



Choice on Termination of Pregnancy Amendment Bill

To the Editor: The Amendment Bill is being revisited because of a court order. It is a matter of concern that the Department of Health has not taken this opportunity to review this Amendment Bill and the principal Act before presenting it again for public comment.

A full review is necessary because of excellent research showing that maternal death rates are 4 times higher in the year following a pregnancy for Finnish women who chose termination of pregnancy (TOP), compared with women who chose to carry their babies.¹ The higher death rate was due to suicide, death by accident, homicide and natural causes. English researchers corroborated an increased incidence of suicide after TOP.² The greater homicide rate is explicable by increased tendencies to anger and violence and substance abuse after TOP.³ Very young women are especially prone,⁴ and women with self-destructive character traits are at particular risk of death.⁵ Other studies show that these effects persist for many years, that men and health care workers may behave similarly, and that parents choosing TOP are more likely to abuse their other children.⁶ There is no good reason to believe that South African women are any less predisposed in these respects.

The above studies underline the urgent need to rewrite the Amendment Bill so as to address the following:

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Counselling: 'Non-mandatory and non-directive counselling' can no longer be accepted as adequate, and compliance with this part of the Act may lay staff open to 'charges of false and deceptive business practices'.⁵

Informed consent: Minors below the age of 16 are more vulnerable than older women to bad outcomes,⁴ but they have greater difficulty in grasping information about the

risks involved in TOP. Current legislation exposes minors unnecessarily to making TOP decisions without adequate loving adult support.

Health care workers: In view of the long-term consequences to the psychological health of health care workers, amendments should specifically state that health care workers have the right to refuse to participate in TOPs, on grounds of conscience.

Two further defects of the Bill are that it (i) does not prevent the initiation of second trimester TOPs on an outpatient basis, thus exposing women to the serious dangers from administering powerful oxytocics in improperly supervised situations; and (ii) uncritically accepts the menstrual history alone as an accurate assessment of the period of gestation.

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1. Gissler M, Kauppila R, Meriläinen J, Toukomaa H, Hemminki E. Pregnancy-associated deaths in Finland 1987-1994 – definition problems and benefits of record linkage. *Acta Obstet Gynecol Scand* 1997; 76: 651-657.
2. Morgan CM, Evans M, Peter JR, Currie C. Mental health may deteriorate as a direct effect of induced abortion. *BMJ* 1997; 314: 902.
3. Reardon D. Psychological reactions reported after abortion. *The Post-Abortion Review* 1994; 2(3): 4-8.
4. Fergusson DM, Horwood LJ, Ridder EM. Abortion in young women and subsequent mental health. *J Child Psychol Psychiatry* 2006; 47(1): 16-24.
5. Reardon DC. Abortion is four times deadlier than childbirth. *The Post-Abortion Review* 2000; 8(2): 4-5.
6. Mc Fadden A. The link between abortion and child abuse. *Family Resources Center News* January 1998: 20.