Postcoital ‘contraception’

Postcoital contraception may sometimes work by preventing the continuing development of a fertilised egg, and therefore arguably be abortifacient. GP John Holden finds it his biggest problem

Requests for postcoital contraception (PCC) cause me more ethical discomfort than anything. They raise practical problems that can be greater than those surrounding requests for abortion, and GPs as well as those working in A&E, gynaecology and family planning have to decide what their attitudes and practice must be.

Christian teaching

One of the glories of Judaeo-Christian teaching is the understanding that human life is special. For Christians it therefore follows the main issue is when human life starts, and whether we have any right to take away that life. In the absence of a clear biblical statement about conception as we now understand it in biological terms, there are two concepts I find particularly helpful.

The first concerns the conception of Jesus. Part of the supreme mystery of God’s plan for the redemption of humanity is that God could not only become a man, but experienced (by implication) nine months of intra-uterine life (Luke 1 and 2, slightly expanded by Matthew). Furthermore, after explaining that the universe was made through Jesus, Hebrews 2: 17 tells us ‘he had to be made like his brothers in every way’. So I see no reason to doubt that God could for a short time become a single cell just as we all once were, or that the sovereignty of God extends to our conception just as it did to that of Jesus.

The other passage is Psalm 139 which in poetic language tells us, in the context of man’s place in creation:

> *‘You created my inmost being;*
> *you knit me together in my mother’s womb.*
> *I praise you because I am fearfully and wonderfully made.’*

Prenatal life is spoken of as an integral part of our whole life, lived in the context of a universe where we cannot flee from God, where my individuality started before my birth and where it will continue indefinitely into the future. Furthermore, until the last few years Christian teaching has been consistently anti-abortion. If we believe life starts at conception, we must examine our attitudes to PCC as rigorously as towards abortion.

In practice

Requests for PCC are almost always ‘emergencies’, since the hormonal method must be started within 72 hours of unprotected intercourse, or an IUCD inserted within five days. Women are naturally anxious to avoid an unwanted pregnancy, and expect prompt treatment. Posters and other publicity lead them to assume doctors they contact will comply with their request. The request is often reasonable. The woman has acted swiftly to avoid a pregnancy which apparently no one wishes. There is unlikely to be any serious physical complication following PCC. Furthermore, since any embryo is still microscopic, it can hardly be considered abortion, can it? To add even more weight to the PCC argument, the chances are usually fairly slim that the woman is indeed going to have an implanted embryo in her uterus at all.

In such a situation, a doctor refusing PCC needs to be certain he or she is doing the right thing. In my view, there is no utilitarian or medical reason to refuse except in the rather unlikely event of contraindications. Refusal on ethical grounds is going to put the woman, and to a lesser extent a colleague, to some trouble for reasons they will probably not appreciate.

What I do

If we are going to refuse PCC requests we need a clearly thought out procedure we actually put into practice. I discover the facts. If there seems only a remote risk of conception (ie very early or late in the menstrual cycle) I will often check my facts with a partner better informed about contraception. If PCC seems indicated the choice is between referral to:

- another doctor in the practice
- a local family planning clinic (I keep details handy, and usually give them to the woman if I suggest this)
- the A&E department (I have checked with my local hospitals about this)

I try and emphasise that the woman should return if there are problems (rare in practice) and document my actions. Whenever I have explained why I am unwilling to prescribe there seems little comprehension - getting the tablets is a far more pressing concern. I cannot remember an occasion when a young woman requesting PCC was accompanied by a man, an absence that speaks loudly.

Conclusion

Most people in Britain today think that one’s sexual behaviour, if involving another over-16 year old who is consenting, is a matter for self alone. I think this is a cheap lie, and anti-Christian. Flaunting God’s rules brings with it unpleasant consequences, not only for those indulging themselves, but for those around them. This includes those unable to protect themselves, especially children.

Unfortunately, if we teach the contrary view that God is concerned about everything we do and considers sex so good it must be kept between husband and wife, we are seldom heard.

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