ARCHDIOCESE OF GLASGOW

The Commission for Doctrine and Unity of the Roman Catholic Church in Scotland

Introduction by Archbishop Conti

Sixty years ago the Medical Advisory Committee (Scotland) presented a report on venereal diseases to Parliament. Among its statements was the following: "The best method of prevention is personal chastity, which means abstinence from exposure to infection, a chaste life being the one real protection against venereal disease." Recognising the import of this statement the report continued: "As the problem of venereal diseases is as much moral as medical, the Church should be pressed to attack the moral side of the question fearlessly in straightforward, outspoken teaching." 1

The chief weakness of the proposals to the Scottish Executive entitled "Enhancing Sexual Wellbeing in Scotland, A Sexual health and Relationships Strategy" is its almost total ‘medicalisation’ of the problem described in the Chair’s introduction as "rising levels of sexually transmitted infections, high rates of unintended or unwanted pregnancies and increasing reports of sex-related violence, abuse, coercion and regret."

The bold statement of the moral as well as medical nature of the problem is unlikely to find expression today, illustrating the profound cultural changes supposed to have taken place over the last 60 years in Scotland. What has not changed, but in fact has become worse, is the problem described above.

Human nature has not changed. It is not the role of government to de-construct human nature, nor contrary to the advice of the sexual health strategy proposal, to address the problem other than in a holistic manner. Nevertheless there is a danger that on the basis of this document the Executive will address only the medical aspects of the problem and ignore the much more important, underlying moral questions; questions of appropriate sexual behaviour such as those made in the report on venereal diseases to which I have referred.

If it fails to do so we will undoubtedly continue to have, as long experience teaches, and the failure to date of a purely medical approach to the problem demonstrates, a continued rise in the statistic of sexual ill-health in the community.
The Church – and I speak on behalf of the Catholic Church – shares the concern of the Executive, and indeed of the whole community, and applauds the initiative of the Executive in commissioning the draft strategy. We regret however the imbalance in membership of the expert committee resulting, in my opinion, in a failure to recognise that the problem "is as much moral as medical".

It has inevitably resulted in a report which, while it pays more than lip service, even in its title, to what it calls a holistic approach to sexual health, nevertheless produces a document strong on medical advice and the promotion of medical solutions, but inadequate in proposing clear educational guidelines and in providing models of co-operation between the medical health experts and teachers, parents and "faith organisations" all of whom have an essential role to play, remembering always that the primary educators are the parents themselves.

Indeed the continued insistence on the provision of medical services without the knowledge of parents is one of the great weaknesses of the document, being wrong in principle and geared to undermining the whole notion of family unity and community responsibility.

It will be pointed out that the Chair in his introduction and the proposals as stated throughout the document, recognise that "sexual well-being is not just about the absence of disease or unintended pregnancy, but encompasses the positive aspects of relationships and sexuality. Improving sexual wellbeing therefore requires a holistic approach that incorporates personal, social, emotional and spiritual, as well as physical aspects of sexuality."

The Chair helpfully points out that "for many people, issues around sex and relationships are founded in and inextricably linked to personal, societal, and faith-based morality."

The problem arises for the committee, given its composition, and the philosophical constraints under which it was operating, in developing a coherent set of moral principles and/or values. One of the major difficulties we have had in analysing the proposals arises from the consistent failure to define high sounding but ambiguous expressions, and statements of good intent which are on occasion contradicted elsewhere in the document.

While more will be said in the accompanying response it is sufficient for me to illustrate this point by reference to the statement that "this proposed strategy is underpinned by a belief that all people are equally valued and their diversity should be celebrated." 2

The Church has no difficulty in endorsing a statement of universal respect for people, but it would need some definition and explanation of the verb "celebrated", particularly when referring to [sexual] diversity. Are we to understand that diversity is in itself an unconditional good? Is every expression of sexuality, even those which are illegal, abusive or unnatural to be welcomed, indeed "celebrated"? It would appear that even questioning any form of deviation could result in the charge of devaluing others. We ask if the document is making sufficient distinction between persons, and their views, practices and philosophies.

