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insufficient appreciation of the obligation to preserve life. It is analogous to a patient with advanced cancer who decides to stop chemotherapy because he thinks, 'I want the suffering from my cancer to end quickly'. I am not saying this is a legitimate way of reasoning about withdrawing treatment, but we would not be hasty about calling such an intention 'suicidal' either. While it is clear to me that there is something deeply wrong with the way the Alfie Evans case was decided, we should be cautious about criticising anyone as intending euthanasia or suicide unless such an intention is demonstrably present.

Yet it is not difficult, of course, to see why such criticisms were made. If Hayden J was cautious in his choice of words in the High Court, sticking largely to the language of the futility of treatment (though he justified that futility incorrectly), Lord Justice McFarlane in the Court of Appeal was more explicit about his characterisation of the case, saying that the judge has concluded 'it is not in the best interests of the individual to carry on living'.[10] That is polite-speak for 'better off dead'.

Hence, in summary, one of the key questions we must consider when looking back at this case is this: Was this a rightful application of the ordinary-extraordinary means distinction in medical ethics? I have suggested that it was not. Life-sustaining treatment can, no doubt, be legitimately withdrawn in some cases – it may well have been a legitimate conclusion to come to with Alfie Evans's situation, leaving aside the question of whether the courts should have given the parents' views more weight, which was another problematic aspect of the case. Cases of this kind are precisely those where reasonable people can come to different conclusions, and there should be a high bar to be cleared before parental decisions are overruled. But in any case, even the right thing or the permissible thing must still be done for the right reasons, and this excludes judging the worth of someone's life, as unfortunately the High Court judge in this case did.

Even as we go about the often difficult task of weighing up burdens and benefits, we must remember that prolonging life should always be regarded as a benefit in itself. And we can look to children to reawaken our sense of the preciousness of each life which goes beyond utilitarian calculations, and how there need be no shame in dependence.

Michael Wee is the Education and Research Officer of the Anscombe Bioethics Centre.

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[5] Letter from Pope Francis to the President of the Pontifical Academy for Life, cited in Alder Hey [2018] EWHC Fam 308 [52].
[6] Alder Hey [2018] EWHC Fam 308 [46].
[7] Larcher V, Craig F, Bhogal K, et al., 'Making decisions to limit treatment in life-limiting and life-threatening conditions in children: a framework for practice', Archives of Disease in Childhood 2015;100:s5, cited in Alder Hey [2018] EWHC Fam 308 [46].
[8] Airedale [1993] 1 All ER 821 at 861.
[9] I note that Hayden J, in an earlier part of the judgement, also quoted a doctor's report as saying, 'I believe that given Alfie's very poor prognosis with no possible curative treatment and no prospect of recovery the continuation of active intensive care treatment is futile…' (Alder Hey [2018] EWHC Fam 308 [25]). While this does not go so far as to make a judgement about a life not worth living, it is clear that such an idea of ventilation being 'futile' fails to take into account that it is still prolonging life, and that is not a futile thing to do, but an intrinsic benefit of such treatment. Ventilation was not going to cure Alfie in terms of his underlying neurodegenerative condition, but this fact alone does not make it futile.
[10] Thomas Evans v Alder Hey Trust [2018] EWCA Civ 964 [32].

NEW TECHNOLOGIES: NATURAL CYCLES APP FOR NATURAL FAMILY PLANNING

CHRISTINE BERGESS

This article first appeared in the NFP Teachers Association newsletter

The NFP Teachers Association received an email request to their website from Jack Pearson, a clinical embryologist employed by Natural Cycles as a Medical Science Liaison based in the UK

On behalf of the Association I contacted Jack and scheduled a telephone call for 1.10.18.

Resume:

Jack's original email stated:

"I noticed on your website that you are currently unaware of any applications that are more accurate than charting and wanted to offer you more information about Natural Cycles. This would include the published peer review data supporting its effectiveness and our current EU and FDA approval for use as a contraceptive device".

