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LEGALISED ABORTION

VIEWS OF SOME O & G EXPERTS

Mr. Chua Sian Chin, the Minister for Health, announced at the opening of the Fourth Asian Congress of Obstetrics and Gynaecology that the Singapore Government intends to introduce legislation to legalise abortion for cases of failed contraception. He added that this was not to be a substitute for family planning but "as a natural complement to provide that ultimate security for the woman who does not wish to have the unwanted child."

The Newsletter asked a few of the experts amongst the 28 nations attending the Congress for their views on legalised abortion.

ABORTION ON DEMAND WILL KILL FAMILY PLANNING — Prof. Jeffcoate

If Abortion became available on demand, this would kill family planning said Prof. T.N.A. Jeffcoate, professor of obstetrics and gynaecology at the University of Liverpool and vice-president of the Royal College of Obstetricians and Gynaecologists. This will only encourage those who are now on the pill to forsake the pill and chance it, knowing there would be an easy solution if they got pregnant. Extreme care must be taken about drafting and the exact wording of the law. The new liberalised British laws on abortion does not cover family planning.

Family planning is a prevention he stated and termination of pregnancy, a cure, and prevention is always better than cure.

Prof. Jeffcoate also drew attention to the risks connected with abortion. He said that it was three times as dangerous as having a baby and that there was a two per cent chance of the patient becoming sterile.

THE PILL AND THE I.U.C.D. IS ILLEGAL IN JAPAN — Assoc. Prof. A. Ishihama

We are more backward than you in Singapore in our laws on birth-control in Japan stated Prof. A. Ishihama, Assoc. Prof. of Iwate Medical University. Our present laws in Japan

forbids the use of the pill and the I.U.C.D. in family planning. Only vaginal pessaries containing mercurial compounds can be sold. Some of our women have been put on the pill and others have had I.U.C.D.s like the Ohta ring fitted into them but these have been cases for clinical research in the hospitals.

Most women have to resort to abortion to be rid of unwanted pregnancies, and thirteen thousand doctors in Japan perform an average of one hundred and fifty abortions per doctor each year.

According to Assoc. Prof. Ishihama he did not think abortions solved the problem of family planning and he has had one patient who had abortion done on her no less than seventeen times. He thought it was time Japan brought herself up to date with her laws on population control and allowed the free use of the pill and the intra-uterine contraceptive device.

STERILISATION IS BETTER THAN ABORTION — Dr. Uchida

"Once abortion, always abortion" commented Dr. H. Uchida, Chief of Uchida Hospital. Sterilisation is so easy and a more permanent solution of the problem.

WE BELIEVE IN STERILISATION IN INDIA — Prof. Purandare

Contrary to popular belief

abortion for family planning purposes has not yet been legalised in India said Prof. B.N. Purandare of Bombay, "but we hope to introduce a new law to help those with three children or more who do not wish to have any more children. We think it is a woman's right to have three children. With the new law any woman who seeks a legal abortion must first either have her spouse or herself sterilised." Abortion without sterilisation does not solve the problem of population control because the woman can come up again and again.

In India vasectomy (male sterilisation) is an effective and quite popular way of population control. We wait for the crowds outside the railway stations and sometimes do hundreds a day. Once we did 64,000 males in one year in Bombay alone. The males are given 25 rupees (about \$15) by the Government and given two days medical leave. There have been few complaints and little complications. Both male and female sterilisations are reversible procedures."

Prof. Purandare was of the opinion that induced abortion always carried a degree of risk and was an unsatisfactory way of population control and may even discourage family planning by conventional means.

MEDICALLY INDUCED ABORTION NOT WITHOUT RISKS —

Prof. D. E. Cannell

"Termination of an abortion should not be difficult in expert hands but is not altogether without risks. This will also depend on the stage of the pregnancy, and the more advanced it is the greater the risks to the mother," commented Prof. D. E. Cannell, Director of the Ontario Cancer Treatment and Research Foundation and Emeritus Professor of the Toronto General Hospital.

"Canada is most conservative on matters of family planning and it is illegal even for doctors to offer family

family planning advice to their patients. We hope to review our laws on family planning and abortion."

ABORTION — SOCIAL REASONS MUST BE TAKEN INTO ACCOUNT — Mr. H. Arthure

"If abortion becomes legal in Singapore, I hope it will not be 'on demand'—but social reason must be taken into account in making a decision, and I hope it can be left to the good sense of the Gynaecologists to make wise decision, without bringing in a bill for abortion on demand which is opposed to the prin-

ciples of saving life which every doctor is in agreement", stated Mr. H. Arthure, Senior Obstetrician and consultant in the United Kingdom.