While sensitively dealing with those whose sexuality is the exception to the norm, it can hardly be prudent for a sexual health strategy to treat as apparently of equal value all forms of sexual expression.

Apart from the difficulty in terminology, through a lack of definition as to what precisely is meant, there is the introduction of new and unfamiliar terms such as "heterosexism" which implies that to hold to or to promote the norm is in some way a fault or an offence. It is surely not the role of a document such as this to introduce words which arguably are themselves offensive to the majority of people in the community who hold [either explicitly or implicitly] to the Judaeo-Christian concept of sexuality as being essentially both unitive and procreative, having its proper context and expression in marriage, the lifelong partnership of man and woman.

As a Church we welcome the invitation of the Executive to respond in general and in particular to the proposal document, recalling duties stated in that earlier document: "The Church should be pressed to attack the moral side of the question fearlessly …" In so doing, in the document which follows, we are concerned first of all for the good of Scottish society of which the Catholic Church is a part. We have however particular concerns insofar as some of the recommendations might result in policy decisions by the Executive or even legislation which might have an impact on the management of Catholic schools and the content of what is proposed therein and in other denominational or privately-owned and managed schools. The Church has a long tradition of education. It is "expert in humanity". In stating this we do not intend that we have an exclusive hold on sound teaching, on the contrary we readily recognise both in our fellow Christians, and in those of other faith communities, natural allies in promoting and enhancing sexual well-being and promoting healthy relationships and stable marriages in Scotland.

+Mario Conti,
Archbishop of Glasgow, President of the Commission for Doctrine and Unity.

Archdiocese of Glasgow

The Commission for Doctrine and Unity of the Roman Catholic Church in Scotland

Document on Sexual Health Strategy February 2004

The Sexual Health Strategy: An Overview

The Commission welcomes the opportunity to respond to the consultation document "Enhancing Sexual Wellbeing in Scotland". Our response has been fashioned by a collaboration of experts from the fields of law, ethics, philosophy and education from Scotland and the United States meeting in an ad-hoc committee to consider the strategy in a multi-disciplinary way. This group was convened by Most Rev Mario Conti, Roman Catholic Archbishop of Glasgow, President of the Commission.

At the outset we wish to put on record our appreciation of the efforts made by the Executive and the Reference Group to tackle the issue of sexual health and educational policy. The Chair's clear understanding of the current "saturation" of society with sexual imagery; his desire to learn best practice from other countries and his understanding of sexual health as " encompassing the positive aspects of relationships and sexuality" are to be commended. We also congratulate the Chair in his commitment to a "holistic approach that incorporates personal, social, emotional and spiritual" aspects of sexuality.

Our response is based on a vision of the common good which is respectful of pluralism, yet mindful of the need for ethical public policy. There is no attempt on our part to examine the issues from an exclusively Catholic moral viewpoint, nor to impose what some might consider a religious or dogmatic solution. Our guiding principle is to seek to draw conclusions which are fully respectful of the human person and his/her inherent dignity.

The challenge of definitions

The document has been criticised as being "values-free". We do not share this opinion. Certain key values are stressed throughout the strategy. They are listed in 2.8 as respect, equality, accessibility to clinical services, life long learning and sexual wellbeing. Unfortunately these values are never defined. Thus a looseness of thought creeps into the document which gives grounds for alarm to many people.

Of course the Catholic Church is fully supportive of concepts like respect and equality when these concepts are clearly defined. Thus it is our belief that every human being is worthy of respect as a direct consequence of their humanity. This however does not mean that every aspect of an individual's life choices is equally worthy of respect. So while we acknowledge the dignity of every human person, it does not follow that certain lifestyle choices should be either respected or celebrated by society.

