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SUPPLEMENT

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CORRESPONDENCE

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Cost of limiting abortion

SIR,—Ms Caroline Woodroffe and Dr Valerie Beral (2 January, p 62) have done a public service by drawing attention to the large public health and social service cost implications of Mr David Alton's Abortion (Amendment) Bill. This important issue has hitherto been shrouded in taboo because it is so easy for those who calculate the cost implications of health legislation to be accused of heartlessness or worse.

The writers admit that their figures are conservative in that the costs of medical care and of family support are both excluded. Moreover, their calculations are based on 1983 figures, which have since risen. They do not touch on the emotional costs.

In 1985 I interviewed at length a small group of mothers in east London and Essex who had cared for a lifetime for severely handicapped children born just before the Abortion Act was passed and now aged between 19 and 25. Many of these mothers had developed strong views about abortion.[1] Two thirds said that with hindsight they would certainly have opted for abortion had this been available to them at that time. Several had given up all hopes of ever returning to work or resuming a career. The costs of this to the families concerned, the loss of a lifetime's earnings, are of course substantial and are also not included in Ms Woodroffe's and Dr Beral's calculations.

Among their observations are the following:

"At the time we wanted him to live, preferred that he would, but now realise this was a mistake.... The strain of caring has been overwhelming."

"I really had no idea what I had let myself in for.... Now we are imprisoned for life.... There is no future for us."

"The do gooders on TV make my blood boil. They have no idea what a child like this involves."

Shepperdson's pioneering study found that half the parents of children with Down's syndrome in her sample believed that "not all handicapped children should be kept alive at all costs" and that this view increased with age.[2] Pahl and Quine wrote: "In an attempt to illuminate the overall reality of caring for these children, parents were asked what they would do if they knew an expected child would be severely mentally handicapped. Seventy eight per cent of parents answered that they would want the pregnancy terminated."[3]

The general public has always overwhelmingly supported late abortion on grounds of handicap: 87% favoured this according to the latest poll.[4] If most parents who have themselves had to carry the heavy burdens of dependency would with hindsight have preferred to have had an abortion then the devastating emotional costs need to be taken into account as well as the economic costs in assessing the true implications of the Alton bill.

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1 Simms M. Informed dissent: the views of some mothers of severely handicapped young adults. *J Med Ethics* 1986;12: 72-4.
2 Shepperdson B. Abortion and euthanasia of Down's syndrome children—the parents' views. *J Med Ethics* 1983;9:152-7.
3 Pahl J, Quine L. *Families with mentally handicapped children.* Canterbury: University of Kent, 1984.
4 Anonymous. *Report on British social attitudes.* London: Social and Community Planning Research, 1986.

Diagnosis of cystic fibrosis

SIR,—The interesting and complex case reported by Dr C H Skeoch and others (5 December, p 1445) raises several points about the diagnosis of cystic fibrosis. Their conclusion, however, that children with symptoms of cystic fibrosis and atypical features need to be checked for human immunodeficiency virus (HIV) is too simple, as all causes of abnormal immune function, including HIV infection, should be considered. In addition, in cystic fibrosis diarrhoea is usually due to steatorrhea, which was apparently not present in this child, and this should also lead to a review of the diagnosis. Abnormal sweat chloride results are described in deprivation[1] and malnutrition,[2] but unfortunately these papers do not give sweat sodium concentrations. Malnutrition might have been the cause of the abnormal results of sweat tests in this girl.

Measurement of both chloride and sodium values is performed routinely on sweat in our laboratory, and our experience agrees with that of others[3 4] that the chloride concentration is almost always higher than the sodium concentration in sweat from patients with cystic fibrosis, while healthy people have chloride values lower than sodium values. It would be interesting to know whether this is the experience in Glasgow. If so, the results in this girl should also make one reconsider the diagnosis of cystic fibrosis.

This report illustrates the pitfalls in diagnosing cystic fibrosis and re-emphasises the need for the diagnosis to be confirmed in a centre dealing with cystic fibrosis, as happened with this child. If failure to thrive is being investigated by jejunal biopsy studies of chloride secretion may also help.[5]

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1 Christoffel KS, Lloyd-Still JD, Brown G, Shwachman H. Environmental deprivation and transient elevation of sweat electrolytes. *J Pediatr* 1985;107:231-4.