

Dear Sir,

Dr John Ashton's recent article on abortion attempted to help the timorous GP to overcome his objections to abortion by presenting the 'facts' of the matter (Pulse, November 27).

It is tempting to reply by answering each of these facts, and pointing out how few are facts and how few are relevant to the misgivings of many conscientious doctors over abortion.

For example, the assertion that only 10 per cent of the population are 'card-carrying Christians' may be true, though probably an overestimate — but is an irrelevancy, for opinion polls show a much larger minority have an overriding concern for the sanctity of human life among both the public and doctors.

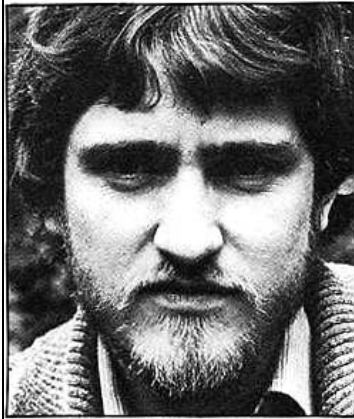
However, such point-scoring, though great fun, is the reason why most of the abortion debate has been clouded by emotional accusations and counter-accusations.

There are only two real points of issue. After all, the facts are known to all doctors — 'anti-abortionists' know about social problems, 'pro-abortionists' have respect for human life, or for sure they would advocate euthanasia for some of the social failures who seek termination.

Which way one's sympathies lie depends almost entirely on whether one considers the fetus one is aborting as human or not. If one considers a 10, 14 or 28 week fetus as an incomplete biological organism, there can be no moral or medical objection to abortion for any purpose, and the only question is why the alleged majority of liberal doctors have not pressed harder for an abortion law free of the constraints on the patient's right to choose inherent in the 1967 Act.

If, for whatever reason, one considers a fetus to be a human life, one is going to be much more concerned that there are pretty good grounds for destroying it.

Some doctors will consider it wrong under any circumstances, but a far larger number will simply feel wrong in destroying a human being because its existence is a financial problem, or an impediment to a stage in a career, while being quite happy to terminate for any of the



Dr Jon Garvey's doubts on abortion were not dispelled by the 'facts' by Dr John Ashton (right).



excellent grounds set forth in the 1967 law.

As to reasons for considering a fetus human, these are of course numerous, just as those for not so considering. To dismiss such a view as blind religious dogma is insulting. Granted, there is a firm catholic teaching on abortion, but it is not only catholics who hold such views.

In my own case, although I profess myself a Christian, my opinion on the matter has nothing at all to do with my religion. There is no mention of abortion in the bible, except in the Old Testament in the area of civil litigation — compensation for accidental precipitation of miscarriage — and no dogma on when the 'soul' enters the body.

This last is not surprising as the concept of a soul as some kind of HGV driver is not in any way biblical. My views come from my inability to find any real distinction between a conceptus and a newborn baby in any significant area, in fact, the more scientific knowledge emerges, the less clear the distinction becomes.

Genetics destroyed for all time the myth of animate and inanimate fetuses so ably expounded by Dr Ashton; fetoscopy has shown complex functions such as limb-movements, swallowing and eye-movements to begin far earlier than was thought, and well into the period of gestation in which abortion usually takes place; neonatology has demonstrated that 'viability' is a concept limited only by the technical ability to provide a comfortable environment.

The only point at which religion comes in is that, having decided that this is a human life

we are dealing with, to treat that life with contempt is a sin — even if my opinion is mistaken, to do what I believe to be wrong is sin for me.

This leads to the other area of difficulty — the interface with the law.

As I have said, the above viewpoint on the status of the fetus is quite compatible with operation of the 1967 Act, but what if, in good faith, as demanded by the law, one considers termination unjustified? The BMA ethical guide instructs that one should refer the patient to another doctor, which by inference means a doctor who will reach the opposite conclusion to oneself, or, unless one doubts one's own judgment, someone whose judgment is less good than one's own.

Small wonder that many doctors, with pangs of conscience, deny their better judgment and refer for termination in the knowledge that if they don't, the next bloke will, so why lose the relationship with the patient?

Many doctors opposed to abortion on demand, as widely practised, but manifestly not intended, under the present law, have no wish to impose their beliefs on others. They just wish that they were not expected to take the weight of other people's moral decisions for them.

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