The concept of equality is similarly in need of definition. The Church fully supports an equality which sees all men and women as members of society, ennobled with certain natural gifts and with full access to civil rights such as education, health provision and social security and freedom of expression. However that concept of equality does not and cannot extend to ideas and practices which are contrary to the common good.

Society itself, without religious input, recognises this insofar as it criminalises certain actions deemed contrary to the common good or to the good of individuals, while celebrating other actions as worthy of honour, recognition or reward.

We regret that a certain laxity of terminology and failure to properly define key concepts weakens the document.

We cite the following examples of words or expressions which require clearer definition:

Inclusion: The Chair in his introduction refers to the importance of finding a way forward which is "inclusive and shared" 3. Does this mean ensuring that no one nor any group is excluded from citizenship or a fair share of the resources, medical and otherwise, available to the community? This is a definition with which the Church would readily agree. Or does it mean that all philosophies, political and religious views are accorded an equal place in government policy, even those deemed offensive to the majority of citizens (eg the circumcision of young girls, abortion on demand or the promotion of homosexuality)? Or, again, does it mean absorption, integration in a politically and socially uniform system of all groups within Scottish society?

Diversity: As noted above by Archbishop Conti in his introduction, does the phrase "diversity should be celebrated" 4 mean homosexual activity should be condoned, approved and even feted? Does it extend to other minority sexual practices? Does it extend even to those practices which would be regarded as unacceptable to mainstream society? Reasons must be given for any limit placed on 'celebrating diversity'. Instinctively individual and common good reasons will be advanced, yet these are *moral* considerations.

The position of moral neutrality advanced in the Chair's introduction 5 is in itself a moral position, though, as noted above, one which is untenable. Ultimately moral choices must always be made.

These examples show the need for clearer definition if the document is to achieve any of its aims and not be used as a charter for behaviour which runs contrary to the common good and does not enjoy the approval of the majority of the population.

The need for a normative approach to sexuality

The strategy fails to recognize the objective reality of behaviour which promotes health and behaviour which leads to ill health.

Evidence from various fields is overwhelming in respect of the benefits of practising sexual abstinence until marriage, not only for husband and wife but also for the children who grow up in such a stable family unit 6,7. It is incumbent upon the state to promote that which is good and positive whilst dealing sensitively with that which is harmful.

Respect for those who choose to live differently and tolerance of their behaviour is perfectly compatible with choosing a public health policy which promotes the model of human relationships which best serves individuals and society.

The recognition given in section 4.3 of different cultures and faiths in Scotland is welcome but it is difficult to see how the views of communities can be unaffected by the broader aims of promoting a national vision of sexual health based on a model with which they would have strong disagreement. Communities within society will be subject to the cultural shift with the aid of the mass media and various public bodies towards a view that promiscuity is as morally acceptable as chastity. Yet stable marriage *is* the model which gives the best results and as such should be emphasised as an aim of public policy to be supported and promoted.

Abstinence programmes routinely cover issues relating to sex outside marriage and contraception and such programmes have found considerable success8. The Strategy is too dismissive of abstinence and lifelong fidelity which are the only sure ways to avoid sexually transmitted infections or unwanted pregnancy. This truth is recognised even by Durex, manufacturers of latex condoms who state unambiguously on their website (www.durexhealthcare.com): "For complete protection from HIV and other STIs, the only totally effective measure is sexual abstinence or limiting sexual intercourse to mutually faithful, uninfected partners."

The role of the family
The family is the essential building block of society.

We note several positive statements about the family in the strategy document. In particular we welcome the statement that "Good parent-child communication about sexuality can help delay young people's sexual initiation and limit adverse outcomes." (4.23). We further welcome the statement that, "it is essential that schools promote active dialogue with parents and carers to support them in their educative role," (4.26). In the Catholic school system, such dialogue is already taking place and parents are encouraged to take a leading role in the sex-education of their children. This is acknowledged in section 4.16 of the strategy.

