify that the person “understands the nature of the request”? We cannot envisage anyone quizzing the requesting person in such circumstances. Those who would know the person’s state of mind best, such as close relatives, are, quite rightly, excluded from being witnesses. Close friends should also be excluded. The requirements relating to care home residents and their carers are also unsatisfactory. We can envisage this requirement for witnesses becoming a formality, like witnessing any other document that does not have the life and death implications of this request.

4.6 *Consideration of first formal request by designated practitioner (Section 7)* The designated practitioner has to “physically meet” and “discuss” certain things with the requesting person but there is no requirement to examine the person or to medically assess his/her condition. It is not clear whether the designated practitioner would have full access to all records and to relatives and carers who might be able to assist his/her assessment. Despite the conditions to be met it is all too easy to envisage this approval becoming a perfunctory procedure. Mere discussion of alternatives such as palliative care is not sufficient. Surely palliative care must be provided for and experienced by terminally ill people. It is well known that experience of palliative care usually leads to the person withdrawing a request to have life ended. Again, “forms of end of life assistance” are not specified. Are there no limits? This is unacceptable.

4.7 *Consideration relating to second formal request (section 8)* The time-limits between the two requests are far too short – a minimum of 15 and maximum of 30 days. These limits would put extra pressure on vulnerable people. The first limit should be at least doubled and the second at least trebled. Only a small minority of people have a steely determination which is unalterable. The second request should be processed by a different practitioner in order to provide a second opinion; otherwise it could well become a routine endorsement of the first request.

4.8 *Consideration of capacity etc. by psychiatrist (section 9)* The role of the psychiatrist is fairly circumscribed and yet ought to require a full psychiatric assessment to make it meaningful. “Discussion” with the person is not enough on which to make such a momentous decision. For instance assessment of the possible presence of a depressive illness ought to be looked for specifically as well as evidence of internal pressure (feeling of being a burden on others) as well as external pressure (from relatives and others). The effects of drugs or alcohol are specifically excluded because they are not included under the rubric of “mental disorder” as defined in the Mental Health (Scotland) Act, 2003. This is unacceptable, as these could well be important factors in making such a request. The psychiatrist for the second request should be a different one from the one who examined the person for the first request as a further safeguard.

4.9 *Granting of request* The psychiatrist has only to give a “positive” report (that the person has capacity, is making the request voluntarily and is not acting under any undue influence) and the designated practitioner appears to be able to approve the request. This assumes that every situation will be clear-cut. There appears to be no requirement for consultation and agreement between practitioner and psychiatrist, despite the accompanying Memorandum stating, “The designated practitioner will consider the request along with a psychiatrist ...” (173). The burden of decision is on the designated practitioner alone, which is both unfair and unsafe.

5.1 *Agreement on provision of assistance (Section 10)* Once the second formal request is approved, the designated practitioner and the requesting person must agree on who is to provide “end of life assistance”, where it is to be given and what means are to be used. These have to be recorded in writing and signed by both the person and the practitioner. Although the Bill specifies who may not provide “end of life assistance” it does not state positively who may do so. Can they be people who are not registered medical practitioners? Will the name of the person who administers the means of causing death be recorded? A “cooling off” period of two days is specified – surely far too short in such a momentous decision.

5.2 *Requirements relating to the actual provision of assistance (Section 11)* The place in which “end of life assistance” is provided is not clearly specified. Will it normally be an NHS clinic or hospital? The Financial Memorandum in the Explanatory Notes (96-101) would suggest that this is to

be a new service provided by the NHS. The thought fills us with horror, especially as the Memorandum casually suggests that this could actually result in savings for Health Boards (the definite inference of paragraph 97). If private ‘end of life assistance clinics’ spring up, are they to be registered, inspected and controlled or can anyone get into the business? Who will regulate “assisted deaths” at home?

5.3 *Administration of end of life assistance* While there are some details about provision, there is nothing about the actual administration of the means of ending life, surely a glaring omission. This encourages suspicion that the Bill is intentionally vaguely worded in order to allow a wide variety of approaches. This is further confirmed by the Memorandum, paragraph 109, which states, “The means to be used and the method of delivery is [*sic*] not specified in the Bill.” The reasons given are unsatisfactory, largely centring on individual choice of the requesting person and the “expertise” of the designated practitioner.

5.4 Although the designated practitioner has to be present, there is no mention of who actually administers the fatal means to end life (11.6). This omission must be intentional, because the Explanatory Notes (79) say “regardless of who administers the means to bring about the end of life ... the designated practitioner must be present when the end of life occurs.” The Bill treats this central and most serious part of the procedure with complete indifference. This omission underlines the grossly unsatisfactory nature of the Bill.

