

vironment, only it is in smaller pieces.

How about a paper wrapper?

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[CMA's director of publications replies:]

The biodegradable plastic wrapper being used to mail *CMAJ* is the only one I know of that goes beyond the process described by Dr. Friedberg. According to St. Lawrence Starch Company Limited, Mississauga, Ont., which manufactures Ecostar, a modified starch that is added to plastic products, including *CMAJ*'s wrapper, to enhance biodegradability, Ecostar plastic products typically contain polymer (plastic), starch granules and a fat/fatty acid formulation to generate peroxides that chemically attack the bonds in the polymer molecules, thus reducing the molecular chains to a level at which they can be consumed by microorganisms. We are convinced that the wrapper we are using is not cluttering our environment with smaller pieces of plastic.

Barbara Drew  
Director of publications  
Canadian Medical Association

## Care in the air

**A**ir Canada in 1987 placed Laerdal bags on all of its aircraft in addition to airways that allow attachment of oxygen fittings. Since these are separate from the physician's kits they were overlooked in the list of contents presented in the article "Care in the air: Quality of airline medical kits varies widely" (*Can Med Assoc J* 1989; 140: 197-198, 200-201), by Anne Gilmore.

We have chosen to carry the complete physician's kit on all of our aircraft, even our narrow-bodied domestic fleet.

The contents of our kits are reviewed periodically by three

emergentologists in an effort to keep pace with current trends in emergency treatment.

Olaf W. Skjenna, MD  
Senior director, medical services  
Air Canada

## Induced abortion

**I** cannot conscientiously abide by the guidelines of the CMA policy summary on induced abortion (*Can Med Assoc J* 1988; 139: 1176A).

First, they represent an abandonment of traditional ethical standards. Hippocrates, the World Medical Association (in its 1959 Declaration of Human Rights) and the United Nations (in its 1948 Declaration of Geneva) have declared our need to protect the unborn child.

Second, the guidelines abuse the vocabulary of medicine. An *unwanted* pregnancy is not a medical diagnosis; it is a social problem, a problem of relationship. Likewise, *viability* constitutes a philosophical quagmire. Ability to survive biologically without virtually constant, intensive, knowledgeable human succour does not begin at 20 weeks' gestation. Anyone who has raised children will attest that the ability to survive independently emerges as a continuous process throughout life.

Third, although "a physician should not be compelled to participate in the termination of a pregnancy", he or she *is* compelled to ensure that every woman is given the option. If a woman were ignorant of induced abortion the physician informing her about it would indeed be a participant if she subsequently decided to have one.

The present volume of induced abortions in Canada implies that either we have been reduced en masse to desperation or we are deliberately denying the significance of life before birth. Our ambivalence about fetal rights forces us back to the edict "First do no harm". Only if the personhood of the fetus can

be denied on responsible scientific and moral grounds does induced abortion become a private matter between a woman and her doctor.

I have observed the fetus photographically and ultrasonographically intact, and I have seen the fetus pathologically piecemeal. I have shared in the agony of induced abortion, and I have felt the healing of an "open" adoption. I have fathered an "unwanted" child, but he is not unloved or unloving.

I am thus convinced that induced abortion is almost always the worst possible option and that its widespread practice de-mans us all.

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## Getting help for depressed colleagues

**R**egrettably, I have had some experience with the problem described by Dr. Michael Lattey (*Can Med Assoc J* 1989; 140: 588) and endorse the difficulty depressed physicians have obtaining effective help. It seems astonishing, when the technical aspects of medicine and surgery are becoming increasingly sophisticated, that depression, which seemingly is so prevalent, poses such difficulty for patient and doctor alike.

I believe that the first responsibility for the depressed physician's health lies within his or her department. Senior members of the department can work miracles for the individual, and for the family, by arranging sensible work replacement and giving the depressed doctor a sure knowledge of financial security, freedom from the anxiety of the profession and the opportunity to get adequate therapy. Treatment is best offered by a psychiatrist who is distant from the hospital, can probe all facets of the patient's personality and can com-