

of work, and therefore in the best interests of patient and doctor. If we are to unthink past habits and rethink future organization, we should surely do so from the basic principles of what is required, rather than from blind acceptance of the *status quo*. Dr McKendrick and I (though not alone) have both had our eyes opened to the facts that things are not always what we think they are, nor always why we thought they were. I hope the National Health Service may yet be changed to embrace some of the better features of Antipodean medicine, while avoiding any dangers inherent in either system.

Callington  
Cornwall.

F. H. STAINES.

### A study of the doctor-patient relationship

Sir,

Your article *A study of the doctor-patient relationship* in the March 1967 edition of the *Journal* has inspired me to write this letter, adding my own humble contribution, in case it may be of value to doctors who wish to treat their patients in an enlightened manner.

It has been my experience as a cancer patient to have the personality faults of a doctor ruthlessly projected on to the patient, taking the form of nagging and bullying. Common sense is the first and foremost requirement sought for in the doctor by the patient, whether it is expressed thus or not. For instance, a car-owner would not expect a medical prescription from a petrol attendant, any more than a patient would expect his doctor to try to sell him petrol!

Let the doctor do his job, the whole job and nothing but the job. This would be quite a refreshing change. Anything extra, in the way of philosophy, etc., is the patient's own concern, as it ought to be. The mere fact that the patient is silent about his philosophy, while the doctor, often sentimental, is over-demonstrative about his own philosophy, does not mean that the doctor should impose his philosophy, unwanted, unasked, upon the patient. More often than not the patient is better off without it, only too polite or too weak to say so.

Thank you for a most interesting *Journal*.

Muizenberg,  
Cape Province.

KATHLEEN IANDA LEON.

### Abortion, a general practitioner's point of view

Sir,

It is our opinion that Dr Sluglett's article *Abortion, a general practitioner's point of view*, published in the May edition of the *Journal* should not go unchallenged. Although it would be necessary to write at length

in order to examine the many specious arguments advanced to justify abortion on social grounds, we wish to comment on the more important points.

The slaughter of the innocent in war is hardly relevant to the present argument on abortion, other than to repudiate the sanctity of human life. The fact of evil is not a valid argument for extending that evil to the destruction of other innocent life, namely that of the unborn child, for it is quite certain that from the moment of conception the human embryo contains within itself the full potential of a human being. To claim power over human life and death is a terrible claim to make. There may be extraordinary circumstances wherein fundamental human values become threatened by individuals or nations when man can invoke this claim in the name of the common good. It is quite another matter to claim this power over innocent life. Nor in this matter should we limit our understanding to the scientific view, falsely equating this with objectivity, without informing our minds with the insights of theology, philosophy, literature and the arts. A limited understanding can lead to shallow and dangerous judgments.

We would suggest that the social problems for which abortion is advocated should be dealt with in a more humane way than Dr Sluglett suggests. The trauma of abortion can readily inflict more mental illness than it is intended to prevent, as Dr Myre Sim has shown. Unguided compassion can easily lead to misguided action; compassion needs to be informed by real humane values. The crux of the matter is that in the West love has grown cold. Thousands of distressed mothers, married and unmarried, need loving care and help; this is what they really seek. However, many fear that their security and standards of life are threatened, and look upon abortion as the only way out of their difficulty. Many who have been persuaded not to insist on an abortion have later expressed profound gratitude for the advice that was given.

One of our aspirations should be to counteract the loveless influences in our society, and promote conditions that encourage life in its fullest sense. We, as doctors, should stir society to succour the over-burdened mothers, and in addition to giving freely of our professional skills, help to mobilize effective support from every source.

Birmingham 30.

J. BEATSON HIRD.  
ROBERT BROWNE.

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