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Book reviews

Safer Childbirth

Marjorie Tew, 314 pages, London, £14.95, Chapman and Hall, 1990

This book gives scientific validation to those who believe that childbirth is safest when the woman is allowed to labour peacefully, in her own space and in her own time, with emotional support from a trusted attendant, and with no unnecessary interference.

Marjorie Tew demonstrates that though there may be a correlation between increased medicalisation and hospitalisation of the birthing process and a drop in the perinatal and maternal mortality rate, this is by no means cause and effect. The real reason for improvements must be laid at the door of more adequate nutrition, greater resistance to disease, less frequent pregnancies, better housing and a general rise in the standard of living. She quotes a graphic example in the elimination of rickets, which deformed the pelvis and was thus one of the major causes of obstructed labour.

In this passionately but cogently argued and scrupulously researched book Marjorie Tew is able to show that in fact universal hospitalisation with its attendant obstetric intervention, has actually slowed down the improvement rate of perinatal mortality and morbidity. A large number of practices now routine in many hospitals have never been properly evaluated, and those that have, mostly confer no discernible benefit to mother or child. For continuous electronic fetal monitoring it is actually possible to demonstrate adverse effects, since it confines the woman to bed, thus denying her the freedom of upright posture and mobility many women find so helpful.

By surrounding the pregnant and labouring woman with anxiety, by placing her in an alien environment attended by impersonal strangers, by setting arbitrary time-limits on the various stages and by disrupting the normal physiology of labour, ideal conditions for malfunction are created, and heroic interventions are then needed to save both mother and child.

We are treated to a fascinating exposition showing how birth has changed from a joyous family event at home to a dangerous pathological condition which can only be safely handled in a hi-tech hospital. Mothers' confidence in their reproductive efficiency has been steadily undermined, and midwives' supremacy in the maternity field continually eroded. Young doctors in training are brainwashed to the unquestioning view that birth is only safe in hospital, and women wishing to give birth at home are deemed irresponsible and told they are putting their babies' lives in jeopardy.

In fact, Marjorie Tew is able to demonstrate that the various government reports on perinatal mortality from 1959 onwards, all of which advocated universal hospitalisation for childbirth, were based on faulty home-birth statistics. Till very recently all figures for babies born at home, whether by design or accident, were lumped together. Thus the family who had meticulously prepared for the event with good antenatal care, a healthy diet, a known and trusted midwife, and a warm, welcoming environment, found themselves sharing a statistical table with the schoolgirl who had denied her pregnancy even to herself and delivered her child unattended on the kitchen floor, or the woman who had a precipitate premature birth and could not get to the hospital in time. No wonder home birth looked so dangerous. In this book we are shown that when planned home births are separated out, they are actually the safest option, followed closely by deliveries in GP and midwifery-run maternity units.

When antenatal care was first introduced, its aim was to build up the mother's optimal health. The emphasis has now shifted to the detection of fetal anomaly and maternal pathology to an increasingly sophisticated degree. This has not been shown to lead to any dramatic improvements, though it has served to exacerbate maternal anxiety and fear, which in itself is detrimental to the confidence, relaxation and assurance needed to birth happily and safely.

Mrs Tew describes the resistance she encountered from the medical profession when she first published her papers. She stumbled on the faulty interpretation of maternity figures by sheer chance when teaching statistics to medical students. Her interest was aroused, but it took her two and a half years to wrest further unpublished data from the authorities. However, when she studied them she knew she was right in her premise that hospital birth was not as safe as it was claimed to be. There is no bitterness for the difficult and frustrating time she has had during the last fifteen years getting her work published and taken seriously by more than a handful of professionals. Maternity consumer groups naturally supported her from the very start.

The story of how the obstetric profession has successfully managed to subvert both the law and parliamentary policy-makers over to its side based on the flimsiest of scientific evidence is told in fascinating and horrendous detail, though it should not surprise us. Mrs Tew reminds us that it took a hundred years to eradicate puerpural sepsis, because the obstetric profession refused to believe the evidence of Semmelweiss when he demonstrated that it was the doctors themselves who carried the infection around with them on their hands and clothes from patient to patient. She cites examples of disasters

following on from unevaluated techniques brought into general use, such as retrolental fibroplasia. For every obstetric intervention she is able to demonstrate adverse effects, yet there is a stubborn and unheeding resistance to change.

