

## Middle Articles

### CONTEMPORARY THEMES

#### Abortion Law Reform

##### Memorandum prepared by a Subcommittee of the Medical Women's Federation\*

In spite of a similar medical and cultural background the members of the committee† have divergent views on the subject of abortion as a therapeutic measure.

Discussion has been cordial and constructive, and has crystallized the points of divergence.

It emerged early in the discussions that there are insufficient data about abortion in Great Britain. Studies made in other countries are useful, but they need to be carefully assessed, and are not necessarily applicable to Great Britain. It is also important to recognize regional differences of social behaviour within an apparently homogeneous culture.

A Bill seeking to reform the law governing abortion is now in the committee stage. The apparently increasing requests for abortion, the legal anomalies, and the practice of abortion by unskilled persons dictate the presentation of this interim report, despite the present dearth of factual information.

The committee has reason to believe that many men and women have no expert medical advice on sexual matters, including contraception and family planning. The tragedies of undesired and undesirable pregnancies should, and could be, reduced. The factors responsible for these include ignorance and prejudice about sex and sexual relationships, lack of responsible appreciation of the results of the sexual act, inadequate contraceptive advice, and limitations of contraceptive techniques.

All members of the committee realize that consultations for termination of pregnancy are among the most exacting tasks faced by any doctor, and for some termination is never an acceptable solution. Many find it distasteful or even abhorrent, particularly when the expectant mother's life is not at risk. Colleagues in related disciplines who are involved in the patient's problem may share these attitudes.

Many patients have recourse to untrained and/or unskilled abortionists. It is of overriding importance that a climate of opinion should obtain whereby a woman should consult her doctor as soon as she thinks she is pregnant, and particularly when she is anxious, for whatever reason, about the pregnancy. She should know that she has a right to further and complementary advice from a specialist or specialists. Ministers of religion and social workers have a vital part to play and should be readily available for consultation.

##### Matters on which the Committee is Agreed

1. *The present law governing abortion needs revision.*
2. *The phrase "termination of pregnancy" is preferable to "abortion."* In this report the former is used for procedures performed by registered practitioners working within the terms and conditions.
3. *Any new law should aim at eliminating the performance of abortion by unskilled and untrained persons.* Such abortions are known to involve avoidable physical and mental suffering, disease, and sometimes death.

4. *The present Bill before the House of Commons needs amendment.* Each patient needs individual assessment, and the total environment and circumstances of the pregnant woman should always be carefully considered. For this reason the committee strongly opposes any rigid codification of indications for terminating pregnancy. In particular, it wishes to direct attention to the following points: (a) it does not agree to the clause which attempts to define the woman's capacity as a mother; valid assessment of such quality is impossible; (b) it does not consider that the risk of an abnormal child being born should be listed as a categorical indication; where this risk is possible expert counselling must always be obtained; (c) pregnancy in a girl under the age of 16 or in a defective person (as defined in Mr. Steel's Bill) should not be an absolute indication; (d) rape should not be included as an absolute indication for termination, as it is notoriously difficult of proof; protracted legal proceedings to substantiate the charge of rape may delay a decision to terminate on such grounds till late in pregnancy; even in ideal conditions the operative risks increase substantially after the first three months. They therefore recommend that all the clauses I (1) *b, c, d*, in Mr. Steel's Bill should be removed.

5. *Legal Termination of Pregnancy.*—The committee considers: (1) the following general clause should take the place of I (1) *a* of Mr. Steel's Bill: 'It shall be lawful to terminate a pregnancy in the interests of physical and mental health of the mother, taking into account her whole family situation and circumstances past, present, and future. (The grounds for agreement of the Roman Catholic member of the committee are set out in Appendix A 3). (2) No woman should be urged to have a termination against her wish. In the case of minors termination of pregnancy should not be performed without express and written consent from the patient, because her wishes must be respected. (3) Termination of pregnancy should be legal only when carried out by a medically qualified and registered person, under the direction of the head of an appropriate department in a recognized hospital or nursing-home approved for the purpose. Further amending legislation may become necessary about the place of termination if a medical, as opposed to a surgical, procedure should become available. (4) At least two medically qualified and registered persons should examine the patient, neither being related to the patient, nor to each other, nor in partnership together. Such doctors should certify the need for termination before it is done. One of the certifying doctors must be the doctor responsible for the termination. (5) The doctor responsible for the procedures

\* This memorandum was approved in principle by the Council of the Medical Women's Federation in October 1966.