5.5 There is no mention in the Bill of the procedure following death. Would the immediate cause of death be euphemistically recorded as “end of life assistance” or “assisted death”, or would it more accurately be recorded as “lethal dose of ...”? The Explanatory Notes (104) state, “It can be expected that COPFS (Crown Office Procurator Fiscal Service) will consider each case of assisted death and instruct investigation into the death.” In the case of suicide this would be so, but if the Bill includes euthanasia as seems likely, this is not immediately apparent from current guidelines. No doubt the Lord Advocate would develop new guidelines for COPFS as necessary, but this omission highlights the deliberate understatement of the radical departure the introduction of this legislation would signify.

6. *Financial implications* The Financial Memorandum (96-101) accompanying the Bill grossly underestimates the number of people who may avail themselves of the provisions of this legislation. Estimates (55 cases per year, Note 88) are based on figures from Oregon (where reporting is voluntary and therefore not exact) rather than on figures from the Netherlands, which would be more realistic given the nature of the Bill, which appears to permit euthanasia as well as assisted suicide. The number of people applying for “end of life assistance” could very quickly run into hundreds and then even more, as it becomes a routine procedure. Because of this underestimate the framers of the Financial Memorandum play down both the financial and time implications for Health Boards, GPs and Psychiatrists and the Crown Office Procurator Fiscal Service. They even make the suggestion that money may be saved by the Health Boards (Note 97): “The costs required to deliver an assisted death will be minimal and will inevitably be less than those associated with providing ongoing medication and care.” That, of course, is not the motive of the sponsor the Bill, but it could very quickly become a major factor in decision making, given the financial pressures on the NHS and on individuals and families.

7. *Conclusion* While we maintain our opposition to the Bill on principle, we also strongly believe that, because of the many defects highlighted above, this Bill should be rejected by the Scottish Parliament. If this Bill were to become law, it would have a detrimental effect on society’s respect for human life, would irrevocably change the role of the medical profession, would damage the doctor-patient relationship, would be difficult to administer without widespread abuse and would lead to a devaluing of the lives of people who are dependent on others because of disability or chronic illness. We urge Members of the Scottish Parliament to reject it. Instead we would encourage Parliament to continue the excellent work it is doing in promoting the availability of palliative care for all who need it.

(H) THE CELEBRITY CULTURE

1. *Definition* One of the obvious features of contemporary society is the presence of the celebrity culture. The individuals identified as celebrities usually come from the arts world – actors, singers, and musicians, although others may be sportspersons or individuals connected to fashion or other walks of life that allow high public profile. What identifies them is the place they are given by

observers and the interest engineered in such by the actions and words of the celebrities, even if many of these actions can be categorized as idiosyncratic, unhelpful and even lamentable. Of course, not every activity by a celebrity can be classified so – some of them are involved long-term in helping fight various diseases and others have set up charitable trusts that should survive them if the financial system does not collapse. (In order to clarify subsequent descriptions, the terms ‘observers’ and ‘audience’ are used to portray those influenced by the celebrity culture. Other terms such as ‘participants’ could have been used. In fact, the number of possible terms is many.)

2. *Origin* It is not clear when the celebrity culture began – athletes and philosophers were famous in ancient Greece and, jumping over three millennia to the nineteenth century, we find that Charles Dickens went on tour of the United States to promote his writings. Nevertheless the development of the celebrity culture was speeded up in the twentieth century by the onset of suitable media such as magazines, television and the cinema (since the 1980s, it has increased even more rapidly because of the availability of CDs and DVDs, not to mention the opportunities afforded by satellite and cable television channels and the Internet). In the past, observers and celebrities had to travel to meet one another; now observers in their own living rooms can meet their favourite celebrities many times a day.

It is important to note that contemporary celebrity culture is not an isolated movement – alongside it are consumerism and hedonism (love of pleasure). We live in a society where many values of previous generations have been abandoned. Usually such contemporary trends come under the umbrella of that slippery and ubiquitous term, postmodernity. Whatever way we wish to describe the contemporary western world it is obvious that there are a variety of powerful trends at work, sometimes running with one another, at times hostile to one another. So at any given period, the celebrity culture may be linked with other trends influencing public behaviour.

It is recognised by many commentators that previous periods preferred heroes to celebrities (this is not say that the equivalents of contemporary celebrities did not exist at such times, but in the main they did not have the opportunities to achieve public recognition). In earlier times individuals were admired because of benefits they brought to society, perhaps at the cost of their lives or by giving a great deal of their time to help others. It is not denied that the private lives of such heroes could be as sinful as those of contemporary icons, but they generally were not as shallow or self-centred as many current celebrities.

