

THE GREAT DEBATE:
ABORTION
IN THE
SOUTH AFRICAN CONTEXT

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ABORTION REFORM AND RESPONSIBLE COHABITATION

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*"To be or not to be: that is the question:
Whether 'tis nobler in the mind to suffer
The slings and arrows of outrageous fortune,
Or to take arms against a sea of troubles,
And by opposing end them."* Hamlet, Act III

INTRODUCTION

All too often debates on the advisability of legalising abortion are approached on an all or nothing basis. There are those (to be) who favour only abortion on demand, while others (not to be) feel that abortion per se is unacceptable under any circumstances. The issue is invariably clouded by moral, emotional and religious overtones. Nevertheless, despite the divergence of these extreme viewpoints there are certain areas where a degree of unanimity may be obtained. The principle of "responsible cohabitation" attempts to exploit these common areas of agreement and proposes a "middle of the path" approach to abortion reform which could be introduced into our society without adversely affecting its moral, social or medical way of life.

This paper does not set out to justify esoteric issues as to whether abortion constitutes murder or not; instead the object is to go one stage further and to consider whether a *need* for abortion *does* in fact exist.

THERAPEUTIC ABORTION

Abortion refers to the termination of a pregnancy before the 28th week of gestation i.e. before physical extrauterine viability can be anticipated. Pregnancies are terminated for two main reasons - either because they are undesirable or because they are unplanned. Separation into these two broad categories divorces quite clearly

the individual and is easily prevented by the taking of a pill or the insertion of an intrauterine device.

The case for abortion on demand cannot be supported.

MENSTRUAL EXTRACTION

More recently the technique of "menstrual extraction" has been introduced into clinical practice. This technique is said to be safely employed without cervical dilatation or anaesthesia and can be successfully used in suspected pregnancies of six weeks duration i.e. within 2 weeks of a missed period. Furthermore, although it does require the skill of a medical practitioner trained in the insertion of intrauterine devices, it is said to require only minutes of the patient's and the doctor's time. The problem that needs to be faced in our multi-racial society is how to motivate patients to act with responsibility. It is wishful thinking to expect our ignorant populace to present themselves to medical practitioners within two weeks of having missed a period. Even if they did report early, and even if menstrual extraction was completed in only 10 minutes of the doctor's time, one only has to reflect on experience in the United Kingdom to calculate the vast number of doctor-hours that will be spent aspirating uteri instead of attending to patients afflicted with unpreventable disease. Based on figures of illegal abortions allegedly being performed in South Africa (200 000),⁸ menstrual extraction would consume more than 30 000 doctor-hours per annum. In Yugoslavia,⁹ after using the Karman catheter, retained products of conception were found in 12% of all pregnancies of six weeks duration, 47% at seven weeks, 85% at eight weeks and 100% of pregnancies of over eight weeks gestation. These cases required formal curettage.

MENSTRUAL REGULATION

Reverting to the right of the individual, the decision for abortion is a very personal one, and depends almost entirely upon that in-

8. Memorandum submitted to the Select Committee on Abortion and Sterilisation Bill; Abortion Reform Group; 1973, Section 3.1., para. 3.

9. Beric, B. M., Kuresanin, M. and Hullal, J. F. *American Journal of Obstetrics and Gynaecology*, 1972, 114:273.

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CONCLUSION:

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dividual's moral, ethical and religious upbringing. Provided this does not involve any other segment of the community a self-induced period (provided it could be successfully and safely achieved), would be a more acceptable alternative. I refer to the envisaged practice of "menstrual regulation". With the introduction of the newer prostaglandins one can anticipate the development of derivatives which would bring on menstruation within a day or two of a missed period having been noted. Because of the early recourse to treatment the patient would be unable to determine whether she was in fact pregnant or not.

Many of the complex moral, religious and psychological issues would therefore not have to be faced. Furthermore by avoiding the assistance of a second or third party, one of the major objections to social abortion would be avoided.

CONCLUSION: RESPONSIBLE COHABITATION

Until this utopia is reached, however, the concept of responsible cohabitation would adequately meet our immediate needs. This concept does not set out to involve itself with intangible personal, moral, ethical or religious issues, but accepts the practical need for therapeutic abortion and strongly supports the creation of a positive and unambiguous law in this respect. It rejects social abortion in its broadest sense, since the latter can be adequately covered by freely available contraception, contraceptive advice and sex education. In short, the problem of unwanted pregnancy and the need for abortion reform

"may be restor'd with good advice and little medicine"

Henry IV, Act II