Middle Articles

Account of the Environment

A Medical Social Worker Looks at the New Abortion Law

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On 27 April 1968 the Abortion Act comes into effect, and already the number of requests for termination of pregnancy has greatly increased as a direct result of the publicity it has aroused. The amended Abortion Act of 1967 states that "In determining whether the continuance of a pregnancy would involve such a risk of injury to health . . . account may be taken of the pregnant woman's actual or foreseeable environment." When a surgeon decides to take such "account" he may seek a full investigation of this environment from a medical social worker (M.S.W.).

Medical social workers sometimes feel that they are working in isolation because of a lack of awareness on the part of doctors of the kind of service that can be provided. New professional training equips them to assess a patient's total social situation, taking into account all relevant social data, environment, personality, and ability to make satisfactory human relationships. They use this knowledge to help them understand the emotional problems of illness. This is not to say that they lose sight of the more fundamental and practical aspects of the problems with which they have always been associated.

In terms of the sort of investigation a doctor can expect of a medical social worker when he refers a woman seeking termination of her pregnancy, I hope it will not sound presumptuous to say that she may sometimes have a diagnostic contribution to make in helping him give a decision. The desire for an abortion may well be found to be a cry for help in some other facet of the patient's social set-up of which she may or may not be aware. A full investigation may produce evidence that the woman's feeling that she cannot tolerate bringing a child into the world may be a symptom of a situation such as an inability to cope with married life, and by making abortion too readily available we do little but relieve the patient's immediate suffering for a short time and thus do her no real service, producing in her a sense of guilt which she can redress only by becoming pregnant again as quickly as possible.

If M.S.W.s are to be invited to participate in evaluations of this sort they must be considered to be part of the medical team, and serious attention should be given to their appraisal of the social situations involved. If there is no real co-operation between individual members of the team the disappointed patient may proceed to shop around to other hospitals, causing an inevitable dissipation of the clinic staff's working time.

Although there is no suggestion that abortion should be available for the asking, or that it should be performed on purely social grounds, many anxieties remain in terms of how the Act is to be interpreted, and practice is bound to be uneven. This fact in itself is certain to give rise to odious comparisons between different hospitals.

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Lack of Knowledge

Many social workers feel that this legislation has come too soon. It is a form of social legislation unusual in that it will become law without the benefit of Royal Commission. No research has been published in Britain into the lives of the children born as a result of failed requests for abortion. We know nothing of how these children have fared in life, how many of them have carried throughout life the scars of that first rejection, or what proportion have become cherished and indispensable members of the family. Even less is known of the effects abortion has had on the lives of women who have experienced it, or on those to whom it has been refused. Another field in which we have very little information is the failure by couples who wish to limit the size of their families to take the necessary precautions despite the ready availability of contraceptive advice. Many feel that the present Act, whatever its original intention, represents a foot in the door of abortion on demand. Abortion on demand is not the easiest or the most desirable form of family planning. I feel that the medical social worker, by her influence, could well contribute to the policy that hospitals eventually adopt.

At Queen Charlotte's Maternity Hospital we have been impressed in recent months by the growing number of husbands who have been accompanying their wives when a termination is being sought. It is interesting to speculate on the reasons for this. It may well be that together they feel they are in a stronger bargaining position, or that the wife is simply seeking the support of her husband's presence at what might be a difficult interview with the doctor. It could, however, indicate that it is the husband who is rejecting the child. Many women have a real need to have more children and they are in general prepared to meet the consequences. Men do not have this need and are often intolerant of the maternal instinct, seeing the child as a threat to material advantage or to the balance of emotional life in the family.

Alternative Solutions

When talking to the parents of these unborn children one must at all times be aware that what may at first seem to be an uncompromising attitude may suddenly swing round to a complete reversal of the original rejection. Most gynaecologists dislike abortions and avoid doing them unless the case is very strong indeed. If the medical social worker genuinely

feels that attendant social problems can be solved in some other way she should not be afraid to say so. The surgeon may well be hoping that another solution will be found, difficult though this may be to put before the patient. I think also that many women will come to a hospital with a request of this sort just in order to test the authorities, in the same way that a child may test the authority of his parents. We may well find, as has been my experience, that after a long interview the mother suddenly fails to keep an appointment and one discovers that the unconscious need for the unborn child has finally overcome her former reasons for wanting to destroy it. As with other social problems, the need has been partly met by the social worker's ability to help the patient to talk out her difficulties.