"The operations for terminating pregnancy are certainly not free from danger. In U.K. deaths from illegal abortions are the commonest cause of maternal deaths and morbidity is considerable.

Prevention by contraception is far better — even in teenagers — but it must be accepted that promiscuity has increased in the U.K. because of the pill, and as a regrettable sequel, the incidence of venereal disease has increased very considerably."

Candid Comment

by Veritas

To be or NOT to let it be....

With apologies to the bard, that will be the question before Parliament when it next sits to debate the bill to legalise abortion as an adjunct to family planning.

At the dinner of the 4th Asian O & G Congress the Minister for Foreign Affairs Mr. Rajaratnam stressed the urgent problem of overpopulation facing Asia to-day. He made his point when he said that if a couple during Julius Caesar's time had kept on procreating at the rate of 1% by to-day they would have resulted in 700 million people, or the population of China.

No thinking person in Singapore to-day can ignore the fact that our need to control population growth is an equally pressing one. We should be less concerned with hypothetical moral issues and more preoccupied with the mundane tasks of feeding and housing our growing population. Our obligations should lie with those around us and not with those who should or could have been born.

The Government has been pushing its family planning campaign with much vigour and success during the past few years. Apparently it feels that much more should be done and wants to legalise abortion as an adjunct to family planning.

Leaving aside religious and moral issues when we come to consider whether or not this is a step in the right direction, we are faced with two important questions.

The first one to consider is whether in the interests of the individual, an induced abortion is a safe enough procedure, and if not what are the risks involved?

Secondly, in the interests of the community, will the adop-

tion of the bill change our present pattern of family planning with an increase in the number of dropouts from those practising conventional methods of family planning?

Amongst the many experts attending the O & G Congress few would support the contention of the press that "what does seem beyond dispute is that legalised abortion is fully consistent with progressive thinking in most parts of the world." (Malay Mail Nov. 21) It was generally agreed that the answer to the first question was that induced abortion was not a completely safe procedure in fact in the hands of the neophyte it could be most dangerous.

Japan is often cited as the example of a progressive country where legalised abortion has solved the problem of over-population. What few people realise is that the Japanese women have little choice in the matter as the pill and the IUCD are illegal in Japan. They have therefore no recourse but to seek abortion when contraception by the condom or foam tablets fail. Most of their doctors feel that their Eugenics Law of 1948 is anachronistic in the light of recent advances in contraceptive practice. Prof. Kobayashi of Tokyo University admitted in 1967 that there was mounting concern about untoward effects of induced abortion in his country.

Other countries where abortion is legalised are also beginning to have second thoughts on the matter. In Czechoslovakia Kotasek and Zak reported that legalised abortion carried significant risks of haemorrhage, fever and other complications.

What does an abortion really involve? There are several methods by which an abortion

WHAT OTHERS SAY...

We present here the views on legalised abortion of some of the eminent experts attending the recent Fourth Asian Obstetrical and Gynaecological Congress. We feel that these views will be of interest to many after the Minister for Health's statement that the Government intends to introduce legislation for legalising abortion in cases of failed contraception before the end of the year.

We wish to make it clear that all the views expressed in

this issue of the Newsletter are personal ones and must not be taken to reflect the policy of the Singapore Medical Association.

The S.M.A. feels that as we do not know yet in what form the bill before Parliament will take it is perhaps premature for the Association to comment on the issue. A sub-committee has however studied the problem of abortion and has reported its findings to the Council. This report will be made public at a later date.

We have also approached some of our members for comments but most have preferred to await the policy shortly to be formulated by the S.M.A.

The individual views expressed have all taken into regard the welfare of the people of Singapore and should not therefore be misconstrued as criticism of Government policy.

The Editor.

Candid Comment

by Veritas

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can be induced but by far the most common method would be a dilatation and curettage. From personal experience I know this can be a tricky procedure. Having worked in a hospital where I've had countless times to evacuate the products of conception from incomplete spontaneous abortions I have known the uterus to be perforated by the instrument used for evacuation on several occasions, and even bits of the bowel and omentum have been brought out through such perforations. When it is realised that a pregnant uterus can sometimes be as soft as wet blotting paper, yes wet blotting paper, it is evident that even in the best of hands the operation is not without risks. Evacuating a normal gravid uterus will present even more of a problem in that the cervical os (or opening into the uterus) is closed and has to be first forcibly dilated before its contents can be cleaned out.

Some will argue that in expert hands an induced abortion by other methods like the vacuum extractor should not present much of a risk, one must then remember that if the abortion bill becomes law, it will not always be the consultant who is called upon to do the case, often it is the rank and file medical officer who may have to do it. In Japan only those doctors who specialise in Obstetrics and Gynaecology are allowed to deal with cases wanting abortion.

