

## THE GENERAL PRACTITIONER AND ABORTION

**T**HIS issue of the *Journal* contains three papers on the role of the general practitioner in abortion. These indicate three of the principles involved.

Dr P. R. Grob illustrates the scientific role of the general practitioner, and emphasises that abortion does not necessarily mean therapeutic abortion. He examines in detail the causes, as far as possible in a series of patients who had spontaneous abortions. His findings confirm that many are abnormal foetuses and he provides new and up-to-date evidence of the role of infection in this process, particularly in viral diseases.

The paper from the College represents a theoretical statement of the role of the general practitioner today in the difficult field of therapeutic abortion. This is based on the evidence submitted by the College to the Lane Committee which is currently reviewing the working of the Abortion Act.

Thirdly, a paper by Dr Cartwright and Miss Waite on general practitioners and abortion is published as a supplement with this issue. This is concerned with the general practitioner's role in practice. They do not deal at all with spontaneous abortion and measure attitudes and practice in the field of therapeutic abortion. This paper was also submitted to the Lane Committee by the Institute for Social Studies in Medical Care.

Dr Cartwright has established herself as the leading authority in this country on the attitudes of various professionals in the field of fertility control. She has done so much work that she is now able to compare and contrast her various studies and is beginning, as here, to be able to detect changes in attitude during the last few years. This report probably represents one of the most detailed surveys on current opinions in general practice so far published.

## RELEASING POTENTIALLY DANGEROUS PATIENTS

**T**HE recent court case in which a man has been found guilty of murder by poisoning has attracted widespread publicity. The fact that he had previously been convicted of poisoning other people seems especially significant. The reported diagnosis is that of a psychopathic state. It appears that a court had previously recommended that he should not be discharged for 15 years as a result of one psychiatric opinion stating that he was likely to poison again.

This patient was subsequently discharged from a mental hospital on licence six years earlier than that sentence, because of another psychiatric opinion that he had responded well to treatment and was no longer a danger to others.

The consequences of this case will be far-reaching. The government has already decided to take independent advice on whether discharge procedures are satisfactory and whether changes in the law should be made. Lord Butler of Saffron Walden will chair the committee carrying out this 'fundamental review'.

### *Discharge procedures*

The difficulties in arranging any satisfactory system need to be emphasised. Predicting human behaviour will always be one of medicine's greatest skills and psychiatry is still

far from being an exact science. Releasing potentially dangerous individuals into the community will never be entirely safe.

It would be sad if the legitimate attempt to prevent a recurrence of this kind of case led to many of the real gains of the new progressive psychiatry being lost.

In the most difficult cases there may be conflict of specialist evidence. The parole board, or its equivalent, when taking the final decision, needs skill and experience in balancing opposing expert views and is required, in effect, to predict behaviour of the patient in the community.

#### *General-practitioner expertise*

General practitioners have at least three of the relevant skills. First, they have acquired considerable expertise in the management of problem patients in the community; more than any other clinicians, they have practical experience of coping with patients in their homes. General practitioners learn the hard way of the practical problems of providing long-term follow-up for the vulnerable and sometimes unco-operative members of society.

Secondly, general practitioners have immense clinical experience in deciding when patients should not be in the community and should enter hospital for the whole range of physical and psychological illnesses.

Finally, one of the traditional roles of the generalist is that of balancing conflicting evidence from specialists. General practice will always consist of a synthesis of care based on information derived from many sources and many people.

Is it therefore reasonable to suggest that parole boards in the future might be strengthened by including some representation of generalist doctors with this other kind of medical expertise?

#### *Better communications*

Furthermore, in addition to the general contribution on such a board, individual practitioners might well have a part to play in long-term care. It has not been adequately stressed that the process by which the first poisoning episode came to light involved co-operation with the family doctor. It has been reported that after the discharge no communication was sent to any of the community medical workers. Yet if problem patients are to be maintained in the community it would seem desirable on theoretical grounds that the general practitioner on whose lists they are should be properly briefed, particularly as in many cases he will simultaneously be caring for the family or household concerned.

Surely the general practitioner should have at least as much medical information as any social worker (probation officer) involved?

Institutions like Broadmoor and Rampton are technically hospitals rather than prisons, and are administratively the responsibility of the Department of Health and Social Security. The health departments in the United Kingdom are currently examining ways in which the expertise of different branches of medicine can best be used. Simultaneously, study is being made of the importance of communications between different kinds of doctor who may become involved with a single patient. Both these principles suggest general practice may have something to offer.

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