

Abortion on demand - but only for the rich

HONGKONG is now said to have a more "liberal" abortion law, with abortion available virtually on demand.

But are women any wiser, or more confident, about where and how they can obtain an abortion?

Some pragmatists hardly bother with the long moral debate over new amendments passed in February. The issue, they say, is not whether lowering the age limit for abortions to 16 would make girls more promiscuous. It is about whether the law could smooth the way to more readily available abortions, for women who need them.

The essence of the situation today is that abortions are easily available to the rich, but hardly so for the others.

Few illustrative statistics are available - such as how many seek help at Government hospitals and how many are turned away.

But the raw figures show that 68 per cent of all abortions are

done at private hospitals, 25 per cent at subvented hospitals, and less than seven per cent at Government hospitals, where the demand would normally be greatest.

Naturally, Government hospitals with their chronic shortage of bed space can hardly welcome abortion cases.

And the notoriously flexible law (abortion is legal if the continued pregnancy will do a woman more physical and mental harm than an abortion) is not read lightly at Government hospitals, judging by statistics.

So where does a woman with not much money turn to?

There are 13 "designated" hospitals (apart from Government hospitals) where an abortion can be done, seven subvented and six private.

Most of the subvented ones charge modest fees within reach of the poorest patient. But of the

attend their gynaecological clinic - itself by no means an offer of abortion on demand.

"Nobody wants to do an abortion on anybody, and most women don't want an abortion - it's a very traumatic experience," said one gynaecologist.

The ultimate decision "yes" or "no" is up to the individual doctor, and it can depend on his own attitudes towards abortion.

Where the case is not one of life-and-death, rape or some other pressing, extreme circumstance, finding the right doctor can be difficult - but much less so, doctors freely admit, in private practice.

One medical partnership charges \$1,000 surgery fees, about \$750 operating theatre and room charges, plus about \$75 for a consultation - in line with its normal fees for medical services.

Other private practitioners add on an extra large fee for abortion cases.

There is also a practice of

some doctors entering patients into hospitals for a general D & C - the suction operation used for all kinds of uterine flus - without stating that the operation is for abortion.

One doctor said that in England, all tissues removed from a patient must be examined by a pathologist as a kind of "medical audit". In Hongkong there is no such requirement, he says.

Clearly, high private fees are a closed door for poorer patients. This is why so many thousands stream across the border every year to Shenzhen for a quick operation, performed quite openly without fuss, costing approximately \$500.

Says one gynaecologist - "I think the abortions in China are OK in the sense they're probably quite efficient. But there is no counselling of any sort."

"In fact, a lot of women that have been to China have told me they don't even give a pregnancy test. It seems very haphazard."

More than one concerned doctor advocates the idea of special abortion clinics, provided by the Government, to back up the "liberal" laws.

One suggests an afternoon set aside in each Government hospital to deal directly with abortion cases.

Another proposes that family planning clinics could do the job with little more than a clean room, suction apparatus and trained welfare officers or nurses with a thorough knowledge of contraception.

Patients could be charged a moderate amount, perhaps \$200, and doctors lend their services on a half-voluntary paid basis.

"The most important part is counselling," he says. "In the beginning there might be a lot of patients, but after thorough counselling in contraception, the number of abortions would go down."

"This is not just a dream. I have helped run this kind of clinic in Canada. We kept recidivists down to eight or 10 per cent."

He noted that with 30 or more patients to see, it was hard for a doctor to give lengthy counselling. But at special clinics, women could be counselled in groups, and go home after the operation with an effective form of birth control, and a sound knowledge of how to use it.

"Abortion should not be a form of birth control, but a back-up to failed birth control," he said.

"A woman who is determined to have an abortion will have it. And what we're trying to do is avoid illegal abortions which are very unsafe," one gynaecologist said.

And she says that Hongkong law does not specify the kind of doctor who should perform abortions, adding that a large number of operations, particularly in private hospitals, are not done by gynaecologists.

"All abortions involve risk of complications like perforation, haemorrhage, post-abortion infection, but if the operation is done under the best conditions, then the risk can be reduced," she said.

"Haemorrhaging and perforation are directly related to the experience of the operator. The gynaecologist is trained to do gynaecological operations, and if a complication does arise, he is ready to handle it."

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