

Christian Science

Committees on Publication

European Representative

10 Tideway Yard • 125 Mortlake High Street • London SW14 8NS

PC.SHDM.NGO/32/09

10 July 2009

Tel: 020 8150 0245

ENGLISH only

**Supplementary Human Dimension Meeting: Freedom of religion or belief**

9-10 July 2009

Hofburg, Vienna

Freedom of religion in relation to the practise of non-medical religious healthcare

In considering implementation of commitments to religious freedom among OSCE nations it should be noted and accepted that the sincere conviction of some citizens in the OSCE member states is that religious non-medical healthcare is an effective option for maintaining or, when necessary, regaining health. This applies to, but is not limited to, those citizens who choose to practise Christian Science, based on the healing theology contained in the Bible and explained by Mary Baker Eddy's "Science and Health with Key to the Scriptures", for meeting their health needs. This includes members of the Church of Christ, Scientist (which is entirely different from, and unconnected to, Scientology) and other citizens who apply the Christian Science approach to healing without being affiliated to the Church.

This means that certain health laws not intended to have an effect on religious freedom can have an inadvertent impact on the freedom of some citizens to practise their faith freely. It also points to the challenge posed if statements made by government officials or quangos suggest that the choice of non-medical approaches to healing is antipathetic to society rather than being a reasoned and reasonable preference made by those choosing spiritual care as their primary healthcare option.

The European Union Representative for Christian Science Committees on Publication represents these concerns to pan-European institutions on behalf of all European Christian Scientists, and he has colleagues doing the same in OSCE member states throughout Europe, and in the United States and Canada. The Christian Science Committees on Publication recognise that states have legitimate concerns if coercion, or even peer pressure, is seen to influence the decision of adults to prefer religious approaches to healthcare over medicine, and legitimate concerns in the case of children if dogmatism, instead of the child's health needs, leads parents to take a blind faith approach to addressing the well-being of children.

Neither of these legitimate concerns, though, should be assumed to be the case in all situations where religious practice is being chosen as a primary resource in health and healing. Consenting adults must always remain free to favour spiritual means for their own healthcare needs. (Christian Scientists at all times make their own choices on such important matters, the Church has no say in the decisions that individuals or families make on health issues.) Health laws for adults should not be framed in such a way as to presume that healthcare and medical care are synonymous terms, thereby excluding the rights of those who seek alternative, particularly religious non-medical, approaches for themselves. The motives and actions of parents must always rest on the basis of the health and well-being of the child being paramount, but it should be recognised that closing the door on the options available for children in need might make the attainment of the goal of their well-being harder in some cases, since no healthcare approach, including traditional medicine, has a 100% record of success.

In closing, it is important to stress that in the case of Christian Science, the primary use of prayer for healing is very different from blind faith, positive thinking, human will, or mind over matter approaches. Christian Science is based on spiritual reasoning gained from a systematic and time-tested understanding of the nature of God and of God's relationship to all men and women as His spiritual children. Christian Scientists choose their spiritual approach to healing based on their experience of its effectiveness. Over 100,000 accounts of healing have been gathered from those applying Christian Science to their healthcare needs since its church members began practising Christian Science in the late 1800s. These accounts are available to the public to read, in many of the 1600 Christian Science Reading Rooms around the world.

Prepared by:

*Tony Lobl*

*Representative to the European Union,  
Christian Science Committees on Publication*