Therefore the underlying negative morality of this report, which can be paraphrased as "no-one has the right to disapprove of the sexual behaviour of others, nor should they comment on them, or teach their children to make judgements in this area of life," is unacceptable and could lead to social engineering of the most dangerous kind. It removes in practice from parents the right to teach their children.

The health of the family is crucial to the wellbeing of society. The stability of the family depends upon the institution of marriage whether formally entered or by a *de facto* enduring relationship between a man and woman. Marriages fail, marriages are not problem free, nevertheless there is a duty on society to nurture and promote marriage and family life. Where the strategy fails is in not providing sufficient practical support to families and in not mapping out in detail the ways in which they can contribute to the sexual wellbeing of society. Indeed it acts against them by the adoption of a position, with regard to sex and relationships, of not recognizing any qualitative difference between marriage and any other relationship.

The 'medicalisation' of relationships and a negative morality
Sex is not an illness. Therefore any attempt to promote healthy relationships through an exclusively or largely medical prism is doomed to failure. The document spells out the need for many – parents, educationalists, "faith organisations" to be involved in the process. But the document fails to translate into practical advice ways in which this can be achieved. It is also ambivalent/ambiguous about the role of parents. The report states in section 4.27 that parents and carers (as a result of the implementation of this strategy) will become "equal partners in the SRE of their children". Parents are the *primary* educators of their children and have the primary responsibility. They may choose to allow others to co-operate in this work, it is not conferred or imposed on them by society.

The promotion of safe sex is in reality the promotion of the idea that promiscuity is a risk-free activity. This is simply wrong. Promiscuity is the direct cause of the rise in number of STDs and unwanted pregnancies. Those who act or are in danger of acting irresponsibly should be informed of actions which will reduce though not remove the risk of infection/pregnancy.

We note a contradiction in the document's reluctance to propose the open statement of the dangers associated with irresponsible sexual behaviour when compared to the Government's absolute willingness to state the dangers of, for example, smoking or driving without a seatbelt. If the Government be more than willing to take a "moral stance" with regard to alcohol, drugs, tobacco, air pollution, waste disposal, finite resources in the name of the "common good", why should it be reluctant to exempt sexual "*wellbeing*" from this same legitimate enquiry ?

There are of course more profound reasons for abstinence from sexual activity outside marriage than the unwanted effects of the same. They are connected with personal integrity and genuine respect for others; even in the context of health promotion such considerate behaviour should be positively promoted.

The Inappropriateness of a one-size-fits-all approach and the special care of high-risk groups

It appears from the consultation that the preferred sexual health promotion programme is the "Healthy Respect" model piloted in Lothian. It is surprising that the evidence of Healthy Respect has not been more closely scrutinised and some attention given to the fact that this project does not seem to have achieved positive results of any noteworthy scale. On the contrary it could be argued that the increase in teenage pregnancies for those aged 13 – 15 years in Lothian at a time when, for the rest of Scotland, these declined has some connection with the activities of the project. Therefore, given the lack of evidence of its 'success' and on the grounds of what we have stated above strongly oppose the implementation of this strategy across Scotland.

This "one-size-fits-all" approach has alarming implications in the delivery of sex education. Intimate issues require sensitivity in dealing with them. Such an attitude is perhaps mistakenly identified as one of discomfort or embarrassment in the Strategy (2.1). It is vital for the healthy psycho-sexual development of a person that the period of innocence or serenity, from around 5 years until puberty, is not disturbed with unnecessary or explicit information on sex. It would be of considerable distortion to attempt to undermine this proper attitude to sexuality by a misguided understanding of openness.

Groups at particular risk

If the State has a duty to promote the common good by recognising behaviour which contributes positively to the wellbeing of individuals and of society, it must likewise identify behaviour which already affects individuals and society adversely.

In the interests of open-ness and health promotion it is surely necessary to state that promiscuity and homosexual activity carry particular health risks.

