

Abortion

David Hawker, a retired consultant anaesthetist in Cornwall, shares some personal experiences of the Abortion Act.

I want to thank Peter Saunders for his forthright article on abortion (*Triple Helix* 2007; Autumn: 3). With the throwing out of the Christian ethic, which according to Sir Jonathan Sacks began in 1961, as a profession and nation we have no guidelines. It is therefore right that we speak up and out on ethical topics. So, thank you.

I was a final year medic when the Abortion Act became law, and I had some sympathy. The way pregnant single girls were treated, at least in Edinburgh, was appalling, and the way they were not even allowed to see their babies after birth, having them whipped away for adoption and never held, was perhaps more wicked than abortion, so it wasn't a clear issue to me. It was a struggle as a junior doctor, and as an anaesthetist, to sort these things out clearly. I was able to take a stand as time went on, and never was able to sign 'the form'.

Part of the pressure to do abortions was the issue that if it isn't done on my shift, someone else will have to do my dirty work, because it will be done. I was much helped by an ODA who refused to be in theatre during abortions, resulting in the opportunity for me to refuse, and subsequently no more abortions were done on that gynae list.

Spiritual care

Following the article on practice chaplaincy by Ross Bryson and Anne Hughes (Triple Helix 2007; Autumn: 16-17) Peter Hill, a retired Birmingham GP, describes a Christian response to spiritual needs.

So what should we do? The patient's need is spiritual and we know there is an answer. We could address it ourselves or even put the patient in touch with someone else who has more time. But is it right? Even if right, would it be seen as acceptable by colleagues or the authorities?

Times have changed. Some developments within the service which cause concern (including hypnotherapy, acupuncture, aromatherapy, transcendental meditation and greater use of homoeopathy) have created opportunities for Christians.

One medical practice in the Home Counties runs a substance misuse clinic which is overtly Christian, with offers of prayer, Christian counsel and access to Christian literature. Results are good and patients are happy, but the authorities wondered if the faith based approach was appropriate. Dialogue followed, and in time, agreement that satisfied the Primary Care Trust and the Christian team was reached. Patients are being blessed as they are treated – now with PCT permission.

In our primary care practice in Birmingham we felt we should be more radical in helping patients who had a spiritual component to

their problem. We publicised our willingness to offer Christian Spiritual Medicine alongside our normal service. This consisted of having a Christian counsellor as part of the team, running Christian groups, offering literature, and praying for patients. To do things right we wrote to the PCT for permission to practise in this way.

The response was wonderful. It's there in black and white on PCT headed paper. The topic is Christian Spiritual Medicine and the permission is clear: 'It is acceptable to offer this service to patients'.

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This is liberating good news. We are free, within the confines of good medical practice, to help patients be touched by God's love. One barrier, namely fear of the authorities, is gone or at least reduced. Let's make use of this opportunity to bless patients and bring glory to our wonderful God.

If any would like to know how we got this permission please write to hillhome1234@blueyonder.co.uk

Retirement

The Editor comments:

Triple Helix welcomes letters and like most periodicals receives very few, so there is a good chance of being published.

Both these comments on articles in the last edition have been written by members who have recently retired, and there are two articles in this edition that feature the opportunities and challenges of retirement. Mike Keighley (p21) chose to retire early and is finding fulfilment in regular surgical visits to India, while Jean Maxwell (p14) had medical retirement forced on her, but has discovered new avenues for service.

In autumn 2007 CMF held its first conference for those who had recently retired, or were approaching retirement. It was over-subscribed and was a great success. Another is planned for this autumn. *Triple Helix* welcomes from all members contributions which have both Christian and medical content, but maybe some who have retired have particularly useful experiences to share?