If only all obstetricians were compelled to read this book. Even then would they believe it? Would they then comprehend what a serious mistake it is not to understand and respect the normal physiology of labour and birth? Would they then accept wholeheartedly that what a woman needs to birth safely is good emotional support, a tranquil, and unhurried atmosphere, continuity of care and familiar surroundings? Would they then have the humility to know that the only ethical option on their part is what Dr Grantly Dick Read called 'masterly inactivity'? Would they then be willing to share their power with mothers and midwives and permit them to organise the maternity services in a way which not only suits their needs and wishes, but is also the safest?

Fortunately there is increasing evidence that Mrs Tew's views are now being listened to. The Royal Society of Medicine Maternity Forum has accorded her a platform. At the last Active Birth conference at Wembley Conference Centre she was the only one of dozens of eminent speakers to be given a standing ovation. Even those, like the statisticians at the National Perinatal Unit, who question the firmness of some of her conclusions, nevertheless treat her with seriousness and respect. In view of this, is it really ethical to continue unquestioningly our present obstetric-led and hospital-based maternity policy? It is surely time to change to woman and midwife-centred birth care.

HANNA CORBISHLEY
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Organ Transplants and Ethics

David Lamb, 162 pages, London and New York, £25.00, Routledge, 1990

This is a contribution to practical moral philosophy which tackles the ethical problems of a whole range of organ transplantation from cadaver and living donors. Brainstem death criteria, which inevitably lead to whole body death, are contrasted with the deontological definitions of the loss of personhood and identity which accompany permanent loss of consciousness. Where brainstem death has not been verified, there may be residual cortical and other areas of the brain which remain alive but are inaccessible to testing. Is such a state compatible with a person, albeit still hanging by a thread? It is cogently argued that the person should be regarded as more than a brain and that respect should be given to the whole body; no attempt should be made to expand the definition of death to include non-cognitive states, however disabling and seemingly irreversible. Further chapters look at the use of fetal tissue for research and transplantation: a strong case is made for the separation of the act of abortion from any desire to obtain tissue. A need still exists to respect the wishes of the mother regarding the disposal of such tissue. With anencephalic infants there are pressures to use organs without waiting for brainstem death. The author sees no reason to change the brain-death criteria for a decerebrate fetus as this may lead to the gradual exploitation of the vulnerable and the brutalisation of society.

Looking at live transplantation, usually between relatives, the loss of a kidney is judged to be less evil than the loss of the full rehabilitation of the patient. Things are more difficult to justify when the potential donor is a minor or incompetent. Non-related gifted live donation is condemned but the consequentialist ethics of not making use of such donation in India are not followed through. One senses the author would justify the death of hundreds of recipients in this area in order to lever the authorities to encourage cadaver donation because there is no alternative.

The equitable distribution of cadaveric organs is considered; should they be regarded as a local, national or international resource? Clearly the hard-to-match recipient benefits from the larger pool of donors but equally there should be some recompense for those who have raised the donation rate locally. The unsatisfactory state of the donor card situation in the UK is emphasised, a point already stressed by Ian Kennedy; the alternatives of an opting-out register and a reduction in the power of veto by the relatives over the previously declared wishes of the donor are highlighted.

This is an excellent summary of the present situation, well researched with a full bibliography. It contains cogent arguments against the headlong adoption of consequentialist ethics in this important area of medicine.

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Torture Survivors – a New Group of Patients

L Jacobsen and P Vesti, 80 pages, Copenhagen, £12.00, The Danish Nurses Organisation, 1990

Torture is a standing reproach to those who believe in the innate goodness of man. It is a constant reminder of the depths of human wickedness and depravity. Neither is there any valid evidence that things are getting better. Although historical comparisons are fraught with difficulty, there is good reason to suppose that torture is becoming more, rather than less, common. It is being used in a third of the nations of the world. It is documented in all but one of the six continents, including Europe. The methods used are, if anything, increasing in horror and it is undeniable that doctors and other health-care workers are actively participating in the process. Few have so far been punished even when vicious regimes are finally overthrown, so that there are few effective deterrents. Some doctors even claim that, since they have not formally affirmed an ethical code, they have no obligation to obey one.

The main purpose of torture is to control the population through the use of terror. Perhaps this was always so. Was the Inquisition really concerned with the heresy of an individual or was it more interested in maintaining the faith of the whole community? In these terms the individual victim becomes unimportant. The purpose is to dehumanise him or her (women are also tortured and even more abominably so). Because of the involvement of doctors and nurses, contrary to almost all the available ethical codes from antiquity, there is a responsibility for them to understand and to be knowledgeable about the existence and practice of torture. A small number take a specialist interest in rehabilitating the survivors. It is a remarkable testimony to the powers of recovery of the human soul that such rehabilitation has a reasonable chance of success.

This helpful and eminently readable

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