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Doctors and Population

The considerable support for the letter published last month in[1 2] the *B.M.J.* and *Lancet* calling for a medical campaign about population was balanced by a smaller opposition. Some claimed that rapid growth of population was a problem for developing countries but not for Britain; others argued that in any case doctors should confine themselves to their traditional healing role and not meddle in matters of private decision or engage in politics. But can doctors stand aside, silent, on an issue which could so affect the future health and happiness of their patients?

The rapid exponential growth that has added 500 million to the world's population in the last ten years[3]—a rise equal to the present population of Europe—is mainly the effect of reduced child mortality. In Britain now, however, the determining factor for the population growth rate is the completed family size. Any foreseeable changes in infant mortality or expectation of life could have only a marginal effect on the size of our population; while the net effect of migration over the last 20 years has been the loss of about 100,000 inhabitants.[4]

Current estimates[4] put the average family size at which the population would be constant as 2·1 children, and the actual average size at present as 2·5 children. Opponents of a population campaign point out that in Britain the birth rate has been falling steadily since 1966; that in the mid 1930s, when contraception and abortion were less widely available than they are now, the average family size fell below 2·1 and the growth rate was negative; left undisturbed, they claim, the current trends will lead to stabilization of the population within a generation.

This laissez faire attitude is almost certainly mistaken. It is in direct conflict with the mathematical projections for population size prepared by the Government actuaries—which, though they have varied considerably over the years, are the best we have. Since 1960 they have consistently estimated a rise of at least 300,000 a year in the population of the United Kingdom. Their lowest recent estimate for the year 2000 was 64 million and the current projection is 68 million, 12 million more than are alive now. Secondly, the very low family sizes found in Britain and France in the 1930s were associated with high unemployment, economic depression, and the threat of war. Even if these factors recurred they would probably only be temporary, and mass despair is scarcely an ideal means of population control.

There is, furthermore, no time to wait and see whether the laissez faire school of thought is correct. The statistics have been rehearsed before but their message is inescapable: while the population continues to grow at 300,000 a year the country has to provide new houses, hospitals, schools, universities, and transport for 300,000 persons before any further progress can be made in replacing the old, worn out ones. The proportion of our food and other requirements that has to be imported, the crowding of our roads, and the pressure on space for recreation; all point in the same direction—to our having already exceeded the optimum population for Britain. A second reason for actively restricting the growth of Britain's population now is the one advanced by Professor Paul Ehrlich[5]—that since England is the second most densely populated country in the world her exhortations to developing countries to accept population programmes will carry more conviction if she is seen to be taking realistic steps to cope with her own situation.

What is the doctor's role in any programme to halt the rise in numbers in Britain? The profession as a whole should press the Government to support the programme by the introduction of free contraception within the N.H.S. together with adequate provision for abortion and sterilization. The introduction of a national population policy should not mean interference with individual liberty; there is no need for Orwellian schemes for contraceptive chemicals in the drinking water—nor even for abolition of the family allowances. At least two thirds of the current 300,000 excess of births over deaths each year could be eliminated if every pregnancy was wanted at the moment of conception. The remaining 100,000 is a reasonable target for a campaign of education. But this requires commitment by doctors. It will no longer be enough for them to offer advice on contraception and family size only when asked for it. Family doctors will need to seek out the feckless and problem families in their practice and take contraception to them. A recent study from Glasgow showed the success such a programme can achieve.[6] At the same time doctors have unique opportunities to encourage young parents to think responsibly about the size of their families. Both the quality of life and the structure of society at the end of this century will depend on the answers found to population pressures in the next ten years.

1 Anderson, J. A. D., *et al.*, *British Medical Journal*, 1972, **1**, 108.
2 Anderson, J. A. D., *et al.*, *Lancet*, 1972, **1**, 89.
3 *Family Planning in Five Continents*. London, International Planned Parenthood Federation, 1971.
4 Select Committee on Science and Technology, *Population of the United Kingdom*. London, H.M.S.O., 1971.
5 *Lancet*, 1972, **1**, 189.
6 Wilson, E., *British Medical Journal*, 1971, **4**, 731.