Another particularly vulnerable group is the very young. No mention of the illegality of sex for children under 16 years of age is made in the strategy. This compounds the concerns raised in section 1.1 where the chairman declares " sex is a positive and fulfilling part of the lives of most people, **irrespective of age**, culture or faith." (Emphasis added). The level of sexual activity among those under sixteen is clearly a problem. We restate our concern at the negligence of the group in not noting the fact that such sexual relationships are illegal as well as immoral.

The strategy in section 3.7 correctly highlights the need to address other issues which can impact on sexual health.

In particular we support the recognition of alcohol and drug misuse as a factor requiring recognition.

Abuse of drugs or alcohol use affects the manner in which people view and treat others.

Regret at the damage arising from behaviour influenced by reduced levels of natural inhibition and diminished awareness of risks can have a particular impact on the lives of some young people.

There is therefore a need to provide adequate preparation and information to young people about such influences which take into account that good education and formation can easily be nullified because of the influence of alcohol or drugs on a person's outlook and behaviour.

It is not discriminating unjustly against individuals to note that some behaviour is not conducive to sexual health whilst other behaviour ensures sexual health. This is not a matter of imposing outdated views or enforcing personal moral opinions. It is an objective reality that there is a norm of sexual relationships which benefits individuals in terms of sexual health and society in terms of stability of the family unit and the socialization of children.

The status of the document and its impact on schools

It is noted that the document is not a legislative proposal drawn up by the Executive, but rather a consultation document written by an expert group. We wish to clarify, then, what, if any legislative *iter* is likely to follow this consultation phase. Will responses be considered in shaping public policy through eventual act of Parliament or will the results of the consultation merely be used as an advisory framework offered to health and education professionals in the delivery of service?

We would highlight certain potential problems which arise in either case.

The first relates to a tension between some of the proposals contained in this document and the legislation which followed the McCabe report. The latter created a legal context for sex education which clearly recognised the rights of parents to grant or withhold consent to lessons and which recognised that such lessons should reflect the ethos of the school. There is a danger that such an approach could be inverted by the current document.

The second relates to the place of Catholic schools as an integral part of the state education system. The Church has statutory rights regarding the provision of sex education in Catholic schools. This is clear in law. The position of health professionals working within Catholic schools is more ambiguous.

Since Health Boards are not obliged by law to consult with the Church over the provision of services within schools there is a very real danger that the ethos of the school and moral values taught therein could be subverted by advice being given to pupils which does not respect the ethical and moral stance of the school and the families of the children who attend.

We highlight this area as one of genuine concern where there is a very real need for clarity. It is essential that Head-Teachers (in all schools, not only within the denominational sector) retain the right to decide how such health advice should be delivered and what parameters should operate within a particular school.

As a Catholic community we are particularly alarmed by the stated aim of 'tackling health inequalities regardless of age ….. or faith'(2.3). What is the understanding of this statement? Our concern is that it may regarded by some as an inequality of provision if children in Catholic schools are not offered the same 'services' [to contraception and abortion?] as offered to children in other settings or in non-denominational schools.

Flaws in the consultation process itself

We appreciate the large number of organizations approached in the preparation of the document and in its post-issue consultation. We believe however that some of the most important groups were inadequately considered, namely parents and educators.

Clear statements about the messages on sexual behaviour, the sexual health services and the impact on children that are proposed could have been prepared and appropriately targeted to parents, teachers and school boards as well as other prominent groups in civic society, not least faith communities.

The format of the consultation papers does not lend itself to easy response. The summary document does not give an adequate picture of what is intended by the full strategy and the draft strategy itself is extremely wordy.

The crucial role of parents in affecting the behaviour of children must not be overlooked nor the primary importance of incorporating the views of parents in planning for the provision of health and educational services.

Nevertheless, with additional time afforded groups and help provided by members of the reference committee and the drafters of the strategy, it is our hope that the opportunity will be grasped by the general public to make comment on this important document.

The above document was prepared by a multi-disciplinary group on behalf of the Commission for Doctrine and Unity of the Roman Catholic Church in Scotland.

Members of the expert group are listed below.

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