LETTER FROM WESTMINSTER

Pendulum politics of abortion

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There is about this parliament a reforming impetus far more radical than even the reformist government it supports. At the halfway point of its first session the pattern is clear. Not content with the government's major reforms in education, housing, and rating, parliament has itself forced the pace on other issues. These range, so far, from televising its proceedings to bouncing the government into a review of the health service largely against its will.

So it is not surprising to find abortion high on the agendas in both Houses. Nor should we be surprised to see how far the pendulum swings from one extreme to the other on a topic which more than any fills MPs' postbags to capacity.

Mr David Alton's Abortion (Amendment) Bill in the Commons has received due attention (13 February, p 446). It would reduce the termination limit from 28 weeks to 18 weeks. A counter proposition from the Lords last week received rather scant notice in the public prints. This amounted to a recommendation that the 28 week restriction on medical termination should be lifted altogether.

That so radical a proposal failed to excite interest betrays an understandable weariness with health topics. Yet the abortion debate is now more polarised in its presentation to parliament than it has ever been before. From a reduction to 18 weeks on the one side it extends to no limit on the other, such is the zeal of the reformers.

The proposed lifting of the time restriction is contained in the final report of the House of Lords select committee on the Infant Life (Preservation) Act of 1929 and the attempt to amend it. This is the act which not only puts doctors in jeopardy of the crime of child destruction but also sets the lawful limit of 28 weeks in the 1967 Abortion Act. By changing the 1929 act to 24 weeks a widely desirable reform could be achieved quite simply.

Perhaps it was too simple because their lordships have reached the conclusion that it is a wholly unsuitable method of proceeding and that the attempt to do so should go no further. They find that the 1929 act is not legally suited to the role assigned to it by the 1967 act of prescribing a time limit, and go so far as to suggest that the connection was inadvertent in the first place. The committee doubts whether parliament really intended in 1967 to ban abortions after a specified period of gestation, as distinct from "leaving matters to the good sense and ethical integrity of the medical profession."

And, in effect, that is what the peers go on to recommend. In a tribute to the restrictions already imposed administratively by the combined force of the health departments and the medical profession on abortions after 24 weeks, the committee sees no purpose in retaining the 28 week limit at all. On the contrary, it considers that a safety net must be preserved beyond 28 weeks to permit a pregnancy to be terminated exceptionally at the eleventh hour, if it is thought essential in the interests of a mother who is found late in the day to be carrying an anencephalic child. Only abortions on the so called social ground of risk to the woman or the child would then be unlawful after 24 weeks.

Before Scottish readers reach for their pens it should be said that by abandoning the 28 week limit the law would become what it has been in Scotland all along, without having produced a higher proportion of very late abortions than in England. The committee finds that to avoid the possibility of prosecution doctors in England tend to treat requests for abortion on the basis that the woman is two weeks later in her pregnancy than she is estimated to be. This

example of defensive medicine is highly undesirable, the report says, adding: "Medical practitioners who act in good faith should not stand in fear of the criminal law."

While the peers may have overstated their case they are plainly sending a signal to the House of Commons, where the Alton bill is about to begin a hard fought committee stage. Having heard expert witnesses, the Lords have dealt a possibly fatal blow at the weakest point of the Alton bill—what to do about late therapeutic abortions.

Access to medical reports

There is no such contention about a fellow Liberal MP's bill on access to medical reports. As briefly reported last week Mr Archy Kirkwood's bill was given an unopposed second reading (20 February, p 586). It would afford patients a right to see what their doctor proposed to say about them to a would be employer or insurance company. Support for the bill from the BMA persuaded the government to give it a clear passage at this stage, though it would prefer to feel the way forward on the basis of non-statutory access to normal medical records, on which talks are at last making progress.

The art of legislating is often how to match the letter of the law to the principle behind it. This bill is a good example of the difficulty. As drafted it does not give any right to have inaccurate reports corrected or for the patient's comments to be added. And if an employer knows that a medical reference has been withdrawn might he not assume that it was so damning that the prospective employee has, in effect, dismissed himself?

The insurance industry is apparently concerned about the quality of information that would be provided. If doctors have to prepare reports in the knowledge that patients have the right to inspect might they not dilute the information and make it more difficult to establish the true risk? Mr Kirkwood has agreed to consider these points at the committee stage.

Meanwhile, the political debate on funding the National Health Service carries on at an unrelenting pace. The next landmark coming up is the interim report, now due next week, from the social services select committee on the short term funding crisis. Ministers are sceptical about whether the MPs can have solved in a few weeks a problem that has eluded the government for years. The final witnesses last week were the ministers' own advisers from deep inside the DHSS.

A capacity audience in the public seats was left wondering if the mandarins did not drop their guard just a little about what led up to the present funding crisis. It seems from what they said that the first alarm signals began to flash in the department as early as last June or July, suggesting that some health authorities had become "over-committed." The director of financial management then carried out a personal inquiry and his report in the autumn confirmed that there were districts where "resources for the year did not match apparent plans to spend for the year."

The committee could usefully ask why if the warning signals were known in late summer or autumn it took a political row—to say nothing of the statement from the presidents of the medical royal colleges—before the government belatedly responded on 16 December with its £75m emergency injection of funds. The DHSS officials admitted that the lesson has been learnt. From now on there will be quarterly monitoring of individual authorities' income and expenditure so that ministers will get the amber light in August.