

EDITORIAL

BRITISH ABORTION LAW AMENDMENT

By the time this editorial appears, the British Abortion Law Amendment would be in force. This is the result of years of debate amongst lay and professional people, and the outcome of weighty considerations of a Commission sitting for more than two years, and numerous submissions by professional bodies, and notable personalities. The significant point is that the ultimate amendment has small but very important deviations from the recommendations of medical bodies like the British Medical Association, the Royal Colleges of Physicians, and Obstetricians and Gynaecologists, and in fact it has been deferred originally by the House of Lords which, however, has not been able to bring about a change of heart in the Lower House.

Going over the old ground, it would appear that the objectives in this law "reform" in Britain are manifold: to bring about a legal status for abortions performed on grounds of threat to the mother's mental health, to permit abortion in cases of incest and rape, to allow termination where the physical well-being of the foetus is in doubt, and to prevent criminal abortion improperly done with all its dangers.

It is to be recalled that the medical profession has for a long time been guided by the Bourne case, wherein not only was termination of pregnancy regarded as acceptable when done to save the mother's life, but also when done to protect the mother's mental health. The difficulties of judging when a distraught pregnant woman was in serious danger of jeopardising her mental health have been considerable, and psychiatrists of repute in particular have been reluctant to shoulder the burden of being judge. In some countries, the situation has become farcical where two psychiatrists in unison have provided easy legalised abortions, and the only limitation would appear to be a financial barrier only.

The thalidomide babies and the post-rubella congenital defectives have accentuated further the issues of abortion. Publicised accounts of anxious mothers seeking easier

abortion in North European Countries tended to fan the emotion which coloured the issues more than ushering in a climate of rationalism.

However, the amendment in British law has in fact with one exception done little more than to give a recognised legal basis to the decision of the Bourne case, and under it, doctors can now abort with less fears of legal prosecution when the mother's life is not at stake. What is startling is the section which permits abortion to be done "in the interest of the other children", an amendment rejected by all medical bodies in Britain and the House of Lords. It must be difficult to interpret the clause, for "interest" as a word is capable of many shades of meaning. It cannot be intended surely that a British mother will have to consult her children before pregnancy can continue, nor can one believe that the amendment will permit a child to demand abortion by its mother on grounds of personal financial interest.

The likelihood of abuse by doctors—after all, the medical profession like all others, cannot claim to be able to be without self interest at all times—is clearly very much in the mind of the "reformers", for with the permissiveness of the amendment comes the insistence of notification of abortion. Nevertheless, notification would imply records, and records are of no value unless they are liable to be inspected and investigated. This would mean first of all possible difficulties in the way of a woman seeking abortion and hence delays and red tape, and secondly personnel expert in criminology but non-medical in nature prying into medical records, in this case a very personal sort, and thus a further inroad is made into the ethics of professional secrecy.

The late Lord Brain asked a number of important questions when the issue of abortion was being considered but the ignoring of the collective opinions of medical men in Britain by the Lower House in including the section on the interest of other children would seem that those questions were asked in vain.

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