readers' letters:

To strike or not to strike?

*Junior doctor **Richard Brighton** is one of the British Medical Association negotiators:*

I read the article 'To strike or not to strike?' with interest. As one of the negotiators for junior doctors, it is a subject that has been very close to my heart over the past few months. On a cursory look my heart sank as I saw the conclusion that John Martin felt that Christian health professionals should not go on strike. So I reread it more closely, and found myself agreeing with him!

The first thing that needs establishing is what is meant by the term 'strike'. I suspect that most people understand it to be a total withdrawal of all labour. I believe that the legal definition is for any withdrawal of labour. Semantics? The difference is important for the latter includes providing emergency only cover, whilst refusing to perform duties relating to elective patients.

The key issue is the balance between justice and compassion. The long hours and poor working conditions that most junior doctors work have a great impact on patients, the doctors themselves, and their families. This is a situation that has gone on for years and whilst there has been a reduction in hours on duty there has been a great increase in intensity of work, especially out of hours.

How far should we go in pushing for justice when there could be effects on patients? The initial steps have to be discussions with bodies such as the Department of Health, but when these fail, what then? Industrial action is never a first choice but there may be occasions when the benefits in the long term outweigh the effect in the short term. The form of industrial action is important - having the greatest gain for the least cost has to be a priority. The BMA Junior Doctors' Committee has ruled out total withdrawal of labour as an option, because we felt that the effect on emergency patients would be too great.

Industrial action was very close; the process had started and may still be necessary. It is not a decision that is made easily but solving this problem is important. In the next few weeks there will be the final outcome of how long it will be till the 48 hour week is introduced, when perhaps we can see doctors working more reasonable hours and getting at least one day a week of rest as God intended.

Postcoital contraception

*Birmingham GP **Greg Gardner** continues the debate about the status of the embryo:*

Mandi Fry and Hugh James have re-ignited a crucial discussion about the nature of the embryo (*Triple Helix* Autumn 1999). The gradualist school of thought which believes that unborn human life becomes more precious the older he or she becomes has one massive obstacle to overcome. Scripture teaches that the person whom Mary conceived in her womb was Jesus, not some kind of amorphous zygote or embryo or fetus but Jesus himself. There is no evidence that Jesus's human life started at any point other than the very beginning, ie fertilisation. If Jesus became like one of us at fertilisation, what does this say about our own humanity?

Mandi Fry is correct to point out the abortifacient nature of several contraceptives including the IUD and the progestogen-only pill. To this list others could be added, including - sometimes - the combined pill. Because of this dual action of various contraceptives there has been a sustained effort to redefine nearly every term in the thesaurus of human reproduction including 'pregnancy', 'conception', 'abortion' and 'person'. This manipulation of the truth is a deliberate attempt to alter the definition of life. At a conference about the IUD in 1964, one delegate said 'In a Moslem country like Pakistan, if it's considered that the IUD is an abortifacient, this would have a bearing on acceptance or rejection'. The reply from eugenicist Dr Christoper Tietze was, 'If a medical consensus develops and is maintained that pregnancy, and therefore life, begins at implantation, eventually our brethren from the other faculties will listen'.[1] In the following year, the American College of Obstetricians and Gynecologists put out a statement proclaiming 'Conception is the implantation of a fertilised ovum'.[2] There was no scientific evidence to support this change yet for political reasons, in order to enhance the acceptability of abortifacient contraceptives, goalposts had to be moved.

Some recent examples of terminology mutation have been those of 'emergency contraception', 'safe sex' and the neologism 'contragestive' invented by Etienne Baulieu in the hope that the term 'may defuse the abortion issue'.[3]

The death of truth is associated with the death of cultures. That is why it is important that attempts to change the definition of life, whether at the beginning or end, should be resisted.

References
1. Segal S, Ed. Proceedings of the Second International Conference, Intra-Uterine Contraception. *Excerpta Medica*, 2-3 October, 1964; 86:212
2. ACOG Terminology Bulletin, terms used in reference to the fetus. Chicago: American College of Obstetricians and Gynecologists, 1965
3. Baulieu E. Contragestion by the Progesterone Antagonist RU 486: a novel approach to human fertility control. *Contraception*, 1987; 36 (Suppl):1-5

Homoeopathy

*Peter May's Autumn 1999 review of Steven Ransom's Homoeopathy - What Are We Swallowing? brings a robust response from Lincolnshire GP **Judith Gosney**:*

I was astonished and offended by the review by Peter May