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G H Curtis Jenkins, MB.

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We receive so many letters each week that we have to omit some of them. Letters must be signed personally by all their authors. We cannot acknowledge their receipt unless a stamped addressed envelope or an international reply coupon is enclosed.

Correspondents should present their references in the Vancouver style (see examples in these columns). In particular, the names and initials of all authors must be given unless there are more than six, when only the first three should be given, followed by et al; and the first and last page numbers of articles and chapters should be included. Titles of papers are not, however, included in the correspondence section.

Abortion (Amendment) Bill

Sir,—My colleague Mr D B Paintin (26 January, p 248) is a man of high professional standing motivated by compassion for a woman who finds herself pregnant with an unwanted child, to face the delivery of her child. The key question as I see it after re-reading the 1967 Abortion Act is, “Is this rejection really putting the patient’s health at risk?” There is nothing in the 1967 Act to support Mr Paintin’s indications for abortion—namely, “lack of physical and emotional resources to be adequate parents”—nor is there a word in the Act to suggest legalising abortion for “an unwanted pregnancy.”

Surely my colleague should be frank and say: “I abort on request.” If I am right then the amended Abortion Act of Mr Corrie would make his practice clearly illegal, requiring him and his colleagues who sign the green form to consider the patient’s health not only her request to have her potential child destroyed in theatre.

Mr Paintin concludes with the belief that the 1967 Act has not been abused. If that were so Parliament would not have voted two to one in favour of Mr Corrie’s amendment going on to further consideration on 8 February. The chief abuse in my view is the use of the 1967 Act as a charter for socio-economic abortion on request. I also suspect “counselling” which arranges abortion in 93% of cases (Mr Paintin’s figure), or 94-97% in the charities such as the British Pregnancy Advisory Service.

After a total of over a million registered abortions, Parliament is surely saying in a clear voice, “This was not the intention of the 1967 Abortion Act.”

Hugh Cameron McLaren

President (British Section), Federation of Doctors Who Respect Human Life

Birmingham B15 2UJ

Abortion (Amendment) Bill, which is to make legal abortion more difficult. If the Bill becomes law, it would restore the position to pre-1967 with one important difference: termination of pregnancy on the grounds of serious risk to the life or health of the mother would be sanctioned in statute law and thus taken out of the legally grey area which had existed since the Offences against the Person Act 1861.

On the question of back-street abortions, with the greatest respect to my colleagues, I do not think that we as doctors have any particular qualifications to speak on this as a social phenomenon. It is always a tragedy when a woman is driven to this resort, and perhaps it is a castigation of our society that the unfortunate person has not been provided with the means of finding a way out of her predicament without having to resort to killing.

John O'Melia

Derby

Sir,—I refer to your leading article (2 February, p 269): “Abortion: a matter of clinical judgment.” Surely that statement and the whole tenor of the article totally misses the basic point at issue in the current debate. Except for a tiny minority of instances where clinical judgment is needed to determine whether...