



# Letters

***We have had a large post-bag this issue, and accordingly most letters have been abridged.***

## PVS

*Emeritus Consultant Anaesthetist, David Hill, questions Andrew Fergusson's terminology.*

In his editorial (*Triple Helix* 2001; Winter:3) regarding the failure of the Human Rights Act to protect patients in the Persistent Vegetative State from being killed by starvation and dehydration, Andrew Fergusson accepts the term 'permanent'.

However, some patients diagnosed with PVS have made varying degrees of recovery after lengthy periods of coma, and some were simply mis-diagnosed. Using 'permanent' implies a certainty and hopelessness, which misled Dame Butler-Sloss about the mentioned patients and contributed to flawed judgement. 'Persistent' is a modifiable diagnosis; 'Permanent' involves guesswork and is essentially unprovable.

**Andrew Fergusson** replies.

A good point. I used the word 'permanent' because that is what the condition is officially called in the UK. Personally, I am more concerned about the prerogative implications of the word 'vegetative'.

## Legalisation of Cannabis

**William Notcutt**, Consultant Anaesthetist in Norfolk, argues that cannabis' legalisation for medical use is not the real issue.

Fergus Law (*Triple Helix* 2001; Winter:6-7) misses the essential debate. If clinical trials demonstrate that cannabis' extracts are safe and effective, then the Medicines' Control Agency will facilitate their availability on prescription. The real question for Christians is whether to support cannabis' legalisation for recreational use. Decisions must be scientific, logical, moral and scripturally-based. The Bible warns against alcoholic intoxication but does not proscribe or condemn it outright. Should the same approach be taken for cannabis?

## Abortion and Conscientious Objection

*This article (Triple Helix 2001; Winter:5) provoked much correspondence. Several were saddened about discrimination towards those who conscientiously object to clerking patients for abortion but felt Christians need to face up to practical realities. Oxford GP Patricia Prosser quoted 2 Corinthians 2:14 in strengthening her point.*

In love, we seek to influence society through our daily contact with patients; opting out totally is ... pharisaical.

I could decide not to deal with abortion requests and send patients to colleagues. Alternatively, I could spend time talking through their problems, encouraging them not to rush for the easy option. I can also refer for further counselling to the Life Crisis Centre. As a Christian on the gynaecology ward, I was perhaps the first person they had encountered who encouraged them that it was not too late to rethink.

*Bedford GP, Jenny Wilson, agrees.*

Until anaesthetised, the outcome of admission for TOP is not a forgone conclusion. We will not be judged for the lady's final decision to go ahead with TOP, but we will be judged on how we approached the situation and whether we showed God's love.

*Manchester GP, Sharon Kane, writes of regret for not getting involved during her training with pre-clerking such patients.*

What I know now that I didn't then, is that a significant minority undergoing abortion do so, not by choice, but because of external pressures over which they feel they have no control. At least 10% suffer serious psychological difficulties afterwards. Some are longing for someone to tell them that there's another way.

*She likens her current practice to Obadiah's rescue of 100 prophets from Jezebel (1 Kings 18:1-15).*

I refer women for abortions if they are adamant ... with a heavy heart, those days

are the least favourite ... [but] I consider taking part a price worth paying ... The radiant joy on the women's faces having made the decision to continue with the pregnancy is a reward worth all the other pain.

*Her work has been informed by a specialist counselling course run by IMAGE (contact details below). Over five Saturdays between January to May, it covers: a biblical basis of life, basic counselling skills, teenage sexuality, post-abortion counselling, and how to set up and run an advisory centre.*

I've used the lessons learnt on this course with loads of patients ... when they present for termination, and also in spotting patients who may, for example, present with depression, with an abortion experience somewhere in the background.

**Everett Julyan** responds.

It is encouraging and challenging to read about those who have been able to show Christian love and concern to women feeling pressurised into abortion. I would gladly counsel anyone requesting an abortion but where I decline to get involved is in clerking women admitted immediately prior to a planned abortion, which has already been agreed upon after counselling with at least two doctors.

As a Christian I am forbidden to help end the life of a human being simply because their existence is perceived as inconvenient.

A minority might change their decision to proceed after counselling at the 11th hour. However, seeking to counsel but then withdrawing when the decision to continue is already confirmed may be very insensitive.

But I agree that making the most of the opportunities God gives us is better than zero involvement.

## Abortion counselling courses

■ **IMAGE**, Coverdale Christian Church, Morborne Close, Ardwick, Manchester, M12 4FG Tel: 0161 273 8090 (Price £75)

■ **CARE for Life**, 1 Winton Square, Basingstoke, RG21 8EN Tel: 01256 477300