3. *Extent of influence* One has only to spend a short time in a newsagent or bookstore to discover the pervasiveness of the celebrity culture today. Scores of magazines and books detail the opinions, impressions, activities and intentions of the famous (perhaps even infamous) stars of our time, without giving any evidence that they have any particular qualification for stating their thoughts, apart from being recognisable by the public. In addition, celebrities regularly appear on television chat shows where they inform the watching audience about their eating habits, their sexual preferences, the football teams they support, and various other personal details – without such celebrities the audience figures would decrease markedly, a factor that ensures the continual appearances of celebrities. They even appear on television programmes usually connected to serious issues, such as BBC’s Question Time, where despite often revealing that they have little understanding of the topic they still receive hearty applause from the audience (that is until they reveal they have a political party line and then the applause diminishes). Advertisements would not be so interesting to the target audience if the actors were unknown, and many a person has purchased an unnecessary item merely because it was commended by a celebrity – how many of the audience check out if the celebrity personally owns the advertised make of car or uses the advertised after shave lotion or perfume regularly?

Of course, the celebrity is not the only participant in the game. As Ellis Cashmore observes, ‘Consumers know that the accomplishments of many of the people they follow are insubstantial and that their effects on society are inconsequential... We know these things: we just choose not to dwell on them for long or see them as reasons to stop following them. It’s more enjoyable to participate in the joys of celebrity culture’ (p.5). The famous may be in the spotlight, but how long they remain there often depends on the whim of the observers. If shallowness marks many of the celebrities, curiosity followed by boredom marks many of the audience and often the period in which a celebrity is famous is relatively short unless he or she can maintain public interest, which they frequently do by claiming to have had previously unrevealed experiences that intrigue the observers and retain their interest. Yet, for

every individual whose fame persists, there are several who were in the limelight for a short time and then disappeared from the public gaze, replaced by the next set of celebrities.

4. *Reasons for popularity* Many books and articles have been written on the celebrity culture with the intention of identifying underlying reasons for its popularity. The pursuit of celebrity can be seen as a search for significance in a world that undervalues the normal, regarding it as mundane. Or the actions of a celebrity can be perceived as an expression of individual choice, with the celebrity possessing the right to inform others of his or her gifts, experiences and interests (and the audience also exercises its choice by listening to the celebrity). The celebrity culture can be regarded as a valid form of escapism which allows the public to get away from the stress of everyday life and instead provides some relaxation and fun for pressurised people.

5. *Disturbing aspects* The above reasons could be regarded as acceptable, although only in a sense. In contrast, it is possible to assess the celebrity culture from other perspectives and these will reveal disturbing aspects. There is no doubt that the celebrity culture is an expression of power over the public (not in the sense of coercion but in the sense of influence). Management of prominent businesses, for example, know the financial benefits that can be accumulated by the endorsement of products by celebrities. Children, as many parents are aware, are affected by advertisements and television programmes in which stars appear. The celebrity culture has also contributed to the trivialisation of the notion of leadership (instead of a leader having a plan, he or she is reduced to having an opinion, or alternatively a person with an opinion, no matter how ludicrous, is regarded as a leader). Further, the desire for fame has become a goal in itself in the celebrity culture. In the past, fame (as opposed to infamy) was an accidental by-product or consequence of an action (for example, a researcher discovered a cure for an illness or a soldier showed bravery in battle and such became famous as a result); now the action, whatever it is, is merely a step to fame and adulation.

6. *Responding to the celebrity culture* The presence of the celebrity culture has to be recognised by the church. It is likely that members and adherents are affected to some degree by celebrities, and it is inevitable that most individuals we contact through evangelism will have been influenced by the celebrity culture.

There are several ways of reacting to the celebrity culture. One response is to act as if it did not exist. The obvious criticism of such a reaction is that it is a failure to critique biblically a powerful influence that participates in the shaping of current thinking and living. Not only is it a failure to critique a powerful influence, such a reaction ignores the outlook of many we are trying to reach with the gospel. If we make no effort to understand them, we are likely to fail in communicating the gospel to them.

7. *Recognising idolatry* It has been observed that the celebrity culture has features similar to religion, with the celebrities playing the role of the gods. Cooper Lawrence, in her book *The Cult of Celebrity*, observes that celebrity possesses the equivalents of omnipresence (it is everywhere), omnipotence (it influences all kinds of movements) and omniscience (it gives its opinion(s) on all types of topics). Of course, an idol in order to be effective needs worshippers and celebrities have them in their wide range of fans (they come from different backgrounds and social levels but are united around their interest in particular celebrities) who hang on every word said, sung or written by the celebrity. Our initial response to the linking of celebrity culture and idolatry might be to suggest that the notion suggests a peculiar imagination in the commentator. Yet we should not be surprised at the presence of idolatrous features in the celebrity culture. Humans were made to worship God, and when they fail to worship him, then they will worship someone or something else. In the gospel we have the way by which celebrities and observers will find real worship.