The Malay Mail goes on to say, "what, however is obligatory is the need to ensure that adequate medical facilities are available." Few people realise that the success or failure of an operation often does not depend only upon the medical facilities available, or the doctor's skill, but very much on the patients themselves. Some people are poor risks, while at times even a morning cup of coffee may mean the difference between life or death to a patient. All patients undergoing anaesthesia are instructed not to take anything by mouth a few hours before the operation. Many will be surprised the number of times such simple instructions are either forgotten or ignored, but the anaesthetist who has to resuscitate the patient choked by the regurgitated coffee will never forget the experience.

To answer the second question, there can be little doubt that once we have legalised abortion for failed cases of contraception, the pattern of family planning in Singapore will undergo a change.

Those who are educated and are aware of the risks that go with an abortion, will probably stick to the pill or whatever method they have been using. For a large number the idea of having an abortion to solve their problems instead of the tedious conventional methods of family planning, will always be an attractive one. The Minister for Health says that abortion will be offered to cases of contraceptive failure.

What is a case of contraceptive failure? How is a doctor to know, or a patient to prove that she is a case of contraceptive failure.

Thus from being an adjunct to family planning, we may soon find that abortion will be our chief method of population control. Besides the very much increased danger to our women this will also mean a very much more expensive method of family planning. Think too of the morbidity. A woman after an abortion is like a woman after childbirth and often much weaker. We cannot afford to have most of our women in perpetual ill-health.

Will legalised abortion save our mothers from having illegal or septic abortions or will it only lead to a change in our moral values and encourage a more permissive society? These are difficult questions to answer but those who advocate abortion as an adjunct to family planning should first examine other avenues whereby we can achieve our aims without such drastic measures.

There are many poor people who though they can't afford not to, still do not practice contraception. Often this is because of objection from inconsiderate husbands. The Government should see that stronger measures are taken to ensure fuller participation by such people. Those attending F.P. clinics regularly can be given cards which will entitle them to the full benefits of all services rendered by the Government. Those who do not co-operate will soon be brought into line and this may in the long run prove to be a more practical and economical way of motivating the people towards family planning.

There is a strong case however for helping out the bona-fide patient of contraceptive failure, and we should liberalise our laws on abortion but we must have adequate safeguards to see that only those deserving are helped out of their predicament. Abortion alone is not the solution to the problem. The answer may lie with what Prof. Purandare has advocated for India, sterilisation first for either partner for those with three or more children who seek an abortion.

The whole matter must however be reviewed in its entire context and all other facets like economic, social, demographic or even political factors must be taken into account. If the Government believes in the final analysis that legalised abortion for cases of failed contraception is necessary in the interests of our national welfare then obviously it must act. One feels however that if it does so it should not stop short at abortion, because abortion without sterilisation will not answer the problem. Half-measures often create more problems than they hope to solve and these words of President Theodore Roosevelt seem like good advice, "The unforgivable crime is soft hitting. Do not hit at all if it can be avoided, but never hit softly."

Abortion should be legalised in Singapore

by Drs. George Wong & Tan Kheng Khoo

The Minister for Health stated that the Abortion Bill to be introduced is purely to supplement the present family planning facilities, and it is not the Government's intention to replace family planning. At the banquet organised by the 4th. Asian Congress of Obstetrics & Gynaecology, Mr. S. Rajaratnam, the Foreign Minister, gave very cogent reasons for restricting Singapore's population growth.

In the interest of the Republic, we fully support the Government's intention to legalise abortion, with certain provisos. We do not of course advocate that the liberalisation should go to the extent of agreeing to "abortion on demand".

We fervently believe that it will curb the population growth and will also reduce considerably the mortality and the much greater morbidity rate due to illegal abortions.

DEATH FROM SEPTIC ABORTIONS

It is indeed a great tragedy to witness the septic death of a young mother of a large family, just because the law prohibits her from obtaining a clean abortion from a recognised hospital!

We must also admit that these deaths occur only to the poor who has to go to the "backyard" abortionists, and not to those sections of the community who can obtain a clean abortion on numerous pretences.

MORAL AND ETHICAL ISSUES

There has been a great barrage of objections mainly from religious groups, and more regrettably from the more staid members of our medical fraternity.

In the former, we would like to make it clear that we fully respect a person's religious beliefs, and no doctor should be forced to perform an abortion if it is against his or her religion.

In the latter, their objections (other than religious grounds), are based on grounds of medical ethics and morals. These are entirely subjective: What is applicable to a certain society at a certain time, is not necessarily applicable to our own society at the present time. Our ethical and moral concepts of abortion are coloured by the concepts of the Middle Ages and beyond. To argue about legalisation of abortion on moral and ethical grounds is entirely futile.

