legislative climate in South Africa is such that the legislature does not readily legislate in opposition to the consensus of Church opinion.

Abortion is an extremely delicate and emotional issue and the mere word has an unsavoury connotation to the majority of people. There is a latent fear in society that any departure from conventional attitudes will open the door to large-scale immorality. It is also feared that the birth-rate will be adversely affected. Finally there is the fear that physicians will, to an even larger extent than is now the case, become the sole masters over life and death. Any reform movement must be well prepared to cope with these fears.

More than any other profession, the medical profession is daily confronted with the intense personal dilemmas of women who have induced or who desire abortion. In terms of human needs and anxieties your profession has in this regard accumulated more experience than any other. Your opinion on the validity or invalidity of society's fears about legalized therapeutic abortion will carry great weight. But the problems connected with abortion are not those of the medical profession only; they belong to society and we must all share the responsibility.

This symposium can be of the greatest importance in bringing a fresh awareness in South Africa of the seriousness of these problems and of our common responsibility.

REFERENCES

PSYCHIATRIC INDICATIONS FOR THE TERMINATION OF PREGNANCY*

C. G. A. SIMONsz, M. B., B.CH., F. F. PSYCH., Medical Superintendent, Valkenberg Hospital, Observatory, CP

The South African Mental Disorders Act was regarded as a model of fairness in every respect until the recent enquiry held by Mr. Justice Rumpff, when it transpired that it was badly in need of revision, something which I understand is happening in the very near future. And yet it was compounded very carefully by people who studied Mental Disorders Acts in Britain, the USA and various Continental countries.

Recent controversies over legislation dealing with homosexuality have resulted in a similar enquiry, where people from all walks of life will be able to give evidence before a select committee whose task it will be to sift all the available information in order that the Act will be a fair one to all concerned.

The vexed question of therapeutic indications for termination of pregnancy could therefore well be satisfactorily ventilated at this Symposium, where most likely reasons for a proposed change in the law could be formulated.

One's first concern at present is the law concerning psychiatric indications for termination of pregnancy, which has already been discussed at the University of Pretoria, and 2 informal discussions at the University of Cape Town, the first in 1964 and a more recent one under the guidance of Professor Davey in 1966.

In view of the fact that little general agreement appears to exist on what constitute psychiatric indications for termination of pregnancy, an attempt was made to review some of the literature.

In 1962 Robertson reviewed the literature on this subject over a period of 30 years and mentioned the wide range of opinions which existed, from Bumke who found that no psychiatric indications existed, to Brill who accepted a wide range of indications.

Loubser states that in South Africa termination of pregnancy is unlawful, but that it must be judged against the background of health reasons. If a physician has good grounds for such a procedure which are presented to the court, the possibility exists that he is (i) found guilty but discharged without a sentence, or (ii) found not guilty. The Attorney-General of each province will decide if he intends to prosecute or not, before a summons is issued. Loubser continues to say that an Attorney-General is
always an experienced and reasonable person who will not act in an unreasonable manner if the physician presents sound reasons for his action. As an example of such reasons he quotes the risk of the mother's life being in danger unless pregnancy is terminated. No mention is made of any psychiatric indications.

In the same journal Joubert, of the Department of Law, University of Pretoria, remarks that in the Netherlands the law does not regard the termination of pregnancy as a crime if it is done to save the mother's physical or mental health, which indicates a marked change from the original system where this was punishable by death, particularly if the foetus had passed the first half of the normal full period of gestation, thus reminding one, as does de Villiers, that the law is not something static, but is capable of growing or changing. He goes on to say that the problem of the physician who might or might not be prosecuted has remained unsolved, placing him in a most unenviable position as the possibility of prosecution constantly hangs over his head.

Compare this with England (1964) where the cases of Rex vs. Bourne, and Rex vs. Bergman, never confirmed on appeal, were regarded as having provided enough precedent to establish that if a doctor terminates a pregnancy in good faith to save the mother's life, or 'to prevent her becoming a physical or mental wreck', he is within the law.

Tredgold, in a balanced article in the Lancet, quotes Clansville Williams, who reminds one of the fact that the danger still exists that the decision in the Bourne case will be reversed in some future case, in which the doctor could be prosecuted. If, under the circumstances, the English physician felt insecure vis-à-vis the law, how much more insecure must our South African colleagues feel under our present system.

