A STUDY OF DOCTORS' ATTITUDES TO ABORTION

by

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Introduction

With the recommendations of the Shantilal Shah Committee that abortion should be liberalised for reasons other than purely medical, certain questions arise, such as (1) Are there sufficient facilities for carrying out the operation of induction? (2) Are there enough doctors in India to be able to carry out the operations? (3) Are all these doctors capable of carrying out this operation efficiently and safely? (4) Even if there are sufficient doctors, will their services be available in the rural areas?

Underlying these questions is the assumption that doctors accept the necessity and validity of the liberalisation recommended by the Shah Committee. Little thought has been given to the correctness of this assumption. It is, therefore, pertinent to ask: What is the opinion of the medical personnel themselves who are expected to carry out this operation? What is their attitude (a) to the value of human life, (b) towards taking the decision of terminating a pregnancy under various circumstances, and (c) towards carrying out the operation themselves?

To try to gauge some of these attitudes, a questionnaire was prepared and distributed to members of the Bombay Obstetric and Gynaecological Society residing in Greater Bombay. Forms were given to 161 doctors of whom 94 (58.4%) filled in and returned the questionnaire. Although the number of respondents is small, they represent about 50% of the members of the Obstetric and Gynaecological Society in Bombay and it is felt that their attitudes and responses may, to some extent, reflect what their counterparts in other parts of the country may feel about this topic.

Characteristics of Group

Forty per cent of the respondents were in the age group 36-45 years while 23% were in the age group upto 35 years and 35% in the age group 46 years and above.

There were more women among the respondents (59.6%) than men (39.4%).

Most of the respondents (76.7%) had post-graduate qualifications in obstetrics and gynaecology.

The large majority (78.7%) were in consulting practice while a small number were in general practice and/or services.

14.8% had their own nursing home or hospital, while 33% were attached to another nursing home or hospital. 30.9% had their own nursing home or hospital and were also attached to another nursing home or hospital, while 17% had neither their own nursing home or hospital, nor did they have any attachment.

About two-thirds of the respondents were Hindus, while one-third represented other religions, viz., Jains, Zoroastrains, Christians, Muslims and Jews.

Just over half of the respondents described themselves as 'moderate' whereas a third said they were 'liberal'

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in their views. Only 5 respondents said that their views were 'orthodox'.

Characteristics required for human life to be designated as 'human'

Somewhat over one-fourth (28.7%) of the respondents said the characteristic of human life is that it should have the biological potential for being a human being; 17% said the soul or spirit must infuse the body in order that a life may be designated as 'human', while 12.8% said it should be biologically recognisable as human and 22.3% said it should be physiologically self-sufficient and functioning on its own before it can be designated as human. 11.7% said it must have an individual personality of its own while only 3.2% said it must be capable of recognising its environment.

Comparing the response in different age groups, it seems that the 'soul' concept was less accepted by the young age group and middle age group while it was more accepted in the age group 46-55 years.

So also the response of the two sexes differed somewhat, the 'soul' concept being more acceptable to women than to men, though even among women more than half rejected this concept. None of the women respondents said they 'most agreed' with the idea that to be designated as 'human' the being must be capable of recognising its environment. However, both men and women respondents tended to agree with the characteristic that it must be physiologically self-sufficient and functioning on its own.

Among the different religious groups it is striking that all five Christian respondents 'most agreed' with the 'soul' concept, one of them at the same time agreeing with the statement that a human life must have the biological potential for being a human being.

Those who considered themselves as liberal or moderate tended to 'most disagree' with the 'soul' concept.

Commencement of a new human life, when it begins to have value, and when it has full value

Although almost half the respondents (47.9%) felt that human life begins at the time when the sperm fertilizes the ovum, only 23.4% felt that it begins to have value at that time. Against 20.2% who felt that human life begins at the time of implantation, 22.3% felt it begins to have value at that time. Against 11.7% who felt that human life commences at the time of quickening, only 4.3% considered that it begins to have value at that time. Against 12.8% who felt that a new human life begins when the foetus reaches viability, 25.5% considered that it begins to have value then. Against 5.3% who felt that human life begins at birth, 19.1% considered that it begins to have value then.

As regards the achievement of full value, more than half the respondents put this at birth (29.8%) or some time after birth (23.4%). 24.4% put this at the stage of the foetus reaching viability. The remaining respondents felt that human life attains full value at some earlier stage (11.7% at the time of fertilization, 7.5% at the time of implantation, and 1.1% at the time of quickening).

