be what has been learned about organising collective research. It is exciting that this method has many other applications. New ideas in organisation coupled with computers have transformed the concept of general-practitioner collaboration.

Computerised multi-practice research might now help to solve some of the outstanding questions still facing medicine today.

REFERENCE

Royal College of General Practitioners (1974). *Oral Contraceptives and Health.* London: Pitman Medical. Price: £2.50.

GENERAL PRACTITIONERS AND ABORTION

"*. . . but whatever the parity or age of the patient a vaginal termination without associated sterilisation before three months of pregnancy carries less risk of fatality than that of completing the pregnancy.*"

Committee on the Working of the Abortion Act (1974). Report. Command 5579. London: H.M.S.O.

The Lane Committee has been examining the working of the Abortion Act for three years. The Committee was chaired by the Hon. Mrs Justice Lane and consisted of ten women and five men. It included six doctors two of whom were general practitioners. The Committee's terms of reference required it to examine the way the Abortion Act was working rather than the principles on which it was based.

The Committee uncovered many abuses and has recommended to the Government several ways of trying to stop them. On balance, however, it supports the introduction of the Act " We have no doubt that the gains facilitated by the Act have much outweighed any disadvantages for which it has been criticised. . . . the problems . . . are not indications that the grounds set out in the Act should be amended in a restrictive way. To do so when the number of unwanted pregnancies is increasing and before comprehensive services are available to all who need them would be to increase the sum of human suffering and ill-health, and probably to drive more women to seek the squalid and dangerous help of the back-street abortionist " (Para. 605).

General principles

The main principles of the report are clear:

First that every woman seeking an abortion should be entitled to receive the most careful *individual* attention and assessment which should take fully into account all aspects of her health and situation. This conforms with the job definition of the general practitioner who considers physical, psychological and social factors.

Secondly, every woman seeking an abortion should be provided with counselling. This is defined as the opportunity for discussion, explanation and advice which should be given in as unhurried and informal an atmosphere as possible. It is suggested that general practitioners, consultants, health visitors and many social workers could provide this service.

Thirdly, that abortion work should not be segregated from other health services, and that it would be a mistake to encourage or create more separate units which might be humiliating for patients, might breach confidentiality, might create staffing and training problems, and lead to second class gynaecology.

Fourthly, that abortion, if it has to be done, should be done as early as possible and particularly before 12 weeks.

General practice

The report contains a section on general practice and there are numerous references to general practitioners and their work in the sections on aftercare, research, and pregnancy testing. " We regard it as desirable as a matter of principle that the care of the woman who seeks an abortion should remain within the mainstream of both general medical and gynaecological practice, and thus the policy should be to encourage women to seek care through their own general practitioners as they would for other medical and gynaecological conditions." . . . " We believe that it is in the patient's interest to continue to receive advice from both generalist and specialist doctors, whose skills are complementary."

General practice, however, is challenged to meet the needs of the patients. About conscientious objection, for example. "We believe it is important that patients should know where they stand. Our evidence shows that some patients are already diffident enough about asking advice both for contraception and abortion and we believe that patients have a right to know of their doctor's conscientious position. Furthermore this should ideally be known before the consultation occurs and methods of achieving it should be examined by the profession and the three Departments concerned.. . . Appropriate notices in waiting rooms might be one possible solution."

After receiving evidence of some deficiencies in general practice as a primary care service the Committee recommends that " additional referral routes for patients should be made available where necessary." The collective responsibility is placed fairly and squarely on all general practitioners in the area.

The problems of abortion

The subject of abortion is peculiarly complex because it raises ethical, legal, medical, and social principles. Banned by the Hippocratic Oath, yet persistently sought, and increasingly accepted in a wide variety of cultures, it remains a perpetual problem.

Unusually, both the extreme positions and attitudes towards it have much to commend them. Few can deny the force of the argument of the sanctity of life and the shattering implications of the deliberate destruction of a normal fetus. On the other hand, few will regret the progressive emancipation of women, or can deny the massive total of unwanted pregnancies and the consequential suffering. Geographically the trend towards liberalism is clear and it is notable that some American States, including New York, now allow abortion on request up to 24 weeks.

The fundamental issue is the attitude towards abortion both by the caring professions and by society as a whole. About 15 per cent of the beds in gynaecological departments are now occupied by patients having abortions, the numbers are still rising although the rate of increase for resident women may be beginning to fall. The operation is becoming safer year by year and early vaginal termination is now safer than having a baby.

Abortion is always an evil. The responsibility of general practitioners and gynaecologists is to decide when it is the lesser evil. More than three quarters of all abortions in the United Kingdom are carried out on the grounds of protecting the physical or mental health of the mother. Abortion thus raises in its cruellest form—the agonising choice between the quantity and the quality of life.

REFERENCE

Committee on the Working of the Abortion Act (1974). Report. Command 5579. London: H.M.S.O.