Reasons for Termination

In most cases, however, the answer will not be so simple. It would be impossible to list here all the social factors which may be presented by the patient requesting termination, but I shall try to summarize a few of the more appropriate. Inadequate housing in urban areas ; the unsupported mother with a disabled, imprisoned, or student husband ; the inadequate mother with her existing children hopelessly out of control ; and the terrified single girl who would rather risk her life than face up to having her baby ; all produce a situation which may well affect the physical or mental health of a child. Before giving her report the medical social worker must satisfy herself that the situation is likely to be relatively permanent, bearing in mind that the problems of the young are subject to great fluctuations both in real terms and in attitudes. She must also try to discover what efforts have been made by the patient to improve the conditions that make having the child intolerable. The possible effects on existing children to an addition to the family should be taken into account. There may, for example, be a rather lonely child who would welcome the companionship of another sibling. Probably the greatest difficulty will be in trying to make a social evaluation while under considerable pressure in terms of time, stress, and emotional atmosphere, yet at the same time giving the patient the feeling that the investigation is disinterested and thorough.

To sum up, a whole range of emotions are evoked when a couple present themselves to be relieved of the burden of an unborn child. Whatever our natural reactions to such abnormal behaviour it is, nevertheless, our professional duty as social workers to consider patients as individuals with needs uniquely their own, and to try to understand the mechanism behind the request. Sometimes the pressure may come from sources outside the family. There are rumours of building societies that will give mortgages only if the wife agrees to take a contraceptive pill. Recently a local authority housing department would consider rehousing an unmarried mother only if she agreed to sterilization. If too liberal an interpretation is made of this new legislation there is every likelihood that similar pressures will force women to seek abortion. Medical social workers should be on their guard to protect patients from such outside influences.

CONFERENCES AND MEETINGS

Joint College of Physicians Meeting in Boston

[FROM A SPECIAL CORRESPONDENT]

The 49th Annual Session of the American College of Physicians was held with the Royal College of Physicians of London in Boston from 1 to 5 April in the presence of 6,000 physicians, including 100 from Britain. No more appropriate opening day could have been chosen for the London College representatives than William Harvey's 390th birthday.

The Convocation Oration was delivered by Sir Max Rosenheim, P.R.C.P., in the presence of new Fellows of the American College of Physicians and their wives, and the Presidents of the Australasian, Canadian, Edinburgh, and Glasgow Colleges, who received honorary Fellowships of the American College.

Iron Metabolism

M. JOHN MURRAY (Minneapolis) showed that gastric juice from patients with iron-deficiency anaemia or haemochromatosis could increase iron absorption in sham-operated and in gastrectomized rats. These observations strongly supported the secretion into the stomach of a factor which potentiates iron absorption in time of need. L. S. VALBERG and D. OLATUNDOSUN (Kingston, Ontario) had compared intestinal absorption of cobalt and iron in patients with normal repletion and with iron overload. The two elements had been found to be absorbed by similar transport pathways in the intestinal cells. Unlike iron, cobalt was not temporarily stored in the mucosa and lost when the intestinal epithelium desquamated. While cobalt transport was responsive to the intracellular mechanisms which enhanced iron absorption it was not to those that inhibit it.

Starch addiction is well recognized, particularly in pregnant women of lower socio-economic status. Amounts as high as 30 grammes daily may be taken. MANFRED BLUM, C. G. ORTON, and L. ROSE (New York) showed that 8 grammes of laundry starch daily significantly reduced iron absorption, and related the anaemia of starch addicts to this effect. Starch might be of value prophylactically in relatives of patients with haemochromatosis who might be destined to develop the disease. R. K. NIXON (Detroit) had studied the marrow-haemosiderin pattern, finding that stainable marrow haemosiderin was absent in chronic iron loss, intestinal malabsorption, and polycythaemia rubra vera. The presence of large particles indicated a reduced iron turnover, and associated conditions included cirrhosis. Small particles were associated with an increased turnover, and were found in pernicious anaemia and in idiopathic haemochromatosis. Staining of marrow for iron might be a useful method of distinguishing primary from secondary haemochromatosis.

L. A. HARKER, D. FUNK, C. A. FINCH (Seattle) had evaluated iron stores by chelating agents. Chelate iron excreted after feroxamine correlated well with the presence of parenchymal iron deposits in the liver but not with reticuloendothelial iron, peripheral iron, or iron turnover. Only parenchymal iron seemed to be available for excretion after the chelate. The deferoxamine loading test might be particularly useful as a screening method to reveal parenchymal iron overload before irreversible pathological changes had occurred.

Diuretic Therapy

ALEXANDER LEAF (Boston) had attempted to localize the actions of diuretics within the renal tubular cell. He pointed out that diuretics acted by interfering with intracellular sodium reabsorption. This could be at the passive stage of entry, where the tubular cell recognized sodium, or at the second stage of active secretion, which was energy-requiring. Spironolactone had been