

Abortion Bill

SIR,—Dr. W. J. Stanley (22 April, p. 247) raises a most important point which has not been sufficiently appreciated by the medical profession. A law which lays down the vaguest criteria for abortion, including the mother's "well-being," and which permits doctors (and presumably nurses) the right to refuse to participate on grounds of conscience makes the decision not to abort on clinical grounds a more actionable one. One would be more impressed with the fairness of the Bill if it specifically stated that the decision to abort on clinical, or even non-clinical, grounds was equally actionable. This would at least give the mother some protection against overenthusiastic abortionists. For reasons best known to themselves the sponsors of the Bill do not include this modest protection for the mother, and therefore imply that all abortions are good and that refusal to abort, like refusal to have a blood transfusion, can be defended only on grounds of conscience.

Under the title of Medical Termination of Pregnancy, this Bill would expose to legal action a surgeon who refused to abort on sound clinical grounds, and therefore in good faith, yet his defence would be stronger if he claimed he refused to abort on grounds of conscience. Let us assume that a surgeon refused to abort on psychiatric grounds, duly confirmed with the customary two certificates. His defence would have little difficulty in establishing that serious psychiatric hazards in pregnancy are rare and readily recoverable, and that any mishap to the patient was virtually unpredictable. The prosecution could not bring any evidence to refute these facts. What then is the position of the two psychiatrists who signed the certificates? Presumably they, as abortion advocates, are immune from any charges, though their main defence would be that they have no conscience in these matters and do not share the surgeon's high regard for foetal life.

We have become accustomed to ill-considered legislation affecting the practice of medicine. The present issue is the most serious we have yet faced, and before it is too late the medical profession—and that includes the B.M.A.—should speak out "loud and clear" and say that this Bill does not fulfil the requirements of medical termination of pregnancy. If the law wishes to have the approval of informed medical opinion it must see that the information is first collected and examined, for only then can the intricate legal complications be appreciated. I have read the *Hansard* report of the committee stage, and, while not unimpressed with some of the expertise of our medical colleagues on the committee, it is most unlikely that the profession as a whole could have selected them to act as medical experts on this particular issue. We must have a Royal Commission before the law is changed.—I am, etc.,

MYRE SIM.

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Birmingham 15.

SIR,—Dr. W. J. Stanley (22 April, p. 247) raises the question of the legal position of the doctor refusing to accede to the termination of a pregnancy on medical grounds. Let us be clear in our minds that, once the Bill becomes law, any doctor refusing to consider

abortion on medical or social grounds could be liable to be prosecuted for negligence. It is almost certain that any such proceedings would need the support of another practitioner who had subsequently complied with the patient's wishes. In this way members of the profession will have been effectively set against one another, and the legally aided patient could easily and conveniently end up with an abortion and a settlement.

There seems to me no doubt that the once brave pseudo-sociologists who set out to smother the erring juveniles with understanding and tolerance have both failed to understand and lost their tolerance. They are now anxious to smother the problem by enforcing on the medical profession standards equal to the erring juveniles, and enforcing us to become accessories to the fact. In our disunity we will fall.—I am, etc.,

Oldham,
Lancashire.

GARETH LLOYD.

SIR,—As a reader of the *British Medical Journal* for more than a quarter of a century I feel compelled to write and say how much I deplore the recent trend in your leading articles of allowing other considerations than the welfare of the patient to influence your reasoning and conclusions. This trend has become particularly obvious in your treatment of the Bill on abortion now before Parliament, and more recently in your leader

SIR,—The Mallaby Committee has focused on the point which should be central to the argument for a review of the salary structure for public health medical officers. The fact that the Public Health Service is an integral part of the National Health Service appears to have been overlooked in most subsequent discussions and correspondence.

The argument of "doctors first and local authority officers second" or vice versa is a red herring. Because of its pre-N.H.S. history it has been convenient for the Public Health Service to remain within the geographical boundaries of local authorities and to be paid from local authority rates. But let us be frank, this organization is purely one of convenience, and the Public Health Service could function equally well practising preventive community medicine in some other regional organization—this point is of course at present under consideration by the Public Health Committee of the B.M.A. It seems to us that, despite the Minister's refusal to accept that the Whitley C machinery has broken down, the fact that it has been arguing around this anachronism is sufficient justification for its continued existence as a negotiating body to be questioned by the whole of the medical profession.

Although full integration of the three parts of the N.H.S. is desirable, and will make more economical use of an already short medical manpower, it is unlikely to proceed very far until the incomes of all participating practitioners are considered by one independent review body.

on sexual promiscuity among students (25 March, p. 711).

The statement that "sexual promiscuity is debasing to the personalities of those who practise it, fraught with serious dangers, especially to women, and damaging to the interests of society" might make acceptable reading in a church magazine, but surely should not be found in a scientific magazine unless supported by very adequate evidence. Indeed, what little evidence that does exist suggests that the contrary view is probably more tenable.

Surely it is the duty of a medical journal to support the premise that the interest of the patient comes first and that the personal views of the doctor on any issue which is not purely medical should never be allowed to interfere with his judgement of fact. Within the framework of the law of the country in which he lives it would seem that a medical practitioner, if he is going to uphold the traditions of his profession and the general esteem of the public for his profession, must enable his patients to lead as full a life as they can whether he has to treat lung carcinoma in those who smoke too much, perform an abortion on those who inadvertently become pregnant, or prescribe contraceptives for those who do not wish to become pregnant.

Above all he must not attempt to usurp the duties of another profession and try to convert his patients to do what he thinks is morally right when his patients have different moral standards.—I am, etc.,

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Victoria, Australia.

G. B. LEYTON.

Public Health Dispute

Incidentally, we feel that it is extremely naive to propose paying the public health medical officers for their clinical duties and to have a separate wage structure for their administrative duties. Medical administration is a very necessary part of our extremely sophisticated society. Most hospital clinicians are deeply involved in hospital or departmental administration, and good general practice is based on sound administration. It is impossible and undesirable to separate the two.

Finally, we as a group endorse the sentiments of Dr. J. D. A. Burns (29 April, p. 316) on the apparent apathy of 2,000 public health medical officers and would respectfully suggest that, accepting a just course, those who shout loudest seem to have the best audience.—We are, etc.,

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SIR,—Dr. J. D. A. Burns's remarks (29 April, p. 316) concerning apathy in the public health service are in my view completely justified. Even more depressing is the apparent indifference of the Minister's medical advisers to the present impasse, and