It is pertinent to note that in recent years, many governments have revised their laws on abortion to meet the modern demands of their countries, in the light of changing conditions and human standards. Even religious bodies feel the need to revise their thinking on questions of birth control.

If it is ethical and moral for doctors to prescribe freely tablets, and I.U.D. purely for purposes of population control, why do we not also prescribe a uterine evacuation for the same purpose?

LEGALISED ABORTION AND FAMILY PLANNING

Legalised abortion will not discourage users of the simpler family planning methods. We know that in our Asian community, we have not yet overcome the formidable fear of an operation, and no woman in Singapore would lightly subject herself to an operation unless it is the last resort.

We know that for various reasons contraceptive methods do fail, and it is for these cases that the Government is introducing the Abortion Bill. It may be retorted that some women would prefer repeated abortions to present contraceptive methods. Here, one would like the Government to follow India's example, where a woman with more than 3 children should have a ligation of her tubes together with the uterine evacuation.

In order to answer the foreign 'experts' that legalised abortion did not help family planning, one just have to look at Japan, where by the Eugenics Protection Act of 1948, when abortion was legalised, the birth rate was brought down from 34.3 per thousand in 1947, to 17.2 per thousand in 1960. This fall in birth rate was only a by-product of the Eugenics Act, and not even enacted specifically to curb the birth rate! At the Television interview on "Family Planning," Dr. Nozue of Japan confirmed this, and stated that the experience in Japan is that the women still prefer contraceptives as the first in popularity.

England has just recently legalised abortion in order to correct their archaic abortion laws. Inter alia, it is now legal in the U.K. to perform an abortion for purposes of family planning i.e. where there will be a "risk of injury to the physical or mental health of any existing children of the pregnant woman's family greater than if the pregnancy were terminated".

If the British gynaecologists cannot convince their own Government, how much less cogent will their arguments sound in our context.

THE RISKS OF ABORTION

It is said that repeated abortions will increase the risk of complications. If the Government agrees to enforce the law to sterilise every woman with more than 3 or 4 children, who wants an abortion, then there is no risk of a repeated abortion.

The risk of a single abortion performed in a sterile theatre by qualified medical practitioners and gynaecologists, is negligible compared to the septic and dangerous methods used by illegal abortionists. The new method of vacuum aspiration, well tried and proven in other countries and in Singapore, has further reduced the small risk of the conventional D. & C. (this was the subject of a paper read in the last Obstetrics & Gynaecology Congress).

LEGALISED ABORTION AND PROMISCUITY

Some argue that legalising

abortion will encourage promiscuity. At present with all the other family planning methods available, the promiscuous girls are the first and constant users of the family planning methods. The pill can be bought by the thousands — both under and over the counter!

Legalising abortion will not enhance promiscuity. In any case, if this reasoning is valid, then we should also stop using other contraceptive measures altogether.

Further, if the law states that an abortion should be carried out only on a married woman with more than 3 or 4 children, then it further nullifies this objection.

LEGALISING ABORTION IS TO DESTROY LIFE

Both the pill and I.U.D. prevents the fertilised ovum (which is the beginning of life) from implantation, and so it perishes.

Abortion merely removes the recently implanted ovum from its bed. It is only a matter of degree. We cannot see the viewpoint of those who will use contraceptive methods to 'kill' a fertilised ovum in one instance, and object violently to removal of a fertilised ovum by uterine evacuation.

STERILISATION AS A METHOD OF BIRTH CONTROL

We would like the Government to push sterilisation to the utmost in conjunction with this Bill, as they are doing in India.

Sterilisation should also be encouraged in the males, as the operation is technically simpler. At the television programme on "Family Planning" Dr. Purandare of India stated that vasectomy was receiving increasing acceptance.

INCREASE GOVERNMENT HOSPITAL FACILITIES

If the Government is to succeed in this programme, it should increase the number of nursing and medical staff to the K. K. Maternity Hospital, and the Obstetrics Unit, of T.R.G.H.

There are operating theatres in K.K.M.H. which are not functioning due to shortage of nursing staff. The Government should make funds available to employ more nurses and doctors to open these unused theatres, for a start, to meet the demands of tubal ligation and uterine evacuation.

We exhort the Government to restrict these facilities only to Singapore citizens so that we will not be an "Abortion City" where foreigners can procure an easy abortion.

We believe that in the interests of this country, population control is an important problem to be solved by all — both doctors and laymen alike.

The views expressed in this issue of the Newsletter are entirely personal, and are not necessarily those of the S.M.A. or the Editorial Board.

PENBRITIN



Beecham Research Laboratories, Brentford, England
The originators of the New Penicillins

THE BACTERICIDAL ANTIBIOTIC OF CHOICE

