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Attitudes to Abortion

SIR,—Your leading article (13 April, p. 69) raises the question of future pressure on young gynaecologists who seldom or never abort their patients. The Lane Committee¹ is quoted in support: "It is inevitable that the health authorities should prefer for appointment to certain posts those who see abortion as properly part of clinical gynaecological practice." Already the Department of Health and Social Security has chits to be handed to prospective consultants called "job descriptions" which, of course, require a prospective consultant to abort. The *Guardian* this month also spelt out the warning to trainee consultants in stating that the committee recommended "a more careful watch by hospital authorities on the religious beliefs and ethics of gynaecologists when making consultant appointments."²

Your article implies that the vital section 4—the "conscience clause"—of the Abortion Act was a kind of sop to the 1967 doctors with moral objections to abortion, but as you put it, in 1974 "the situation has changed"—that is, pressure to join abortion teams is now acceptable and "legal."

Now who gave a committee set up by a former Secretary of State, or the *B.M.J.* or the *Guardian*, the right to alter the law properly written to protect nurses and doctors with objections to abortion? I am personally more allergic than most to pressure of this kind by the state (that is, the N.H.S.) since as a young (Protestant) trainee in Germany in 1939 I saw splendid young doctors sacked because they were Jews. Later Christians were sacked. Their crime was that they would not accept the state "ethic" of sterilizing young Jewesses. Admittedly these girls were not volunteers, so that after the war these "operators" went to gaol. State interference in one's medical

or personal ethics is clearly intolerable, whether in 1939 or in 1974, and warning off those who will not abort is just that. Both "liberal" abortionists and "anti-abortionists" should join this protest; indeed I am dismayed that the two gynaecologists serving on the Lane Committee did not protest in print.

Your leading article will not worry a man or woman of the calibre and integrity one seeks as a future leader and consultant in obstetrics or anaesthetics even if they are, as you put it, "fundamentally opposed on ethical grounds to abortion." Unfortunately an article in the *B.M.J.* might cause worry among young trainees from, say, New Zealand or Nigeria, and especially if they are Christians of whatever denomination. So may I offer them advice? When applying for a training post first ascertain how many abortions are carried out in your prospective chief's theatres. If it is one per three months, and then for straight medical or genetic indications, you may assume that he is practising modern obstetrics, offering compassion and advice to abortees, but not routine so-called legal abortion. But if the proposed chief with his team averages 1,000 abortions a year then they are practising abortion on demand for reasons which you may find difficult to accept—for example, abortion for social pressure or simply a declaration that the future baby is "unwanted." So take your choice, young man, and don't be spoofed by a "liberal" abortion chief who may assure you that he will do his own abortions. Holidays, conferences, and examinations will take him out of town for 12 weeks a year. During this time his general practitioner colleagues who know his practice will continue to send you, his registrar, socially loaded abortions, a little

stream adding to the torrent of abortions now around 200,000 a year in the U.K.

So it is best to seek out a chief and teacher whom you respect and with ethics akin to your own. The alternative can be an embarrassment when you find you have to declare your views on abortion. You may not have to read out the law in your defence, but in case you have to, here it is: Abortion Act 1967, section 4(1): "No person shall be under any duty, whether by contract or by any statutory or other legal requirement, to participate in any treatment authorized by this Act to which he has a conscientious objection."—I am, etc.,

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¹ *Report of the Committee on the Working of the Abortion Act*, vol. I, Cmd 5538. London, H.M.S.O.

² *The Guardian*, 4 April 1974, p. 7.

SIR,—In your leading article "Attitudes to Abortion" (13 April, p. 69) you sadly misunderstand the present situation. The Lane Committee which has recently reported¹ was precluded by its terms of reference from considering the underlying principles behind the Abortion Act—rather in the position of a group inquiring into the Factory Act of 1833 but excluded from considering the principle of child labour. The Lane inquiry has achieved what was probably the main political intention behind its institution—a decrease in the public expression of concern over the whole question of abortion. Contrary to the suggestion that its report will be followed by the fading away of "shrill and emotional argument" the debate is likely to be intensified following the lull during the report's long gestation period.