NC app uses temperature only and predicts fertile/non fertile days on this indicator alone, with the potential, says Jack, to use LH test as an additional aid.

Jack asked if we, as an Association, had heard of NC and the published data. I confirmed that we had but stressed the Association view/belief and insistence on women being aware of fundamental knowledge of their fertility. I also stressed at the outset that we teach clients the four fertile signs and are SMT based, believing thedouble check method to be the most reliable and efficient. Jack was undeterred and replied quoting the pearl index perfect failure rate of 1.0 following a study of 22K women over 9 months for NC.

Jack explained that NC like to educate as much as possible and have an in-service App function explaining more and a large support team for those requiring this level of information. Jack says, NC use a " smart" algorithm that updates following data input to build a pattern for the user, giving more green days as it builds this knowledge (Green = non fertile; Red = fertile). The algorithm accounts for deviations such as alcohol, drugs etc.

The feedback from users suggests women are fascinated with learning how their bodies work!!

I asked about drop-out rates: currently around 50%, which is a point for them to address.

I said the first three months can be difficult for our clients; we allow no pre-ov infertility as women get used to how their bodies work and then are able to build in confidence with the system and their bodies. During this time we offer, as teachers, extensive support and encouragement, but user motivation is the key.

Jack explained that in 2015 NC had a large marketing campaignon social media – social media – and recognised that this captured those that may not have been suitable. They are aiming to pin point the most suitable to market: Their current mean age is 30 and they come from Europe, Africa and the Americas. Their algorithm predicts best on 5 day recordings per week; they believe weekends are usually out of user's routine and therefore are not concerned if users do not record on these days! Jack thought those with irregular cycles may not be suitable, nor according to their literature: those with cycles less than 21 days or more than 35.

They have some issues with alerting users to the correct method of temperature taking: 4 hours sleep, before getting or sitting up; approximate time +/- 2 hours. As their key requirement is temperature only, BBT is vital. Users can elect to set parameters for plan/prevent at the start of their use and pregnancy is an area they are interested in pushing in the future.

Users can switch and Jack explained that interestingly, some users elect prevent when wanting to conceive – Jack considers maybe as additional security?

Their data shows that users demographic are educated, professional women.

NC and Jack's own experience of working in an IVF clinic, is the lack of knowledge women have of their own bodies. On rating their App, users comment regularly that they have never been taught this basic information.

Jack stressed that NC was the only app with EU/FDA approval; they started with a small study and now have 1 million users globally and 200K in the UK. Biggest markets: UK, Sweden, Australia, Canada and Germany. They are setting up an office in the US and will be marketing forcefully there.
Jack's role is to provide medics with data, publications and educating healthcare professionals.

We spoke about younger generations drawn to technology and therefore giving them a choice of healthier options than pharmaceutical based contraceptives. As we know, GPs do not have the time necessary to provide information on NFP. Technology is a route for millennials, but we must ensure responsibility and reliability and as NFP teachers, we feel no App can replace personal awareness and basic knowledge.

I was particularly interested in the drop-out rate - first 3 months and reiterated that this is the time, as teachers, that our support is invaluable for clients to gain in confidence and trust in their unique pattern enabling them to continue with the method.

I enquired about their targets for the future – waiting to hear…..

It was an interesting conversation - NC intend to establish a UK office, potentially London. I expressed an interest in visiting. Jack will keep us informed and send us data as published.
NC have received bad press concerning unintended pregnancies but are not deterred in the promotion of their method.
www.naturalcycles.com. Natural Cycles website states ***"Our mission at Natural Cycles is to pioneer women's health with research and passion – by empowering every woman with the knowledge that she needs to take charge of her health."***

Advice for readers
The CMQ notes that there are a wide variety of apps for NFP. We recommend that any potential user be advised to check with the NFPTA or Billings OM for advice. Some are excellent. Others are very poorly desgined and take us back to the sort of technologies and knowledge of the 1950's before NFP was developed as a science.

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