† *Constitution of Subcommittee:* *Ex-officio* Member: Mrs. Jean Lawrie, Honorary Secretary, Medical Women's Federation. Members: Miss Margaret M. Methven (chairman) child psychiatrist; Professor Ruth E. M. Bowden, professor of anatomy; Miss Christine Cooper, paediatrician; Miss D. Joyce Galbraith, child psychiatrist; Miss Dorothea Kerslake, obstetrician and gynaecologist; Mrs. Amy Pantin, pathologist; Mrs. Josephine A. Williamson, obstetrician and gynaecologist; Mrs. Jose Day, Honorary Secretary to Subcommittee, general practitioner.

must notify the termination on a prescribed form to the Chief Medical Officer of the Ministry of Health or Scottish Home and Health Department within 48 hours of the performance of the procedure for termination.

6. *Criminal Abortion*.—Termination of pregnancy outside such legal limitations shall be classed as criminal and subject to penalty.

7. *Accidental Termination of Pregnancy*.—Terminations arising inevitably from emergency procedures to save a pregnant woman's life should not be classed as criminal. Accidental terminations secondary to other procedures should not be classed as criminal. All such accidental terminations should be notifiable to the Chief Medical Officer of the Ministry of Health or Scottish Home and Health Department.

8. *No doctor or patient should be required to act against conscience in this matter of termination of pregnancy*.

### Matters on which the Committee is Not Agreed

The Roman Catholic member holds the view that deliberate termination of pregnancy as a primary objective is a form of murder, and that mother and doctor and all consenting parties concerned in seeking and effecting such a termination are morally culpable.

Another member believes that the person who has the paramount right to decide whether to continue a pregnancy or not, and the moral responsibility that decision implies, is the pregnant woman herself.

All members value the importance given to the preservation of life which forms part of the Roman Catholic argument. All share the view that the pregnant woman should have the right to state her case, and that her wishes are profoundly important. All agree that those who have voluntary sexual relationships are morally responsible for the consequences of such acts. With the exception of the Roman Catholic member, the committee considers that termination of pregnancy is therapeutically permissible if carried out legally. The majority consider that the ultimate responsibility for decision should rest with the doctor and not the patient.

### Recommendations

Because the committee is of the opinion that it is of the utmost importance to try to avoid the need for terminations of pregnancy, and because it is aware of the serious lack of knowledge about the subject, it makes the following recommendations:

(a) *Education*.—(1) All medical students and nurses should have opportunities of adequate teaching on contraception, including methods acceptable to all religious beliefs. Such teaching should always be included in the medical curriculum. (2) All medical students, nurses, and students in paramedical departments should have opportunities of studying and discussing social, psychological, and medical problems involved in marriage guidance and psycho-sexual counselling. (3) Health education should be available for children in schools, for young people in youth organizations, and for adults, including parents. This should provide instruction and insight into problems of human relationships and motivation, and responsibility in personal relationships, in addition to biological information relating to reproduction and other factual information.

(b) *Investigation*.—A responsible fact-finding prospective study of the effect of termination or non-termination of pregnancy should be set up on a national basis. This study should be based on ascertainable facts about undesired and undesirable pregnancies, and of termination or non-termination of such pregnancies. The study should be organized by a bona fide research body.

(c) *Hospital and Other Services*.—(1) The doctor responsible for terminating the pregnancy must be responsible for ensuring that adequate follow-up care and advice to the patient and her family are available. (2) Clinics providing contraceptive advice should be

freely available, and must either be able to offer advice acceptable to all religious beliefs or refer the patient to another clinic where appropriate advice is available. (3) Funds must be available for research, for the expansion of premises, and for increases of medical and auxiliary staff in gynaecological departments and in departments of psychiatry, genetics, and social service.