The trend clearly is to attribute value to human life somewhat later than its physiological commencement, and full value at an even later stage.

Opinions as to when a new human life begins do not appear to be associated with the sex or views (liberal, moderate or orthodox) of the respondents. However, all the five Christians (4 Catholics, one denomination not specified) and the three Muslims and Jews put the commencement of human life at the time of fertilization.

Respondents of other religions were more divided in their opinion, about half placing the commencement at some later stage. One Jain respondent stated that human life begins at the time of production of the spermatozoa and ova.

Similarly, as regards the point at which human life begins to have value, while the age or sex of the respondents made no material difference, the religion of the respondents and their views seemed to affect their response. All the five Christians and the three Muslims and Jews said human life begins to have value at the time of fertilization, i.e. when, in their view, human life begins, and 4 out of the 5 respondents describing themselves as orthodox felt the same way. A majority of the respondents belonging to other religions considered that human life begins to have value at some later stage, as many as 21 placing it at the time of implantation, 24 placing it at the time of the foetus reaching viability, and 18 placing it at birth.

In regard to the question of the time when the human life attains full value, no variations in response were noted with the age or sex of the respondents. One Christian respondent (denomination not stated) said that full value was reached only some time after birth, against 4 Catholics who believed it was reached at fertilization, i.e. when, in their view, human life begins. The large majority of respondents of other religions gave full value to human life only at the time of the foetus reaching viability or at a later stage. While the majority of those describing themselves as liberal and half those describing themselves as moderate gave full value to human life only at birth (10 liberals and 14 moderates), or some time after birth (10 liberals and 10 moderates), all of the 5 orthodox respondents considered that full value was reached at much earlier stages.

Abortion as an offence against God, Society, the Mother and the New Human Life

When asked to state whether they felt abortion was an offence against God, Society, the Mother or the New Human Life, or whether they felt abortion was not an offence at all, 29.8% of the respondents said that abortion is an offence against God, while 17% said it is an offence against Society, 21.3% said it is an offence against the Mother and 61.7% said it is an offence against the New Life. 24.4% said they did not consider abortion an offence.

Relatively few of the younger age group tended to think abortion was an offence against God while relatively more of the older age group felt it was. A third of the younger age group agreed that abortion is not an offence while one fourth of the age group 36-45 years and one fifth of the age group 46 years and over felt this way. More than half of each age group felt that abortion is an offence against the New Human Life.

There did not appear to be any difference in opinion with regard to this question between the men and women respondents.

It is interesting to note that, while 19 out of 60 Hindus and 2 out of 9 Zoroastrians agreed that abortion is not an offence, not a single respondent from the group of 9 Jains, 5 Christians and 3 Others agreed with this statement. So also, while 13 out of 29 liberals and 7 out of 49 moderates agreed that abortion was not an offence, none of the 5 respondents who described themselves as orthodox felt this way.

Among those who stated that abortion is an offence under one of the four heads

mentioned, a fair number said that human life achieves full value at the time of fertilization, or at implantation, or at quickening, i.e., prior to viability. However, all the 23 respondents who stated that abortion is not an offence said that human life achieves full value only some time after it reaches viability. Of the 11 respondents who considered that human life achieves full value at the time of fertilization, all but 2 persons considered abortion an offence against God as well as an offence under one of the other heads.

Necessity for Liberalisation

When questioned as to their opinion about liberalisation of abortion for a variety of reasons, the large majority of respondents agreed that liberalisation should be done in certain circumstances to preserve the life of the mother (80.8%), or to maintain the physical or mental health of the mother (68.1%), to prevent abortion being performed by unskilled persons under unsatisfactory conditions (62.8%), if the pregnancy has resulted from rape or incest (79.8%), from sexual relations with a minor girl (69.1%), or from sexual relations with an imbecile (70.2%), in cases where there is a likelihood of the child inheriting a familial disease (64.9%), or where there is a likelihood of congenital defect following drugs or illness (67%).

However, opinion was divided as to whether or not abortion should be liberalised from the point of view of controlling population (29.8% for and 37.2% against), preventing clandestine abortions being performed by medically qualified persons (41.5% for and 23.4% against), saving unmarried women or widows from the shame of having children out of wedlock (42.6% for and 29.8% against), helping those who have used contraceptives regularly or irregularly and failed (38.3% for and 35.1% against), and helping women in economic distress not to have another child (27.7% for and 43.6% against).