This feeling of irksome insecurity resulting in inhibition and limitation of freedom of professional action, was voiced particularly strongly by the late Prof. James Louw at the informal discussions mentioned above, a sentiment which has been echoed by a number of other physicians, e.g. in the article by Kind and Schorno, on a follow-up study on 50 women whose request for termination of pregnancy had been refused, where the gynaecologists state: 'At any other therapeutic procedure only a doctor decides, in good faith, according to the dictates of his profession on the clinical indications for the whole condition. In the termination of pregnancy, however, the physician finds his therapeutic actions limited by the narrow confines of the Law.' Even after a reform of the Swiss Federal Law in 1942, complaints of this nature are heard 26 years later and the article concludes by saying 'there is a need for better means of safeguarding the independence of the expert called upon to assess the desirability of termination of pregnancy in the interest of the free practice of Medicine'.

Russel, in the New England Journal of Medicine, describes a poll of physicians in New York which indicated 85 - 90% in favour of liberalization of laws in connection with legal termination of pregnancy.

Strauss, in his book Die S.A. Geneeskundige Reg, recognizes that the subject of psychiatric indications for termination of pregnancy is one of the most controversial.

of our time when he compares the South African legal position with that of the USA which recognizes 'a serious harm done to the mother's mental health' and Germany where 'serious suicidal threats' are recognized as indications. Although Strauss is dubious whether our courts will exceed the limits of the 'danger to the physical condition of the mother' only, he sounds a more hopeful note when he states that the possibility does exist that enlightened public opinion might support the legality of termination of pregnancy in insanity, or in cases where continuation of pregnancy could result in permanent mental disability. He recognizes that a very drastic influence could be exerted on the mental health of the patient who was the victim of proven rape in view of our local race relationships, but he ends up by saying that, in view of the generalized conservatism in the over-all viewpoint of South Africans, any other factor concerning an accepted sound reason for the termination of pregnancy would be considered immoral, which again brings to light the enormous emotionality involved in the consideration of this thorny problem which surely should be discussed in an atmosphere of academic detachment without the accompaniment of either raised eyebrows or blood pressures.

When one considers the adverse influence of heated emotions on sound judgement, the point of remaining objective cannot be stressed sufficiently. The recent discussions in the British medical press leave one with the uncomfortable feeling that some participants are so biased in their viewpoints that it would be virtually impossible for them to see the other point of view.

Freedman and Kaplan again stress the point that, doubtless due to improved medical and surgical practice, physical reasons for termination of pregnancy have decreased, resulting in a marked increase in psychiatric reasons over the last 2 decades, and that this is not—as one writer put it—due to the ease with which the psychiatrist can be induced to accept such indications. Discounting the offensiveness of such a statement, it clearly reflects the familiar emotionality in discussion of this topic. A fact which appears to have been overlooked at times, is that impaired mental or physical health as a result of continuation of pregnancy could jeopardize the proper development of the foetus. Guttmacher points out that in the USA a current trend is perceived which indicates clearly a change in philosophical orientation. The preservation of life is no longer merely an organic survival of the mother, but considerations of emotional adaptations are regarded of paramount importance. Harrison, in 1964, remarked that the tremendous pressure on the profession for therapeutic abortion continues unabated and is reflected in the increased involvement of psychiatrists.

Noyes and Kolb in Modern Clinical Psychiatry stress the well-known reactions to termination of pregnancy, such as the psychological conflict resulting in emotional disturbances of which the main ones are (i) depression, (ii) guilt, (iii) increased inadequacy, (iv) hostility, and (v) anxiety. Although it is stressed that these symptoms are seldom severe, depending on the existence of personality disorders, they emphasize the importance of a full knowledge of the patient's life experience (expectancies
and personality weaknesses), as most doctors have encountered reluctance of pregnant women to continue a pregnancy—particularly in the early stages—which can and must be reversed by skilled handling.

