LETTERS

FAITH AND REASON IN MEDICINE, VASECTOMIES AND JUNIOR DOCTORS

Dear Editor

How I wish I had seen Dr Delaney's article many years ago. The principles and practical advice could not have been better put. Dr Delaney's article covers extremely well the principles that cover a far wider range of ethical dilemmas.

I was fortunate in my surgery jobs . The general surgeon for whom I worked was the son of a Vicar and understood that there was such a thing as conscience. And that I was entitled not to cooperate with vasectomies.

Often as doctors we meet situations where we think "That's not right". In such circumstances we must use reason to validate and develop that thought. Others too have used their intellect to reach the same conclusion; whether it was a urologist who found himself doing so many vasectomy reversals, or a GP seeing so many women suffering after difficulties with implants, conceptions or abortion.

I wonder if, however, in situations such as feticide, abortion, or withdrawal of food and fluid, some colleagues may not cast such a benign eye upon our non cooperation. A friend recently told me how she was given post miscarriage care alongside women who were having abortions. She described the nurse saying "the tablets are on your locker, you can take them if you wish". She said the nurse would not even hand them to her. Perhaps that nurse too, was struggling to find a way of not being responsible for the abortion. Of course, we know, through reason, that giving a woman the means to abort and asking her to do the final step is not neutral; it is enabling that course.

When we get very close to the lions mouth, in ethical terms, we need also to be close to His (God's) brain. Careful reasoned argument humbly expressed is the order of the day. In departments where feticide and abortion occur, I am sure that there are staff who, even though they profess no faith, still struggle with the reality of what they assist in. We are bound to reach our moral conclusions through reason as well as faith. Even those with no faith may reach the same conclusions. And those with faith, must express that faith via reason. Dr Delaney's advice is really helpful and goes a long way towards a structure for expressing ourselves in the clinical setting.

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