

## **Abortion: The Insoluble Problem**

The literature on the pros and cons of therapeutic abortion must by now virtually fill an average-sized library. Every expert in every field has had his say, sometimes by invitation and sometimes unasked, yet we seem to be no nearer the answer than when we started. The legal boffins have put their case, the obstetricians and gynaecologists have held numerous congresses on the subject, and the churches and the humanists have from time to time raised their voices—all to no avail. In some countries laws against therapeutic abortion have been relaxed and in some even entirely abolished, while others steadfastly maintain that all abortions are illegal. The protagonists of therapeutic abortion make use of accumulated statistics to prove that it can only be to the benefit of every community, while the antagonists use the same data to convince us that the mores and laws can never be safely relaxed. Where are we going—and what is the answer?

There are basically three points of view involved: the religious, the purely scientific and the broader humanistic. On a religious basis, the problem is almost non-existent. There may be slight differences of opinion according to the various doctrines involved, but what it boils down to is that the religious man accepts that at some stage a new human being is being formed within the mother's womb, and it thus acquires a soul. To procure an abortion therefore means the destruction of such a human being, and this cannot be tolerated. At exactly what stage the soul is acquired, whether it is damned unless it is baptized or whether it can only be regarded as a separate entity after birth, are details which could be resolved by discussion, or even if they are not resolved, they will not make too much difference to the ultimate approach of the religious man, be he a priest, a lay person, a devoutly practising member of a church or merely a reasonably convinced believer in some or other form of deity and an after-life.

To the scientist the matter also seems to be fairly clearcut. All that is needed is to ensure that we can, with reasonable certainty, predict the dangers to the expectant mother and the chances of survival of both the mother and child. If the facts are then intelligently weighed, the answer is automatically forthcoming—even a well-programmed computer could make the decision.

The humanist wants to ensure the best for all mankind. He must take into consideration the overall effect of the threatening and much discussed population explosion. He must, in a responsible manner, consider the areas where famine and abject poverty are common. If such data are available and reliable, his decision, too, can be reached without too much soul-searching. Why then the difficulty in solving this vexing problem? In almost all other, perhaps even more emotionally charged aspects of human activity, mutual, rational discussion has at least pointed the way to a solution, even though the obvious course is not always faithfully followed. But when it comes to therapeutic abortion we seem to be stymied. Why?

If the three abovementioned points of view could be clearly stated and argued, it could be expected that sooner or later one or the other faction would carry the day, if merely on the grounds of a majority vote. At some stage or other the scientists, the humanists or the churches will win their case, even if the decision is not the same in every country. One can even envisage that the subject might be referred to a world court. Unfortunately this can never happen, for the true dilemma is that every person joining in the fray holds, within his own mental make-up, at least, two and more often than not, all three the points of view and he can never be rid of them.

No intelligent religious person can admit to himself that the progress of modern scientific knowledge may be completely negated. The



churches, as institutions, can perhaps come nearest to a firm resolution and overrule all considerations based on anything but the purest dogma, but the individual members will for ever have to entertain the slight feeling that science cannot be entirely ignored.

A true atheist, even among the most single-minded scientists, is a *rara avis*. Where is the medical researcher who can with conviction stand up at a congress and say: 'Let us once and for all leave this fairy-tale nonsense about an after-life and a soul and get down to the biological fact that we are only evolutionary phenomena.'? One or two at a large gathering might truly hold such views, but even if they have the courage to express them, it will get them nowhere, for the vast majority of the delegates will not accept such cold-blooded pragmatism. Therefore every doctor, when he argues his case for or against therapeutic abortion, is doing so with conflicting points of view within his own mind. How can he then hope to sway opinion if he is not even able to achieve clarity within himself?

The humanist who is convinced of his intellectualism, must be knowledgeable about scientific facts, but at the same time, as a respecter of human

dignity, he can never entirely escape the reverence with which he must behold the sanctity of human life. If he throws in his lot with the scientist, he must negate his own, perhaps dormant, religious inclinations.

In order to wriggle out of the impasse we devise all sorts of tricks. We bewilder audiences with tales of the near-disastrous results if an erstwhile doctor should have decided to terminate the pregnancy which resulted in Beethoven's birth, and thus, by using past knowledge to predict future possibilities, we for a short and glorious hour, play little gods. We salve our consciences by relating declining rates of abortion in the permissive countries or we tell horror tales of the long-term effects of legalizing abortion. All the time we are merely floundering in the sea of doubt created by our own conflicting points of view and the tensions they cause within us. We cannot tell the scientists to go and live in their own community where they may practise abortion according to their own medical conviction, or the religious men and women to found their own society where only their doctrine will dictate their actions, for every man carries these communities within himself and will be unable to choose his abode.

## Longsiektes

Siektes van die asemhalingstelsel maak steeds 'n baie belangrike deel van die totale werksomset van iedere dokter uit. Dit maak nie saak of hy 'n hospitaalpraktyk het of op die platteland of in 'n stad werk nie—patologie van die lugweë en longe sal 'n groot werkslas op sy skouers plaas. Chirurgie, immunoloë, huisartse en interniste en die hele skare ander mediese en paramediese personeel het met hierdie aspek van geneeskunde te doen.

Onlangs is 'n nasionale simposium oor long-siektes onder beskerming van die Fakulteit van Geneeskunde van die Universiteit van Stellenbosch by die Karl Bremer-hospitaal gehou. Die referate wat gelewer is en die besprekings wat hulle uitgelok het, het 'n wye spektrum gedek en die organiseerders moet geluk gewens word met die sukses van hul onderneming.

Gedurende die byeenkoms is ook 'n Suid-Afrikaanse Vereniging vir Pulmonologie gestig, met prof. M. A. de Kock as die eerste voorsitter. Die stig van sulke verenigings is aan die orde van die dag en daar is reeds 'n hele magdom van hulle. Sommige is aktief en doen goeie werk en ander is feitlik dood gebore, soos mens ook kon voorspel

het, want die geesdrif wat die totstandkoming tot gevolg gehad het, het dikwels nie gespruit uit 'n werklike behoefte aan 'n organisasie nie. Ons het min twyfel dat dit nie met die Pulmonologiese Vereniging die geval sal wees nie, want dit was hoog tyd dat die werk in verband met dié uiters belangrike afdeling van geneeskunde op beter georganiseerde grondslag geplaas word.

Weens die uiteenlopende aard van die dissiplines wat betrokke is, sal dit nie maklik wees om almal te kry om saam te werk nie, maar dit is tog immers die funksie van so 'n klub en dit sal net van die lede afhang of daar iets nuttigs te voorskyn gaan kom.

Ons hoop dat die Vereniging vir Pulmonologie sal poog om onder die vlerk van die Mediese Vereniging te bly. In hierdie opsig sal hulle moet leiding vra van die ampsdraers en amptenare van die Mediese Vereniging, want nie al die lede van dié nuwe Pulmonologiese Vereniging is noodwendig dokters en dus lede van die Mediese Vereniging nie, maar dit sal nogtans jammer wees as so 'n belangrike aspek van geneeskunde nie onder die beskerming van die moedervereniging kan staan nie.