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LEADING ARTICLES

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MEDICAL PRACTICE

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CORRESPONDENCE

Because we receive many more letters than we have room to publish we may shorten those that we do publish to allow readers as wide a selection as possible. In particular, when we receive several letters on the same topic we reserve the right to abridge individual letters. Our usual policy is to reserve our correspondence columns for letters commenting on issues discussed recently (within six weeks) in the BMJ.

Letters critical of a paper may be sent to the authors of the paper so that their reply may appear in the same issue. We may also forward letters that we decide not to publish to the authors of the paper on which they comment.

Letters should not exceed 400 words and should be typed double spaced and signed by all authors, who should include their main degree.

Progress in in vitro fertilisation?

SIR,—The introduction of a private member's Bill by Mr Enoch Powell certainly emphasised the strong feeling in some quarters that such issues as experimentation on human embryos can attract. The possibility that at some future date a well intentioned but poorly researched and ineptly worded Bill may in fact be enacted has led to an almost unprecedented formation of "self help groups" by interested parts of the medical profession and their allies. The launch of Progress—a campaign for research and reproduction—on 12 November is one example of this phenomenon (23 November, p 1515).

For me, however, the whole debate surrounding the ethics of in vitro fertilisation, embryo transfer, and related procedures has dwelt too long on the mythical bogeyman of the unscrupulous medical scientist manipulating the human race. He does not actually exist. A far more important question, and indeed recommendation of the Warnock committee, seems to have been overlooked and above all others is crying out for an answer. That is the question of availability. Whatever misgivings my medical and non-medical acquaintances may have about the ethics of research procedures peripheral to an in vitro fertilisation programme there seems to be little suspicion surrounding its clinical application to treat infertility. Bearing in mind that the proportion of infertile couples in our population may now be considerably greater than conventional estimates of 10% and that perhaps some 20% of those will be afflicted with surgically irremediable tubal blockage there is an obvious major need for in vitro fertilisation to be made available to the population of Britain. As experience with the procedure has increased so have potential success rates and it is now seriously contended that any form of tubal surgery may soon be obsolete. One must also remember that in vitro fertilisation is being used with varying but generally encouraging results, both in patients whose infertility is unexplainable and when it is related to some male infertility problems for which AID, with all its own ethical problems, is currently the most successful alternative. Taking these three groups together it is possible that 60-80% of infertile couples—that is, 6-16% of the adult population—may eventually find in vitro fertilisation of benefit if it is available to them.

At the moment in Britain there is only one in vitro fertilisation clinic that attracts funding from the NHS; other teams, including the original and most successful one, are either run purely on a feepaying basis or by the attraction of non-NHS funding. Many of these start off being based on a medical school department, and eventually the costing for most of them is in some way passed back to the patients either by the charging of a fee, by the "invitation" of a "contribution to research funds," or by the involvement of patients' support groups in fund raising. The human grief and misery that childlessness can cause is rarely appreciated by those not working directly with it. The motivation this grief engenders in those who are not afflicted is a prime mover in their fund raising efforts. However, for the more disadvantaged who are unable to contribute there is only frustration.

Clinicians and reproductive scientists concerned with the in vitro fertilisation programmes in Britain are viewed by some with suspicion. Too much was made initially of the "brave new world" image of in vitro fertilisation, yet by a chapter of accidents rather than any sinister design of its own the medical profession does indeed now find itself cornered into the position of selectively breeding from the childless of the United Kingdom on no other basis than their ability to pay.

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Early neurological complications of coronary artery bypass surgery

SIR,—I read with interest the excellent analysis by Dr Pamela J Shaw and others of neurological problems after coronary artery bypass surgery.[1]