

Correspondence

Ian Ramsey and the practice of medicine

SIR

It is with considerable reluctance that one ventures to disagree with so distinguished an historian and theologian as Professor G R Dunstan. However, in the course of the clear and persuasive picture which he presented of Ian Ramsey last year and which was reprinted in your December issue, (pages 189-94) there are at least two points which I would like to make – though I have been warned that your journal is unlikely to print them!

First, while I welcome Professor Dunstan's recognition of the fact that the Abortion Act 1967 has led to 'abortion virtually upon demand', I question his interpretation of the Bourne judgement. If his sentence on page 192 beginning 'Termination was a criminal procedure' means anything, it must surely mean that the Bourne case established the principle that abortion was lawful if it were necessary to save the life of the mother. But that was not the point of the Bourne judgement, as anyone who cares to look up the case will find. It concerned Bourne's decision to terminate the pregnancy of a girl of under 15 who had been raped, and whose life, as Bourne admitted in cross-examination, was not in 'immediate' danger. Bourne's argument was that it was the girl's 'nervous system' which would 'probably be adversely affected': and the judge in his summing up echoed these words:

'I think myself that . . . if the doctor is of opinion on reasonable grounds, on adequate knowledge, that the probable consequences of the continuance of the pregnancy would . . . make the woman a physical wreck or a mental wreck, then he operates, in that honest belief, "for the purpose only of preserving the

life of the mother".' *British Medical Journal* 1938; 2, Jul 23: 204.

The second point on which I take issue with Professor Dunstan is on the question of the so-called 'pre-embryo', (pages 190-191). Professor Dunstan informs us that 'Today's embryologists' (no names are specified) 'are telling us that the formation of the zygote initiates a pre-embryonic stage of cellular fluidity and totipotency out of which an *individual human being*' (his italics) 'may begin to shape at about the fifteenth day – or it may not'. The argument that the genetic constitution of the zygote is uniquely different and will remain uniquely different and individual throughout the life of that human being if it is allowed to develop normally is not met. Professor Dunstan must surely know that the expressions 'cellular fluidity and totipotency' to which he refers denote the fact that the single cell which is the zygote contains within itself the capacity to divide and thus form all the cells of the adult human body, however specialised. It does not denote the fact that the cell can divide and develop into something which is not human, unless of course it is grossly abnormal. The individuality is present from the very beginning in the overwhelming majority of cases, and policy must take account of that fact.

G CHOWDHARAY-BEST MA
27 Walpole Street,
London SW3 4QS

Care of the severely handicapped

SIR

Simon Neale denies that under present conditions 'there is insufficient to provide basic care for all'. Two comments on this: 1) What we are

talking about with the care of the severely handicapped is not 'basic' care but total care, 24 hours a day, for a lifetime. Who is going to undertake it if the mother cannot be dragged into it by being made to feel guilty? 2) As children and adults are now dying daily who could be restored to good health with early treatment for which resources are not currently available, does he not think certain priorities in health care ought to be established based on the likely subsequent quality of life? If not, is he contemplating cuts elsewhere, in housing, education, defence or where? Or is he contemplating substantial increases in taxation? Or does he believe there is a bottomless pit of resources? It is no longer sensible to discuss these issues in a financial vacuum. If he was contemplating cutting defence expenditure in order to increase expenditure on preventive medicine, including improving our lamentable abortion services, then I might well agree with him.

I did not argue that mothers should be persuaded to have abortions rather than handicapped babies (this is hardly necessary as several national surveys have demonstrated), despite the fact that in my view, the quality of their lives and their children's lives is likely to be very poor. I do argue that women should be given a genuine choice, since if they decide to continue with such a pregnancy the burden on them in the future will be very heavy, and the chances of their marriages breaking up in consequence may be up to nine times the normal rate (1). The real difference between Mr Neale and myself is that I am very bothered about the quality of life of the carers, while I am not very concerned about fetuses. Mr Neale's concern is the reverse of mine. These are matters of individual judgement, and cannot be 'proved' either way, which is why the abortion debate is still with us.