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Rebecca Brain and Sharon Morad explain their opposing stances

Should Christian doctors clerk

'Yes!' Rebecca Brain is a part-time CMF staffworker and GP trainee

I hate everything about abortion. I hate the way it's so often presented to young women as the right thing to do. I hate the way it encourages promiscuity and irresponsible sexual behaviour. I hate seeing a woman who had a termination many years before present to fertility clinic racked with guilt and desperate for a baby. I'm sure that God feels this way too. Yet, despite my hatred of the entire system, when I started obstetrics and gynaecology as an SHO, I decided that I would, if asked, clerk and consent patients for termination and consent them for the procedure. I won't take bloods, sign the blue form or write up prostaglandins, but I will clerk them in.

The reason I do this is that I think too many vulnerable women are ushered onto a *termination conveyor belt*. From their initial visit to their GP until the time they leave hospital, all too often they are not given any information about the alternatives or any opportunity to step back and take a look at what is really involved. I write this as the newspapers are full of a story about a 14-year-old who changed her mind after beginning medical termination, too late to prevent the abortion.¹

Clerking patients gives me an opportunity to gently probe their reasons for seeking termination. I am able to help the patient explore any ambivalence or uncertainty about going ahead with the procedure. I provide them with information about pregnancy crisis counselling centres. We discuss the support available for mums who keep their babies. I go through the possibility of adoption. None of the mothers I have spoken to so far had received such information from any other source. I always say to them, 'This is one of the biggest decisions of your life. Are you 100 percent sure that this is what you want to do?' I use the word *baby* rather than *foetus* when talking to them. Gently and non-judgementally, I try to challenge their perception that having a termination is the right thing to do. When I fill in the consent form, I carefully document all the major complications of abortion including psychological problems, infertility and depression. Only then is the woman making a truly informed choice.

What is the alternative? If I don't wade into this world's mess and get my hands dirty, who else will clerk them? It's unlikely to be someone who checks that they've thought this through properly, who's armed with adoption leaflets and information about other alternatives. It won't be someone who gently tries to help them see that there is a baby involved, not merely a piece of tissue. All too often, women are given a cursory clerk-in and consented; the only risks talked of are bleeding, infection and perforation. Yes, perhaps I am facilitating the system. Yet, without the invitation that clerking gives me, I could not attempt to persuade these women not to go ahead with their abortions.

I HATE ABORTION. I FEEL DEEP SADNESS WHEN A WOMAN DECIDES TO HAVE ONE. YET WITH THE INVITATION THAT CLERKING GIVES ME, I CAN ATTEMPT TO PERSUADE HER NOT TO GO AHEAD WITH IT

I hate abortion. I feel revulsion when I pick up the notes and deep sadness when a woman decides to go ahead with it, despite my best attempts. Yet I know that there is one baby alive today because I clerked in its mother, explained the alternatives and let her have the opportunity to choose life for her baby.

References

1. news.bbc.co.uk/2/hi/uk_news/england/northinghamshire/3709681.stm
2. Ward R, Sims P. *CMF File 23. Abortion*. London: Christian Medical Fellowship, 2003.
3. John 18:36
4. 1 Corinthians 5:19
5. Psalm 40:1-8



O HEAD

Do you clerk patients for terminations?

'No!' Sharon Morad is an obstetrics and gynaecology SHO in Leeds

Clerking a patient for an elective procedure ensures that they are able to undergo the correct procedure safely. Diagnosis and management decisions have usually taken place in the outpatient setting. The pre-operative clerking checks that nothing has changed or been overlooked.

As a SHO in obstetrics and gynaecology, I am beginning a career in a specialty where one of the most commonly offered procedures is diametrically opposed to God's loving will.² Abortion treats children as their mothers' enemies and diminishes all human life.

However, like many other sinful acts, abortion is in fact legal in this country. God's kingdom is not a political entity.³ Though he has not given us a mandate to coerce others into obedience, God has given us responsibility as a prophetic voice, proclaiming his justice and mercy, and the message of reconciliation.⁴

The process of having a termination of pregnancy begins in the community when a woman discovers that she is pregnant. In these first few days, she talks about her feelings with her partner, family, friends and healthcare professionals. Her attitude towards the pregnancy is established at this stage and may lead to her decision for abortion. Her GP or family planning clinic is usually the first port of call. She requests a termination and the 'blue form' is signed, referring her for a termination of pregnancy under the terms of the Abortion Act. Most hospitals have abortion clinics that supposedly offer counselling and assessment services; from there, a date for termination is set.

In my hospital women arrive on the ward at 7:30am for a day case termination list beginning at 8:30am. I believe abortion to be inherently wrong and will never believe it to be right option for any of my patients. So, my only possible objective in clerking any one of them would be to try to prevent her from having a termination. I doubt that a five-minute pre-operative clerking is the most appropriate setting to try to persuade a woman not to have her abortion. I may, perhaps, succeed in coercing one or two into not having the procedure, through fear or emotional blackmail. I suspect I would be far more likely to create anger and resentment.

Refusing to clerk patients for terminations has a secondary (and possibly more important) effect on my

relationship with my medical and nursing colleagues. Since the first day of my job, I have consistently refused to do anything that will help an abortion to occur. I will not clerk or consent patients, prescribe or administer drugs, nor perform the abortion. This consistency is useful on several fronts. It helps my colleagues realise that I believe abortion to be morally repugnant. It prevents me from having to agonise over every individual situation. I am less likely to be manipulated into doing something I consider wrong. It has also helped others voice their own concerns. Several nurses - some of whom used to try tricking me into termination prescribing - have actually confided their own misgivings about abortion to me.

My stance is a constant, uncomfortable, reminder that acceptance of abortion is not the only option. This consistent refusal to harm children must, of course, be coupled with an equally consistent attitude of compassion towards mothers. Christian doctors can play crucial roles in the lives of women with unwanted pregnancies. Yet, if we wish to be heard, we must choose an appropriate place and time. The earlier you can be involved in the decision-making process, the better your opportunity for helping each woman to realise that you truly care for her. Most of these opportunities will be available to GPs.

In the hospital setting I see women who present acutely with pain or vomiting. They are often shocked at being pregnant. A woman who trusts me is more likely to consider my questions, though she may not change her mind. The difference between persuasion and coercion is the effect on the patient's desires rather than merely the change in her actions. The *persuaded* woman has listened and changed her mind about the action she wants to take. A coerced woman feels forced into an action she does not wish to take. Persuasion should be our goal. We should help each woman see God's love for her and her unborn child; then she will wish to live in accordance with his laws.⁵

Intervening at such a late, hurried stage seems doomed to failure. Few patients change their minds at such short notice unless they are coerced. So, in almost every instance, my clerking would facilitate abortion. Simultaneously, I would be losing the clarity of a consistent principled stand before my colleagues.

Information

- LIFE and CARE offer free pregnancy testing, pregnancy and post-abortion counselling, practical help, follow-up care and information for men.
- LIFE Care Centres – www.lifeuk.org
- CARE Centres Networks – www.pregnancy.org.uk
- CAREconfidential – 0800 028 2228

What position do you take? Is there a particular issue that you would like featured in Head to Head?

Write in to **rachael.pickering@cmf.org.uk** and join in the debate. In the next issue, we will publish correspondence along with the next Head to Head.