Considering the 'may be' responses as a tendency to agree and the 'probably not' responses as a tendency to disagree, the general trend of the majority of respondents was to agree with the various reasons for liberalisation, except for the use of abortion to control population and to help women in economic distress not to have another child.

Not a single respondent answered 'No' for all the 13 reasons.

One respondent said that abortion was not justified for any of the reasons except 'may be' to save the life of the mother.

Six respondents did not give a positive agreement to any of the 13 reasons, but gave answers such as 'may be', 'cannot say', 'probably not', or 'no'.

Two respondents said 'yes' only in respect of saving the life of the mother, but said 'may be', 'cannot say', 'probably not' or 'no' to all the other 12 reasons.

Four respondents said 'no' to abortion for saving the life of the mother but of these 2 said 'yes' to other reasons listed and 2 said 'may be' to other reasons listed.

Ten respondents answered 'yes' for all 13 reasons.

Only 6 respondents may be said to be against abortions performed to preserve the life of the mother and only 5 respondents may be said to be against abortions performed to maintain the physical or mental health of the mother.

Considering only those who gave definite 'yes' or 'no' answers, the relationship between these answers and the type of respondent was examined. It was seen that there was a tendency for more respondents among the age groups below 35 years and between 36-45 years to agree

that abortion should be liberalised in the case of pregnancy in unmarried women and widows, and in the case of those women who have used contraceptives regularly or irregularly and failed, whereas in the older age groups—46-55 years and 56 years and over—more respondents tended to disagree with these reasons for liberalisation.

With regard to the necessity to help women in economic distress not to have another child, opinion was about equally divided in the lower age groups between liberalisation of abortion being necessary for this reason or not, whereas more of the older age group tended to disagree with this reason for liberalisation.

With regard to the sex of the respondents, more of the men tended to agree that liberalisation of abortion is necessary to control the population whereas more of the women tended to disagree with this point. While an approximately equal number of men agreed and disagreed that abortion was necessary to help women in economic distress not to have another child, more women disagreed on this point.

Considering the religion of the respondents, the only marked difference was found in the case of the 5 Christian respondents. None of them agreed without qualification that abortion is necessary for any of the reasons excepting the medical reasons to which 2 agreed, and the eugenic reasons to each of which 1 agreed. At the same time, while all 5 Christian respondents entirely disapproved of abortion for reasons of population control, unmarried women and widows, contraceptive failure and economic distress, each of them refrained from expressing entire disagreement to abortion for one or other of the remaining reasons.

While a majority of those who termed themselves liberal gave a 'yes' response to the question whether abortion should be liberalised to control population, only 6 of the moderate group gave a positive response and as many as 22 gave a negative response. Again, while those in the liberal group showed an almost equal number of 'yes' and 'no' responses to the question whether abortion should be liberalised to help women in economic distress not to have another child, proportionately less of the moderate group agreed to this point. The response of the orthodox group of 5 persons is also of interest in that 'yes' answers have been given by one or more respondents for each of the several grounds for liberalisation, including population control.

Considering only the positive and negative answers to the question regarding liberalisation of abortion for various reasons, it was seen that among those who stated that a human life has full value at the time of fertilization, relatively more persons said that abortion should not be liberalised for controlling population, for saving unmarried women and widows from having children born out of wedlock, for helping those who have used contraceptives and failed, and for helping women in economic distress not to have another child. In contrast, among those who felt that a human life has full value only some time after birth, relatively more persons felt that abortion should be liberalised for the above reasons. It, therefore, appears that those who regard the attainment of full value by human life at a comparatively early stage also tend to reject abortion except for strictly medical or eugenic reasons.

It is striking to note that the large proportion of those who considered abortion as an offence against God said that abortion should not be liberalised for controlling population, for saving unmarried women and widows from having children

born out of wedlock, for helping those who have used contraceptives and failed and for helping women in economic distress not to have another child, whereas the large majority of those who considered that abortion was not an offence, felt that abortion should be liberalised for these reasons.

Similarly among the groups who considered abortion an offence against Society, the Mother, or the New Human Life, a relatively larger number felt that abortion should not be liberalised for reasons of population control, contraceptive failure and economic distress. In the case of unmarried women and widows, an equal number of respondents said it should be liberalised and it should not.

