

(2) The law should be amended to provide that therapeutic abortion is lawful only if carried out by a registered medical practitioner of the required skill and experience, in an approved hospital or nursing-home, after consultation and with the approval of a professional colleague who has examined the patient.

(3) Subject to the above conditions the law should be further amended to provide that it is lawful for a registered medical practitioner to terminate pregnancy in good faith either in the interests of the health of the mother or because of the risk of serious abnormality of the foetus. Termination of pregnancy in the absence of the above indications is not justifiable on grounds that the girl was under the age of 16 years at the time of conception. In other cases of pregnancy resulting from an unlawful act further amendment of the law would give rise to serious problems of law enforcement and of medical ethics.

(4) Whether or not a pregnancy should be terminated is a question which can be decided only in the circumstances of each particular case. The ultimate decision to advise termination of pregnancy rests with the doctors in charge of the case and, subject to the conditions laid down to safeguard the security of the pre-viable foetus, the law should not seek to influence this decision by further defining the degree of risk which must be present before termination can be regarded as lawful.

(5) Amending legislation should include a requirement that all terminations carried out under the statute be notified under confidential cover. The notifications may be used for statistical or research purposes, but must be regarded as strictly confidential and access to the records for other purposes permitted only upon an order by a court of law.

REFERENCES

- ¹ *Brit. med. J.*, 1966, 1, 850.
- ² *Ibid.*, *Suppl.*, 1966, 1, 19.
- ³ *Medical Aspects of Abortion*, 1936. B.M.A., London.
- ⁴ (1939) 1 K.B. 687; (1938) 3 All E.R. 615.
- ⁵ *Report of Inter-Departmental Committee on Abortion*, 1939. H.M.S.O., London.
- ⁶ *R. v. Bergmann and Ferguson* (1948). Unreported. See Williams, G. L., *Sanctity of Life and the Criminal Law*, 1957. London.
- ⁷ *R. v. Newton and Stungo* (1958). Unreported. See *Crim. Law Rev.*, 1958, p. 469.
- ⁸ *Report of Inter-Departmental Committee on Abortion*, 1939. H.M.S.O., London.
- ⁹ *Brit. med. J.*, 1956, 2, 821.
- ¹⁰ *Report of Inter-Departmental Committee on Abortion*, 1939. H.M.S.O., London.
- ¹¹ *Abortion—An Ethical Discussion*, 1965. London.
- ¹² *Report of Inter-Departmental Committee on Abortion*, 1939. H.M.S.O., London.
- ¹³ *Ibid.*
- ¹⁴ *Abortion—An Ethical Discussion*, 1965. London.
- ¹⁵ Abortion (H.L.) Bill No. 36, 1966.
- ¹⁶ *Report of the Inter-Departmental Committee on Abortion*, 1939. H.M.S.O., London.

Summary of Memorandum by R.M.P.A.

The Royal Medico-Psychological Association issued last month a memorandum on possible changes in the law relating to therapeutic abortion. Emphasizing that it would be opposed to legislation which might bring pressure on an individual doctor to act contrary to his conscience, the memorandum states that the Royal Medico-Psychological Association has approached the problem of therapeutic abortion with the firm view that, in addition to traditionally accepted medical and psychiatric criteria, all social circumstances should be taken into account. If, after considering all these factors, a psychiatrist should form the opinion that the mental health of the mother and the whole family would be promoted by termination, then it should be lawful for him to recommend it.

The memorandum goes on to point out that when considering the possibly deleterious effects of pregnancy, and the desirability of terminating it, psychiatrists have to bear in mind not only the direct but also the remote effects on the health and well being of the mother. For instance, a greatly overburdened mother may need not only relief from the pregnancy but also from the cares of looking after an additional infant in an already over-large family. At the same time it emphasizes that doctors would not wish a situation to be created by law which would encroach upon their independence in matters requiring professional and ethical judgement. Spelling out in detail when a doctor should or should not have the right to induce abortion, even if the legislation is cast in permissive terms, would have the effect of introducing an element of coercion in the sense that in each defined situation the patient might reasonably expect the doctor to acquiesce and the role of the surgeon or gynaecologist would be reduced to that of a technician carrying out an objectionable task.

Safeguards

The memorandum continues by saying that as safeguards it has been proposed that a decision on the termination of pregnancy should be taken only by a formally constituted board of consultants and social workers, and that each case should be notified to the Ministry of Health or a medical officer of health. The association thinks that both these formalities are unnecessary and

undesirable and would only add to the stress of the patient. Provided two doctors agree, normally the general practitioner and the consultant gynaecologist, but, where the grounds are social and psychiatric, a consultant psychiatrist also, termination should follow the same pattern as other medical procedures. Ultimately the safeguard must lie in the integrity of members of the profession.

Considering the problems which arise when there is a substantial risk that, if the child were born, it would be seriously handicapped, the memorandum says that provided the effects of legislation remain purely permissive and no social pressure is brought to bear on parents to seek relief from the possibility of bringing an abnormal child into the world, the inclusion of this ground for termination is likely to be beneficial to society.

According to the memorandum, when a severely subnormal woman, or one who is suffering from severe chronic mental illness, becomes pregnant there is a prima facie case for therapeutic abortion. When the condition is some lesser degree of subnormality, psychopathic disorder, or other mental illness, this should not be regarded as automatically providing grounds for termination of pregnancy. Nevertheless, the likelihood of serious parental inadequacy, such as fecklessness and irresponsibility, does constitute grounds for termination of pregnancy and, usually, also for sterilization of the woman or her partner.

Finally, the memorandum states that a pregnant woman's position may be such that her emotional health—as well as her capacity as a mother—would be severely overstrained by the care of a child, or of another child, and would constitute grounds for abortion. This provision would apply to such situations as the pregnancy of an unmarried girl of tender age, of a victim of rape, or of a woman beset by very disturbing marital or family conflicts.

The memorandum also points out that these recommendations are subject to the proviso that the therapeutic termination of pregnancy should always be voluntary and at the request of the pregnant woman herself. Moreover, in the case of a married woman, her husband's agreement is necessary, except when, as a result of severe mental illness or subnormality, the woman is incapable of forming a rational judgement, when it should be permissible for the nearest relative or guardian to give his or her consent.