Evidence of the Royal College of General Practitioners to the Select Committee of Parliament on the Abortion (Amendment) Bill

FROM THE COUNCIL OF
THE ROYAL COLLEGE OF GENERAL PRACTITIONERS

SUMMARY AND GENERAL POLICY. The Royal College of General Practitioners is, of course, fully aware that the regulation of the conditions for abortion is inevitably difficult and complex and that opinions are often difficult to reconcile.

Nevertheless, the College has been able to establish the grave concern of many of its members at the proposals outlined in this Bill. The College has not received one single letter in support of the Abortion (Amendment) Bill.

The College notes that the Lane Committee (1974) carried out a very full and detailed review of the working of the Abortion Act and published its view only last year. The College notes that the Lane Committee took evidence from those with every shade of opinion, examined in detail virtually every published scientific report on abortion in this country, and, furthermore, commissioned and published specific evidence about the working of the 1967 Abortion Act.

The College notes that the Lane Committee contained members, in addition to general practitioners, who were lawyers, administrative medical officers, psychiatrists, gynaecologists, social workers, and women representing the public, and that its work took about three years to carry out.

The Royal College of General Practitioners endorses the work of the Lane Committee and therefore recommends that the recommendations of that Committee should be implemented instead of the proposals in the Abortion (Amendment) Bill.

The Royal College of General Practitioners thanks the Select Committee for the invitation to give evidence on this proposed Bill and accepts with pleasure, as it views the proposals in this Bill with grave concern.

Part 1

Clause 1—Grave risk

The suggestion that the words ' grave ' or ' serious ' should be inserted into the Act and the important basic conditions for termination of pregnancy is unattractive. Such adjectives are undefinable scientifically. They represent attempts to make abortion much more difficult to obtain in this country and the general arguments for and against doing this are fully set out in the Report of the Committee (Lane Committee, 1974) on the *Review of the Working of the Abortion Act.*

We do not believe that much greater restrictions on termination of pregnancy are necessary and there is evidence from general practice to support this view (Cartwright, 1972).

National Health Service Consultants or equivalents

There is an entirely new suggestion on page 2, section (3A), that all abortion clinics should be required to have on their staff a consultant working within the National Health Service " who shall superintend and approve clinical procedures and appointment of all medical staff ".

The objections to this are as follows:

(1) It is likely to draw National Health Service consultants away from National Health Service work at a time when waiting lists (before recent political difficulties) were already too long.

(2) There could be professional and political difficulties for the Secretary of State in deciding whether a particular doctor was or was not of consultant status.

Clause 2—British Nationality/Residence criterion

The Select Committee will doubtless examine if the proposal to restrict termination to British nationals contravenes Common Market Law.

Apart from this point it is unacceptable for doctors to be required to distinguish between their patients on the grounds of nationality. It has long been a major ethical principle that doctors treat their patients regardless of colour, class, or creed and this clause means in effect that a treatment which doctors believe is appropriate for one woman is to be denied to another on the grounds of race alone.

Quite apart from this ethical point there are likely to be substantial difficulties in making doctors responsible for determining nationality and/or residence. We can foresee girls presenting evidence that they have been au pair girls, for example. Doctors are not competent to verify certificates and letters purporting to prove residency. In short, this is not a doctor's job and would be an unfair burden on the profession.

Finally, the political need to restrict foreign nationals seems to be falling. Women from the United States are coming in only tiny numbers compared with the past since more liberal legislation was introduced into the United States. A new liberal Act is being introduced in France, and there is a big abortion debate in Italy.

Clause 4—Referral

As worded this appears to penalise unfairly private general practitioners referring patients (quite properly) for termination. This arises because of the word ' person ' and does not appear to offer exemption to registered medical practitioners.

Clause 5—Under 16-year olds

This seems unreasonably restricted. Most general practitioners would want to be able to see the girl alone and discuss the situation with her and it would in practice be impossible to deny that this might constitute providing ' advice and information '. The drafters of this section clearly are unaware of normal procedure in general practice where it is quite common for doctors to want to see 14 and 15-year-olds alone, even if they see them with their guardians later in the same consultation.

Secondly, doctors would be placed in extreme ethical difficulty if a 15-year-old girl sought advice and was not willing to discuss this with her parents or guardians. This group might well be forced to seek back-street abortions once this restriction on the profession became generally known.

Clause 5—Advice as to available alternatives

This section is not adequately defined. It is possible that a new category of offence is being introduced.

Clause 5—Person to whom a woman may apply

This section is also unclear. Does it prevent for example a woman seeking advice from an organisation such as the Samaritans or a Citizens' Advice Bureau and being referred to her own general practitioner?

Clause 6—Approval of premises

The meaning of this clause is unclear. Some general practitioners will undoubtedly see patients seeking advice privately in their consulting rooms and undoubtedly this advice will also be sought in people's homes including calls out of hours. It appears that each consulting room and each individual patient's home would need approval in the Section as at present worded.

Clause 7—20-week restriction

There are some patients where termination is indicated after 20 weeks and these would be prevented by this new clause.

The escape clause (b) is very important as far as indications are concerned because a growing number of fetal abnormalities can be detected by amniocentesis only at 22 weeks. The desirability of restriction of privileges to consultants in the National Health Service is a matter of opinion.

Part 2

No comment.

Part 3

Clause 10

As worded Clause 10 seems to prevent a woman writing an article in, say, a women's magazine about her experiences in having an abortion. If this is indeed so it seems unnecessarily restrictive.

REFERENCES

Cartwright, Ann (1972). General practitioners and abortion. *Journal of the Royal College of General Practitioners*, **22**, Supplement No. 1.

Lane Committee (1974). *Report of the Committee on the Working of the Abortion Act*. Command No. 5538. London: H.M.S.O.

THE PATIENT'S BILL OF RIGHTS BECOMES LAW

During the past few years, hospitals and neighbourhood health centres in the United States have been adopting documents called a ' patient's bill of rights.' Among the best known are the statements or booklets published by the Beth Israel Hospital in Boston and the Martin Luther King Health Centre in New York City.

In November 1972, the Board of Trustees of the American Hospital Association (AHA) adopted such a statement containing a list of 12 principles ranging from a right to considerate and respectful care, a right to informed consent before treatment, and on to a right to know the hospital's rules and regulations.

The AHA's statement on patients' rights was generally greeted with approval in the professional and popular press, but with the comment that the list seemed to contain little that was not already the legal and ethical responsibility of hospitals and medical professionals. The most controversial provision (principle 4) asserted that the patient had a right to refuse treatment, but this was qualified by the phrase " to the extent permitted by law ". Some thought that this would require the hospital to allow a dying patient to refuse further efforts to keep him alive, or to allow a suicidal patient to refuse security, or treatment, or to allow such a patient to leave the hospital. Another provision (principle 9) required hospitals to advise all patients of proposals to engage them in any human experiment and to obtain their permissions for such studies.

REFERENCE

Curran, W. J. (1974). *New England Journal of Medicine*, **290**, 32–33.

DRINKING PATTERNS IN LEICESTERSHIRE

A questionnaire was circulated to general practitioners in the County and City of Leicestershire and twelve doctors from six practices took part.

Of the 1,200 questionnaires distributed 1,075 were correctly completed and were suitable for analysis.

The findings were 9·4 per cent of the respondents indicated that they did not consume alcohol, 44·8 per cent indicated they could be considered as social drinkers, 40·2 per cent drank regularly and 5·2 per cent could be considered heavy drinkers.

REFERENCE

Patterson, H. R. (1973). *The Journal of Alcoholism*, **7**, No. 4, 118–130.