All of those who considered that abortion is not an offence agreed that abortion should be liberalised to prevent abortions being carried out by unqualified persons under unsuitable conditions, to preserve the life of the mother, to maintain the health of the mother, in cases where pregnancy has resulted from rape or incest, and where there is a likelihood of the child inheriting a familial disease or of congenital defect following disease or illness.

Performance of Abortions for various reasons

When questioned whether they had at any time in their careers carried out induction of abortion, 64.9% of the doctors said they had, while 35.1% said they had not. Of the former group, the majority had induced abortion in cases where the life or health of the mother was at stake. A fair number had, however, induced abortion for eugenic reasons or for compassionate reasons, i.e. in cases of likelihood of familial diseases or of congenital defect, pregnancy resulting from rape, incest, sexual relations with a minor girl or with an imbecile, or in cases of economic distress, unmarried women, and failure of contraceptives. While 22 respondents stated that they had carried out induction for medical reasons only, 35 respondents stated that they had carried out induction for medical as well as for eugenic, compassionate or other reasons, and 4 respondents said they had carried out induction for eugenic, compassionate or other reasons only.

There did not appear to be much difference in the various age groups regarding the reasons for which they had carried out induction of abortion. However, relatively more men doctors had carried out induction than women doctors and notably so in order to help women in economic distress not to have another child, and to save unmarried women or widows from the shame of having children born out of wedlock.

Six of the 9 Jains and all 5 Christians stated that they had not carried out induction of abortion. Of the 5 respondents who described themselves as orthodox, 3 had carried out induction of abortion.

In all three groups of doctors who had either their own nursing home, or a hospital attachment, or both, there were relatively more persons who said they had carried out induction of abortion for various reasons. However, even in the group who had no nursing home of their own nor any attachment, about half had carried out induction for various reasons at some time in their careers.

It is interesting to note that even those who considered that abortion is an offence under one or other of the four heads, had carried out abortion for the various reasons listed, and, in particular, out of 28 respondents who believed abortion to be an offence against God, as many as 15 had carried out abortions themselves.

Method of Induction

In the majority of cases, dilatation and curettage was stated as the method of induction used. A few, however, mentioned other methods such as suction, the use of laminaria tents, injection of hypertonic glucose or saline, medical induction, and hysterotomy. Eight persons specifically mentioned that they preferred to carry out tubal ligation following hysterotomy or D & C.

Willingness to perform abortion or refer cases in the event of Liberalisation

The response to the questions 'If the Abortion Law is liberalised would you yourself carry out abortion on your patients?' and 'Would you refer your patients to other doctors or hospitals where the operation is done?' was interesting. Opinion was about equally divided between four main types of responses:

A. 29.8% said they would do it themselves and they would also refer their patients elsewhere;

B. 22.3% said they would do it themselves but they would not refer their patients elsewhere;

C. 21.3% said they would not do it themselves but they would refer their patients elsewhere;

D. 21.3% said they would neither do it themselves nor would they refer their patients elsewhere.

The reasons given for not carrying out an abortion themselves included religious objections, personal dislike of causing deliberate destruction of life, complications and dangers associated with abortion, lack of facilities for carrying out the operation, and lowering of moral and ethical codes of society.

Some of the reasons given for not referring their patients elsewhere for abortion were that they preferred to do it themselves, or they thought it objectionable even to refer cases elsewhere, or they felt that in a general hospital it would be done by junior staff whereas it required experienced staff.

About two-thirds of the age group below 35 years were prepared to carry out abortions on their patients provided the law was liberalised whereas in each of the three older age groups only half were prepared to carry out abortion.

Relatively more of the men than of the women respondents said they would prefer to carry out abortion themselves but would not refer their patients elsewhere. More of the women respondents were willing to refer their patients elsewhere than to carry out the operation themselves.

All 5 Christian respondents said they would neither carry out the abortion themselves nor would they refer their patients elsewhere.

While 3 out of the 5 orthodox respondents said they were neither prepared to do the operation themselves nor to refer their patients elsewhere, it was seen that abortion had in fact been carried out by 2 of these 3 respondents.

Nine out of the 11 persons who felt that human life achieves full value at the time of fertilization said they were not prepared to carry out the operation themselves in the event of the law being liberalised, and 7 of these said they would not refer their patients elsewhere either.