From their study of many psychiatrically ill patients the conclusion is inescapable that those women who do not wish to bring a particular conception to birth seldom make a satisfactory mother to that child. However, very few physicians will accept, so easily, the initial verbal declaration of the patients that they do not want to bear the child. Tredgold describes vividly the different types of patients and the way they present: The woman may be young and unmarried; or the mother of a large family, at the end of her tether; she may have been the victim of rape, or seduction under drugs; she may be depressed and angry with herself, with the father or anyone else who won't do what she wants; she is anxious, pathetic, courageous or defiant, and all one's training in objectivity may be taxed to the hilt when dealing with this extremely difficult and harassing situation.

Suicidal threats are often used to force recommendations for abortion, yet one should be warned against complacency on this matter. A previous history of a severe endogenous depression with a serious suicidal attack, or the existence of a psychotic illness with suicidal attempts, should indicate hospitalization in order to attempt psychiatric treatment before termination is recommended. The need for future stability must be taken into account when considering termination of pregnancy. It is astounding that so few writers in the voluminous literature have dealt with this subject.

Mayer-Gross clearly warns about the fact that each further schizophrenic attack carries with it the danger of progressive personality deterioration, thereby making the mother less suitable to bring up children.

Sim comes to the conclusion that there are no psychiatric grounds for termination of pregnancy. He quotes, among other studies, his own series of 213 cases of puerperal psychosis.

Anderson, in discussing psychiatric indications for the termination of pregnancy, counters this by pointing out that the probability or otherwise of the development of a puerperal psychosis is not the main problem facing the psychiatrist.

PSYCHIATRIC INDICATIONS FOR TERMINATION OF PREGNANCY

Affective Illnesses

Manic depressive psychosis, which includes the entire range of depressions, does not come under consideration for termination of pregnancy, according to Anderson. Although it is recognized that affective illnesses are noted for their return to almost normality in between psychotic episodes, the relationship of their relapses to a number of pregnancies should be carefully noted, as a chronic affective psychosis is by no means an impossibility, a fact not infrequently encountered in our far too large, mental hospital populations. I therefore respectfully disagree with my senior colleague that a dogmatic 'no indication for termination' in all cases of affective illness is acceptable. That these psychoses carry with them an increased probability of suicide should also be mentioned.

Schizophrenia

In this case it is a totally different matter, as this can be regarded as a chronic relapsing illness where each relapse brings about damage to the personality, thereby making a satisfactory mother-child relationship virtually impossible. The modern viewpoint stresses the importance of parental emotional sustenance for the children. A scarred schizophrenic personality is frequently damaged in the affective sphere, making a satisfactory emotional relationship impossible.

Binder, as quoted by Anderson, recommends termination of pregnancy in schizophrenia where (i) symptoms of psychosis had appeared for the first time at the beginning of pregnancy, (ii) pregnancy worsened the already existing psychosis, or (iii) a previous pregnancy appeared to have precipitated the illness. However, the literature indicates that opinion is divided on the necessity for termination of pregnancy in schizophrenia.

Puerperal Psychosis

This condition occurs only in 0.14% of the population, and the majority of authorities recognize 3 distinct patterns: (a) toxic infective psychotic picture; (b) schizophreniform illness, and (c) affective illness.

Todd has encountered serious depression in 29% of 700 cases. On this subject the guiding principle for deciding on the termination of pregnancy should again be the probability of the illness producing chronic psychiatric invalidity.

Threats of Suicide

In pregnancy such threats are disregarded by most writers as minimal, in spite of convincing protestations of these by the patient. Anderson states that there is an actual suicide out of 33 threats. In spite of this, he agrees that a suicidal risk is real, particularly in the so-called 'limit situation' when the woman finds herself in a jam from which nothing but termination of pregnancy can release her, thus causing a desperate situation. Anderson sounds the warning that because suicide in pregnancy is minimal, there is a danger of treating it too lightly. Particular care is urged to avoid overlooking this real, if relatively infrequent, risk.

Threats of Abortion

Threats of self-induced abortion are regarded by Anderson as more serious than suicide. The figures of risk given in the literature range from 6 to 40%, to which Lindberg adds from his own experience that this threat often carries with it one of suicide. Höök found that threats of suicide and illegal abortion were considerably higher in women with deviant personalities than in normal women, but these threats point to the risk that desperate action may be committed, and are signs of mental insufficiency from a feeling of inability to cope unaided.

