

INDUCED ABORTION—A NEW MAJOR STUDY

IN 1968, after much preparation but many misgivings, the Royal College of General Practitioners launched the Oral Contraception Study. At that time few could have foreseen the immense success of this research project, which is still continuing, or that its published interim report *Oral Contraceptives and Health* would become one of the most authoritative documents on oral contraception in the world.

A new challenge has now arisen. What are the sequelae of induced abortion? The 1967 Abortion Act has had the effect of increasing the number of reported legal induced abortions in residents of England and Wales from 9,100 in 1967 to almost 110,000 in 1974, although the rate of increase has levelled off in the past two years. At least 70 per cent of patients were referred by their general practitioners.

The public debate about induced abortion has been mostly moral and philosophical, and questions such as, "Is abortion the taking of human life?" will never be satisfactorily answered. Both sides have used allegedly scientific data to support their own point of view. Unfortunately the evidence on which these arguments have been based is generally unreliable. Although there has been a great deal of work published on both short-term and long-term sequelae, it is well-recognised that no long-term, prospective, large-scale, well-controlled trial has been carried out to study the problems.

As a result, we do not yet know the answers to many important questions. Does induced abortion increase the chance of subsequent infertility? Does induced abortion adversely affect the outcome of subsequent pregnancies? Does induced abortion increase the likelihood of psychiatric disturbance?

To investigate these and other problems a large-scale, prospective study, jointly supported by the Royal College of General Practitioners and the Royal College of Obstetricians and Gynaecologists, is being started in October 1976. The project will be co-ordinated from our Manchester Research Unit, which is responsible for the Oral Contraception Study, and is to be financed by the Department of Health and Social Security.

The study is designed to find out what happens to women who have an induced abortion. There is no implication that the organisers, or participating doctors, believe that induced abortion is right or wrong, but those who hold either view must surely welcome the objective evidence which this study will provide.

General-practitioner participants will recruit all patients they refer for an induced abortion, an average of three to four per year, and a slightly larger control group of women presenting with unplanned pregnancies, but not having an induced abortion. The design of the study ensures that the workload of any one doctor will be small. Gynaecologists to whom the patients are referred for an induced abortion will be asked to co-operate by giving details of the consultation, the operation (if any), and early complications.

Three pilot trials have been carried out with the help of about 100 general practitioners and the gynaecologists to whom they referred patients for an induced abortion. Experience from these indicates that at least 1,000 general practitioners will be needed if the recruitment target of 8,000 patients having an induced abortion and an adequate control group is to be achieved in two years. Even more participating doctors would greatly increase the value of the study and shorten the recruitment period. Long-term follow-up will be maintained on all subjects recruited. Total confidentiality has been assured.

A letter is being sent to every doctor in the College, giving more details of this most important study, and asking for participation. A successful outcome depends greatly on the number of doctors willing to take part and on their enthusiasm in recruiting and following the progress of patients over a period of time. We hope that the response will ensure that the results obtained will add a new dimension of accuracy to the knowledge of the effects of induced abortion. We hope a great many general practitioners will take part.

REFERENCE

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

GREAT BRITAIN

“ More likely, as we settle down into being just one more country like any other, we'll simply pride ourselves on what we do well (general-practitioner medicine, marmalade, magazines, and an upright Civil Service). . . .”

REFERENCE

Whitehorn, Katharine (1976). *Observer Sunday Review*, 13 June 1976.

NATIONAL HEALTH SERVICE EXPENDITURE

Dr David Owen, Minister of State for Health, recently told Health Service administrators that “ Expenditure in the National Health Service represents about five and a half per cent of the gross domestic product and just over ten per cent of all public expenditure”

“ . . . No one should harbour the illusion that the cash limits are no more than guidelines. . . . I want to make it crystal clear that the cash limits are real and will be enforced.”

COST OF THE NATIONAL HEALTH SERVICE

Doctors' and nurses' salaries now account for over half the National Health Service's total wages and salary bill.