Among the group who felt that a human life achieves full value some time after it reaches viability, only a small number said they would neither carry out the induction of abortion themselves nor would they refer their patients elsewhere.

It was observed that those who said they would neither carry out induction of abortion nor refer their patients else-

where (group D), were not in favour of liberalisation of abortion for controlling the population, for preventing clandestine abortions by medical persons, for saving unmarried women and widows from having children born out of wedlock, for helping those who have used contraceptives and failed, and for helping women in economic distress not to have another child. However, these individuals, while they seem not to want to be personally involved in carrying out abortion or referring their patients to other doctors or hospitals, recognise the need for liberalisation of abortion for certain of the reasons listed.

With regard to helping women in economic distress not to have another child, group C ('would not do it but would refer') are less in favour of liberalisation for this reason, while group A ('would do it and would refer') show an equal number of 'yes' and 'no' responses, and group B ('would do it but would not refer') have relatively more 'yes' responses to this question than the other groups.

Comments

It is of interest to note that in this series, about half of the respondents stated that, even in the event of liberalisation of the abortion law, they were not prepared to carry out the operation themselves, while one fourth said they were neither prepared to carry it out themselves nor to refer their patients elsewhere.

The number of respondents in this study is, no doubt, very small and a more extensive study would be required before one could make any conclusions but, nevertheless, the fact that this group consists mainly of specialists in gynaecology and obstetrics who are best equipped to deal with these cases makes one wonder whether, in the event of liberalisation of the abortion law, there would be sufficient skilled persons who would be prepared to carry out the operation or even to refer cases to others. Would this mean that, even after liberalisation of the law, a large number of operations would continue to be carried out by less skilled persons and even by the quack abortionists?

Even though the ultimate purpose of abortion is the preservation of the physical, mental, or social welfare of the patient, the association of this surgical procedure with the fact of destruction of the unborn child, be it at a very early stage of development, introduces the question of human values. It poses to the physician the decision as to whether the importance of these values are overbalanced by the need to help his patient. When the question is a matter of immediate danger to the patient's life or health, the decision is relatively easy. So also, when there is a possibility of defect in the unborn child, the decision can more easily be made. However, when the question of social and moral issues is involved, the physician's own personal values play an important part in taking the decision.

It is pertinent to note that, whatever the attitudes of the respondents were towards the value of human life, the large majority were in favour of liberalisation of the law regarding abortion. It would be of interest to study the response of a similar group after the liberalisation of the law.

Acknowledgements

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Closure of Surgical Incisions by Non-Suture Technique—Ramesh and Peters pp. 212-217

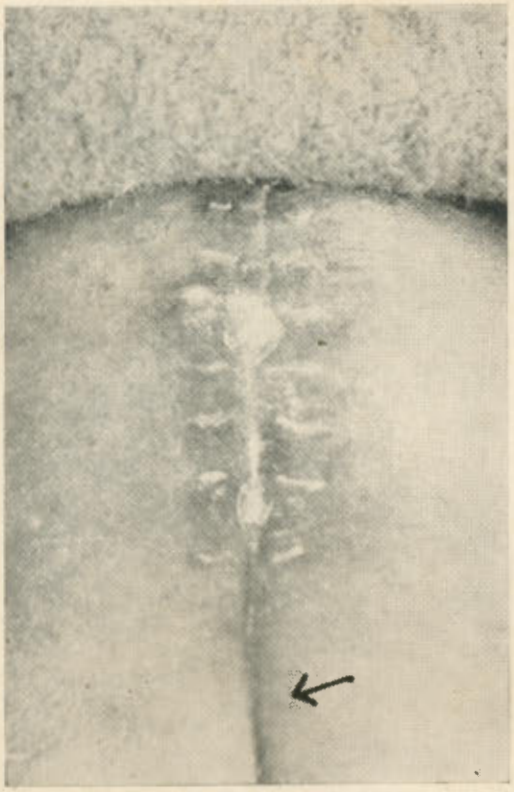

Fig. 1.
Paramedian incision on the 10th day after operation. The skin was closed by sutures and tapes. Arrow indicates where the tapes were used.

Obstructed Labour Due to Vehical Calculus—Jacob and Bhargava pp. 244-247

Fig. 1.
Showing the distended right fallopian tube which is untwisted and uterus with an ovary.