Lindberg and other Swedish writers consider that the risk of abortion is increased if (i) the patient is abandoned by her partner, (ii) hysterical threats are made, and (iii) actual threats of abortion are made. Höök found that the risk of criminal abortion was twice as common in women who were in conflict with their partners. Sweden and
some other countries recognize 4 indications for termination of pregnancy: medical, social, humanitarian and eugenie.

Of these the social indication has proved to be the most troublesome as it has been repudiated both legally and medically, and yet discussions involving social environment with the help of a psychiatric social worker are part of everyday psychiatric practice. Its insistent obtrusiveness into psychiatric indications cannot, however, be denied. No psychiatrist needs to be reminded of the importance of the social factor both in aetiology and in the prognosis of all mental illness, regardless of its form. The late H. W. Maier stated that it was pure self-deception to believe that the social factor could ever be excluded from consideration. Yet there is the difficulty in the assessment of the degree of social stress present in a given case. It is felt that such assessment is beyond the professional competence of the doctor; but surely a psychiatric social worker, with her specialist knowledge, could fill the gap where facts could be presented to the team of gynaecologists, general practitioner and psychiatrists for their careful evaluation as suggested by Irwin, who described a hypothetical case where continuation of pregnancy would be catastrophic akin to the 'limit situation' referred to by Anderson.

The Humanitarian Indications

These include a variety of possibilities. In a case of proven rape, particularly with regard to a young girl where termination of pregnancy is requested by both parents and victim, it appears to be accepted in this country after consultation with the Attorney-General.

Eugenic Indications

In view of uncertainty of prediction, no strong justification can be mustered.

Anderson, basing his views on the review of literature over the last 30 years and his own life-long experience, which includes a follow-up study of 150-200 cases seen in the Department of Psychiatry of the University of Birmingham for opinion on the termination of pregnancy, arrives at the conclusion that valid psychiatric indications do exist but he thinks it probable that the operation is carried out far too often even when indications seem strong. In this he is supported by Swedish workers Pere Arien and Höök. In weighing up whether or not to terminate pregnancy on psychiatric grounds, the psychiatrist must take into account the whole woman, her personality, her social environment, her relationship to others and her sexual partner in particular (reckless, irresponsible parents who do not wish or cannot train to be adequate parents, may result in the production of children particularly prone to anti-social conduct).

The aspect of guilt feelings following termination of pregnancy was reviewed in the literature, where most people agreed that the incidence was 25-30%, of which half were superficial and transient reactions. The type of person most vulnerable had an anancastic personality and was insecure, rigid, overcurious and depressive.

Throughout the review of literature hardly a mention is made of the mental defective who finds herself pregnant without understanding the reasons for it, or consequences thereof, and who is in no fit state to be a mother to her child in the sense of providing something more than immediate physical comfort, if that should be possible.

Freedman and Kaplan list this as a valid psychiatric criterion for interruption of pregnancy, particularly if incest should be involved as well.

The current opinion that severely disturbed women should not bear children, indicates an increasing awareness of the importance of environmental and psychological factors for the healthy development of the child in the early phase of existence. It may well be that more research is needed and more information on systematic studies should be obtained from countries where the law is less restrictive with regard to the psychiatric indications for therapeutic termination of pregnancy, in order that a stronger body of facts can be assembled for guidance on this very controversial problem.

Psychiatrists are generally agreed that certain safeguards should be established with regard to these indications and that the delineation of such measures is the appropriate responsibility of the members of this discipline rather than the law. Ultimately the safeguard must lie in the integrity of the members of the medical profession.

CONCLUSION

In reviewing this complex problem, the inevitable question is raised to what extent a more permissive attitude to therapeutic abortion would have an influence on the moral standard of society as it is constituted at present. One aspect that comes to mind is that of the possibility of a recurrent situation of 'limit type' described above, as it might be felt by the patient that she should be entitled to the same treatment as before.

It is for this reason that carefully considered delineations of such measures must be worked out. In conclusion, I believe that psychiatric indications for therapeutic termination of pregnancy do exist and that every case must be studied individually and be judged on its own merits, avoiding every kind of dogmatism in making an assessment.

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