8. *Meaningful relationships* We should also recognise that many of the observers in the celebrity culture are crying out for meaningful relationships in which they can express approval and esteem for those deserving of admiration (for many people, the television is not a piece of furniture but a means of seeing friends and characters they admire). It is an important aspect of authentic human nature to think positively about other people. In the gospel we have the message that can give such outlooks to individuals – by the transformation that God's grace performs in wrecked lives such can find relationships in which mutual love and appreciation become the norm.

9. *Longing for certainty* Connected to the longing for relationships is the longing for certainty. As has often been stated, one of the distinctions between moderns and postmoderns is the

suspicion the latter have for the assured benefits of technology. Despite its many inventions, technology has failed to provide security; indeed it has contributed to the sense of insecurity whether in weapons of mass destruction or in information held on data systems that can be stolen. For the celebrity culture, technology is useful in the present because it conveys the message of the celebrity to the observer. Sooner or later, the observer will realise that the celebrity culture is no more able to provide certainty than it is to create meaningful relationships. The church has a message for such in that Jesus can give meaningful relationships in the present (with other Christians on earth) and hope for the future (with other Christians in heaven).

It is also true that a longing for significance is part of the celebrity culture. This longing can be expressed in the celebrity's search for fame or in the observer's decision to identify with the celebrity. The gospel offers real significance to such. It tells them that they are significant as image-bearers of God, that he is able to use them in his service for the benefit of other people and so give them meaningful actions to engage in, and that through grace they become forgiven members of his family.

10. *Opportunity for witness* Other aspects of the celebrity culture could be commented on. Yet enough has been said to show that its presence is an opportunity for Christians to take the gospel to those who are looking for authentic relationships, for certainty about the future, for real significance, and for the experience of worship for which they were created by God.

11. *Conclusion* It is inevitable that the celebrity culture will affect to some degree every institution in society, including the evangelical church. Therefore we should be on our guard for its appearance, even in our own denomination.

It is hard to deny that many Christian conferences come close to exhibiting aspects of the celebrity culture. Pastors and church leaders, including worship leaders, are sometimes elevated to a position of prominence that is hard to justify from the Bible. Usually this is not the fault of the pastors and leaders themselves. What is wrong with elevating Christian leaders into celebrities (even if we do not use that word)? Firstly, we are in danger of ensuring disappointments for the future. No leader is perfect and each has flaws. Second, focussing on gifted leaders can mean taking our eyes off Christ.

The fact is, the church has the true Celebrity, a real Hero who deserves endless adulation from all His followers. Jesus is the one who has the perfect story – He is the pattern for us to imitate and to present to the world with the aim that they will see his Beauty as well. He is a Role-model about whom we will never have a reason to be ashamed. Whatever else we do, we have to ensure that we don't hide His Glory. His path to Glory was the road of humble service, prepared to be a Nobody, and because He made that journey, His Father exalted Him to the highest place.

Suggested reading

The list of possible titles is long, but here are ones that were helpful:

Ellis Clashmore (2006), *Celebrity Culture*, Routledge.

Marine Hyde (2010), *Celebrity – How Entertainers Took Over the World and Why We Need an Exit Strategy*, Vintage Books.

Cooper Lawrence (2009), *The Cult of Celebrity*, Skirt.

MALCOLM MACLEAN, *Convener*

RODDIE RANKIN, *Vice-Convener*

PROPOSED DELIVERANCE

1. The General Assembly are grateful to Mrs Heather Akroyd for taking on the position of clerk to the Communications Committee. It also expresses its gratitude to Mrs. Catherine Pearson for her work as clerk and as Communications Officer and wish her well in the future.

2. The General Assembly thank Rev. M. Iver Martin for his work in developing the website and for his work as media officer.

3. The General Assembly thank Rev. David Robertson for his work as editor of *The Record* and also those who provide material for the magazine.
4. The General Assembly urges the congregations of the denomination to make use of *The Record* by sharing information of local events and by giving copies to individuals and organisations outside the Free Church.
5. The General Assembly thanks Mrs. Chris Nicolson for her work as editor of *Free*, and also those who help her to produce the magazine. The General Assembly also encourages congregations and individuals to promote *Free* to groups and persons both inside and outside the Free Church.
6. The General Assembly reaffirm their opposition to the legalisation of euthanasia or physician assisted suicide. In particular they call on Members of the Scottish Parliament to reject the End of Life Assistance (Scotland) Bill at present before Parliament. They also encourage the Scottish Parliament to continue its improvement and widening of the provision of palliative care.
7. The General Assembly commends Rev. Charles Douglas for his work as manager of the Free Church bookshop.
8. The General Assembly thank Rev. Dr Fergus Macdonald for representing the Communications Committee at meetings connected to the Scottish Parliament.
9. The General Assembly note with approval that *The Monthly Record* has been renamed *The Record*.