Neglected Stitches of Shirodkar Operation—Sen and Banerjee pp. 218-221

Fig. 1.
Dilator through torn cervix and another in the cervical canal.

Torsion of the Fallopian Tube—Jacob and Bhargava pp. 256-260

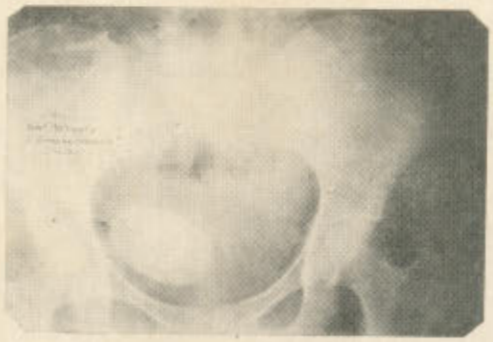

Fig. 1.
X-Ray of pelvis showing the presence of vesical calculus.

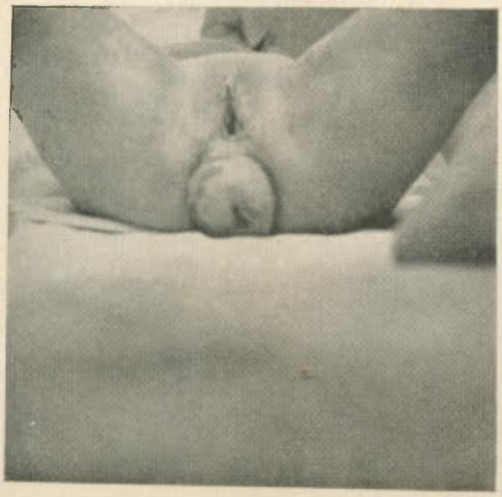

Fig. 1.
Complete rectal Prolapse.

Fig. 2.
2nd degree utero-vaginal prolapse in same patient.

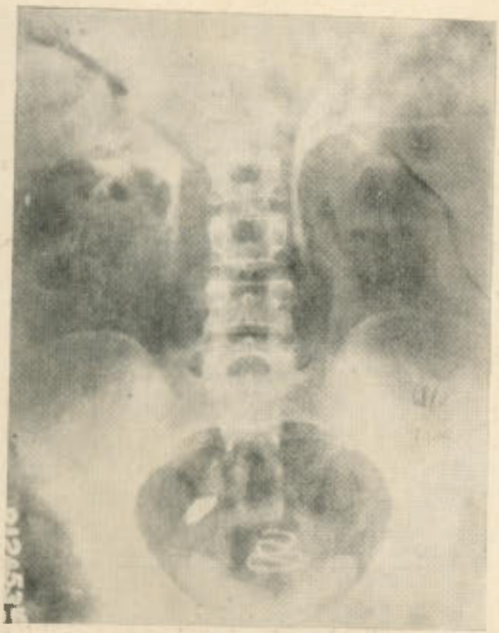

Fig. 3.
Intra uterine loop with stone in pouch of Douglas.

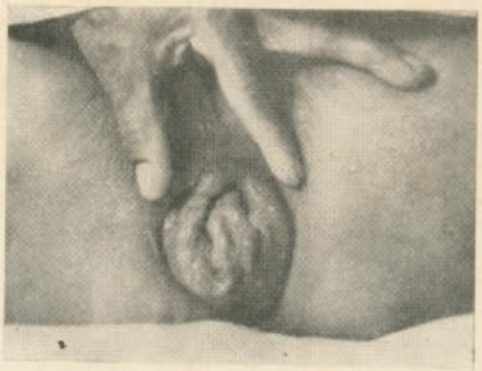

Fig. 7.
Prolapse of posterior rectal wall following first stage of operation.