(d) *Family Doctors*.—The committee stresses the continuing importance of the role of the family doctor. We are convinced that the major part of education in sexual matters should take place in the home.

### Summary

The committee unanimously agrees that a new law governing legal termination of pregnancy is needed.

It recommends that there should be one general clause covering indications for termination, and that specific indications should not be listed. (For terms of agreement by the Roman Catholic member see Appendix A 3.)

It agrees that the place where termination may be legally performed needs legal definition.

It agrees that there should be more than one certifying medically qualified registered practitioner.

It agrees that the medical practitioner responsible for the termination should notify the termination, together with other relevant factual information sought by a bona fide research body on a prescribed form, to the Chief Medical Officer of the Ministry of Health or the Scottish Home and Health Department.

It agrees that all patients who are minors should give their express consent in writing before termination is performed.

A new law will not succeed in eliminating criminal abortion unless it is backed by adequate medical and social services.

A study based on ascertainable facts about undesired and undesirable pregnancies, and the long-term effects of termination or continuation of such pregnancies, should be set up by a bona fide research body.

The committee is of the unanimous opinion that, though a new law governing termination of pregnancy is necessary, it is even more important to ensure that undesired and undesirable pregnancies shall be avoided so far as is possible. They make recommendations accordingly concerning education and the provision of adequate clinics and advice.

### Appendix A. Minority Report giving Roman Catholic View Reform of the Abortion Law

1. Fertilization of the ovum completes the genetic endowment on an individual. Therefore on logical, ethical, and/or religious grounds there are those who think that deliberate prevention of implantation or deliberate procurement of abortion, however tragic in the circumstances, constitute murder.

2. There is an overwhelming need for studies in human relations, and for increasing the number of marriage guidance councils, so that marital rights may be exercised for the benefit of the family, community, and mutual fulfilment of the individuals concerned. There is an equally pressing need for long-term and responsible education of young children, adolescents, and adults in the rights of every human being, including the unborn and defenceless foetus. Lessened parental and personal discipline and changing codes and patterns of personal behaviour in rapidly changing world conditions have tended to breed an increasing loss of respect for human dignity within and outside marriage. At the same time public opinion tends to pay too great attention to the marital rights of the husband,

regardless of the wishes, rights, and health of the wife. A more responsible attitude will never be obtained by legislation, though support can be given to the appropriate scientific, civic, religious, and other voluntary bodies seeking to solve these grave medical and social, personal, national, and world-wide problems. These include repeated pregnancies, illegitimacy, and motivation in normal, aberrant, and criminal sexual behaviour.

3. Since legislation is already in existence and modifications are under debate, those who oppose abortion would urge that, if a majority vote continues to sanction the practice, the following points should be incorporated to safeguard the conscience and health of the patient and the rights of the doctor, and also remove the profit incentive from certain unscrupulous abortionists. (a) Neither the patient nor the medical practitioner should be submitted to pressure to seek or perform the operation. (b) A practitioner who cannot in conscience entertain the request to procure abortion must not be required to name specific practitioners or clinics known to practise the operation, for thereby he becomes an accessory before the fact in what he considers to be murder. He cannot compel the patient to take the advice he proffers. (c) The operation should be performed by a registered medical practitioner after consultation with another doctor. Neither practitioner should be related to the patient, and they should not be related to or in practice with each other. (d) The operation should be performed in recognized National Health hospitals, or in licensed and inspected private nursing-homes or hospitals. (e) Returns of the operation should be sent to some suitable confidential medical authority—for example, the Chief Medical Officer of the Ministry of Health or the Scottish Home and Health

Department—with a view to recording their frequency and analysing the causal factors. (f) Unqualified abortionists and those infringing the requirements of the law should be liable to prosecution with suitably grave penalties. This should not apply to those who operate in the case of an emergency—for example, an ectopic pregnancy.

RUTH E. M. BOWDEN.