Rectal Prolapse with Uterine Descent—Sircar pp. 222-225

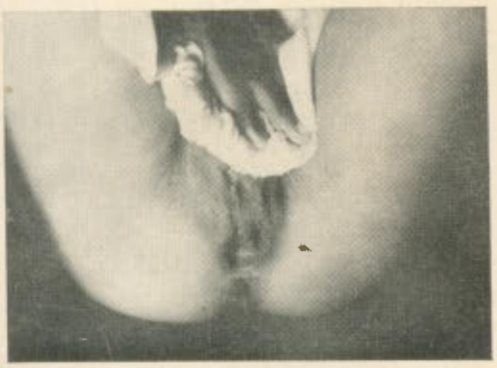

Fig. 9.
rectal or utero vaginal prolapse.
Result six months after operation—showing no

Conjoined Twins—Dayal Et Al pp. 248-250

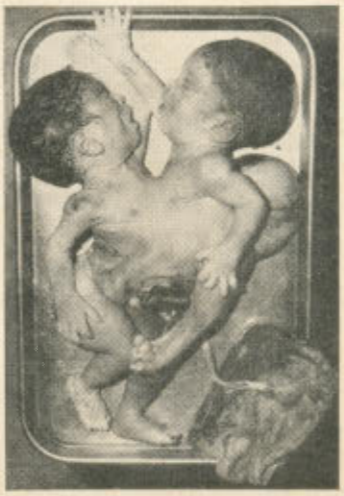

Fig. 1.
Showing Conjoined twins.

Fig. 2.
Showing plain X-Ray of the twins.

Fig. 3.
Showing Angiography.

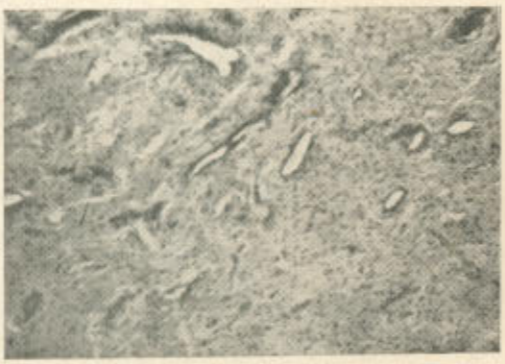

Fig. 1.
Shows fibromyomatous tissue containing thin vessels.

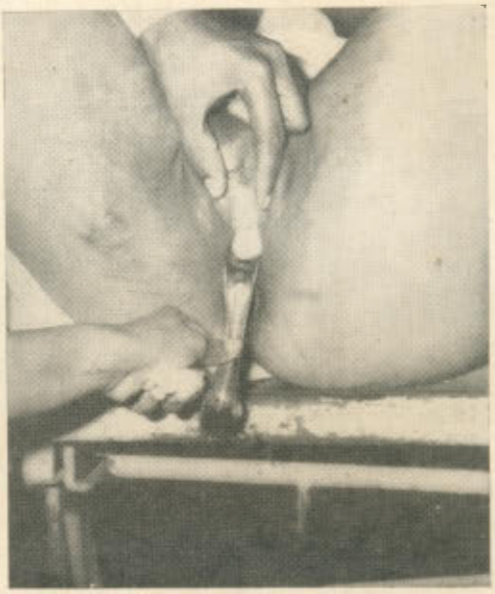

Fig. 2.
Shows vaginal fibromyoma attached to the anterior vaginal wall.

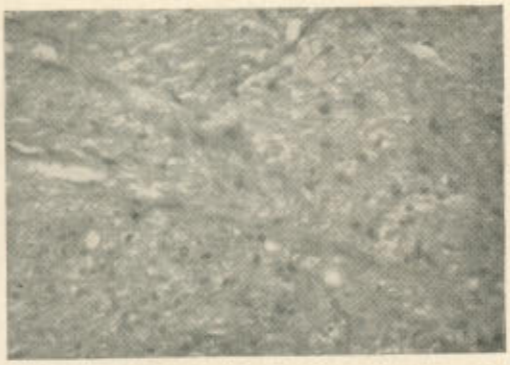

Fig. 3.
Microphotograph showing a cellular tumour composed of spindle cells arranged in fascicles and bundles.

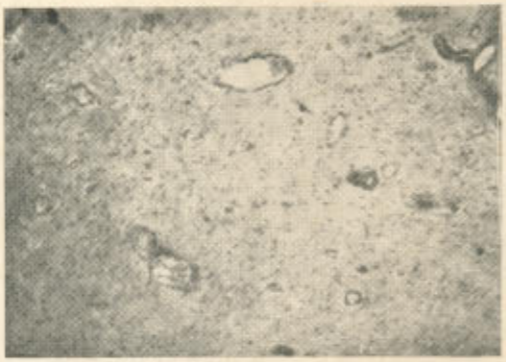

Fig. 4.
Microphotograph showing tumours composed of spindle cells containing some thin walled vessels in it.

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