### Appendix B. A Minority Report

I agree with the main body of this report, as it states the need for research, for education, for ready availability of informed contraceptive advice, and for a humane and sympathetic attitude to women facing the problem of unwanted pregnancy. I agree with the various provisions and safeguards for both patient and doctor, which the report proposes should be incorporated in a reformed law. I differ from the implications of the report on a fundamental point.

The deliberate termination of pregnancy is an act involving the most serious ethical considerations. In my view all its medical aspects are secondary to the basic problem, which is a moral or social one concerned with essential human rights and responsibility. The right to decide whether to continue a pregnancy or not, and the moral responsibility for that decision, belongs to the pregnant woman herself and to no one else. For those who deem the embryo to be a human being with rights, the choice lies between the rights of the *actual* human being, the mother, and the potential or hypothetical human, the embryo. The actual has the prior claim.

A. M. PANTIN.

## CONFERENCES AND MEETINGS

### Colloquium on Schistosomiasis

[FROM A SPECIAL CORRESPONDENT]

An International Colloquium on Schistosomiasis was held on 2-4 December inclusive at the Prince Leopold Institute of Tropical Medicine in Antwerp. It was attended by 87 participants from Belgium, Switzerland, France, Holland, Germany, and Britain.

Dr. H. H. SCHUMACHER (Hamburg) showed how elegant histochemical staining had indicated that viable *Schistosoma japonicum* eggs contain considerable amounts of neutral and acid mucopolysaccharides, varying amounts of lipids, and several hydrolytic and respiratory enzymes. He suggested that a particular form of reactive carbohydrate within and around the egg shell corresponds to the circumoval precipitate, which recently had been demonstrated in immunofluorescent studies. Dr. G. VAN ROS and his colleagues (Antwerp) reported on the influence of schistosomiasis on haemoglobin synthesis in man. Schistosomiasis had been found to provoke increased haemolysis of erythrocytes and the increased production of haemoglobins F and A<sub>2</sub>.

#### Studies on Nitrothiamidazole

Dr. J. SONNET (Louvain) had examined the blood picture of 25 patients during treat-

ment with the new antischistosomal drug Ambilhar (nitrothiamidazole). Apart from reticulocytosis no statistically significant changes had been found in the red cells; eosinophilia had also been noted during treatment. In those with deficiency of glucose-6-phosphate dehydrogenase, treatment with nitrothiamidazole caused considerable haemolysis. One patient being treated with the drug for intestinal amoebiasis had developed hallucinations and an agitated confusional toxic psychosis with subsequent recovery. Dr. P. MERCENIER (Antwerp) reported the effect of treatment with nitrothiamidazole on the electrocardiograms of 82 patients. Depression of the T waves had occurred in about 7 out of 10 cases, together with some prolongation of the Q-T interval, but in no case had treatment with the drug to be interrupted—and some patients with cardiac disease had successfully been treated with it.

Dr. S. R. SMITHERS (London) reported that rhesus monkeys infected with 100-1,000 cercariae were completely resistant to challenge 16 weeks later. Some resistance developed in monkeys infected with as few as 25 cercariae. Introduction of adult worms into monkeys provoked resistance more readily than did schistosomulae, but schistosomulae

were more vulnerable than adult worms to the developing resistance.

Mr. G. WEBBE (Wuppertal-Elberfeld) discussed the environmental factors affecting the transmission of schistosomiasis. High temperature constituted a major barrier preventing *Biomphalaria* from colonizing otherwise suitable habitats in the coastal plain of East Africa. Light was the principal stimulus causing the release of cercariae, while water velocity was important in influencing contact and penetration of cercariae.

Reviewing the immunology and serology of schistosomiasis, Professor C. F. A. BRUIJNING (Leiden) concluded that there was strong evidence that nonspecific stimulation such as tissue damage was the precipitating factor in causing resistance to schistosomal infection. The part played by reagents—fast moving, and probably  $\alpha$ -gammaglobulins—was as yet unresolved; they were believed to play a part in mediating acquired resistance in the host, but in experimental infections in animals resistance to infection might occur without the simultaneous appearance of demonstrable reagents.

A full report of the symposium will be published in a special number of the *Annals of the Belgian Society of Tropical Medicine*.