



DILEMMA: Professor Bennett questions morality of abortion

# A mother wanted me healthy twins. It may it was either that or

**P**ROFESSOR Phillip Bennett faces a dilemma. His patient, 16 weeks pregnant, is carrying healthy twins and cannot abide the prospect of having two children. She says she couldn't cope.

She has told Mr Bennett, professor of obstetrics and gynaecology at London's Queen Charlotte's Hospital, that if she were carrying just one baby, she would continue her pregnancy.

His patient, Miss B, is a 28-year-old single parent in socially straitened circumstances. She has one child already.

So should Mr Bennett terminate this naturally conceived pregnancy? Or abort one of the twins? And, if so, which one? He does, after all, know their sexes — but won't divulge whether he has told his patient.

"Killing one healthy twin sounds unethical," says Mr Bennett. "But my colleagues and I concluded this week that it would be better to terminate one pregnancy as soon as possible and leave one alive than to lose two babies."

"A needle is stuck into the baby to kill it," he adds, referring to the foetus as a baby, "risking the death of both babies. The mother then carries the dead baby full term, although it shrivels and mummifies."

Mr Bennett believes this may be the first case of its kind in Britain. His team perform five such "selective terminations" a year. But up to now all have been IVF cases and were carried out only because of foetal abnormality.

Government figures show the number of selective terminations is soaring. They more than doubled to 73 in 1994, while unofficial estimates put last year's figures at more than 100.

Mr Bennett has terminated 3,000

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Pictures by Mark Kehoe

pregnancies in 10 years, a rate of around five every week, and delivered nearly the same number of live babies. He does an increasing number of second and third trimester terminations at which other doctors balk.

He will perform an abortion even when a woman is nearly full term, up to 40 weeks pregnant, and has done "a handful" of such very late terminations.

"Legally you can terminate a pregnancy right up to the moment of delivery if the baby would be seriously handicapped. I would have no difficulty terminating if we detected a foetal abnormality," he says.

**M**R Bennett, who has cropped hair and a crisp voice, has never before spoken publicly. He is worried about talking and reluctant to be photographed because of the aggression of some of the pro-lifers.

We're in Queen Charlotte's, which is a world leader in foetal research. It is here that Mr Bennett's partner, Professor Nicholas Fisk, has shown that 24-week-old foetuses mount stress responses to painful stimuli and so may be capable of feeling pain. We're talking just before the destruction of 3,000 unclaimed frozen embryos in British clinics.

Mr Bennett agrees to terminations "virtually at a mother's request," if legal. He carries out the majority before 24 weeks. "They're healthy but unwanted, terminated for psy-

chological not medical reasons." After that the law permits terminations only if there is a prospect of serious handicap.

All his terminations are done under the health service. The most brutal method, the D & E (dilation and evacuation), is the one in which the pregnancy is removed surgically while the mother is anaesthetised.

"I dismember the foetus, pull it apart limb by limb and remove it piece by piece. I don't find it pleasant but I'm of sufficiently tough constitution to do it."

He prefers this because it is least stressful for the mother.

Before 12 weeks he uses the vacuum aspiration "Hoover" technique. Between 12 and 24 weeks he induces labour and delivers a dead foetus or performs a D & E.

The extraordinary aspect to this discussion is that Mr Bennett believes abortion is morally wrong.

"Broadly speaking, it is better not to interfere with life," he says. "I don't draw any major distinctions between embryos, foetuses and new born babies in terms of existence. The law allows us to terminate pregnancies at 24 weeks on the flimsiest of grounds, yet babies at 24 weeks can survive."

The 24 weeks isn't truly based on a concept of viability. Viability is a moveable feast — until recently it was 28 weeks. But the foetus has rights only as defined by law.

Because of scientific advances, he and other doctors face many predicaments. Take the issue of foetal pain. It has not yet been identified when foetuses feel pain. Some pro-lifers maintain it is as early as 10 weeks.

most controversial case yet of 'selective' abortion

# to abort one of her sound unethical but for both babies to die



NEW LIFE: A foetus at 16 weeks, the same age as Miss B's twins

But Mr Bennett thinks it unlikely before 12 weeks, due to the lack of central nervous system development. "I'd anticipate that a baby at 20 plus weeks can feel pain."

Accordingly, 18 months ago Mr Bennett changed his practice in second trimester terminations. "I divide the umbilical cord, removing the blood supply to the baby's brain. Hopefully, the baby will not then experience pain or the physical violence of a D & E."

But he doesn't think anaesthetic should be administered to the foetus.

"None of us can remember the agony of being born, the pain of being forcibly squeezed through a passage-way so small that the bones of your

head actually ride over each other," he says. He also faces moral difficulties in assessing abnormalities. "With hydrocephalus, or water on the brain, there's a risk of mental retardation. But the majority of babies born with it have surgery and are normal."

*"I have the dilemma of deciding how severe it is and how to present that information to the mother."*

"Counselling is meant to be non-directional. But the way you present the facts means that patients generally make the choice you want them to make. The Abortion Act places the doctor in the position of God." The development of the abortion pill

RU486 — Mifipristone — presents another quandary. "It's an ethical dilemma because in theory we could make such pills freely available to women and they could be entirely in control of their own abortions."

He also sees a predicament when Down's syndrome is identified in the third trimester. "Down's people, if you ask them, mostly say they'd prefer to be alive than dead. My interpretation of the Abortion Act is that after 24 weeks termination has to be to the benefit of the foetus. In such cases, it clearly isn't."

He does not see the unclaimed embryos as a problem. "Extreme views calling it pre-natal massacre don't have any value in the real world."

**S**O what is it in Mr Bennett that allows him to do terminations, particularly ones that other doctors cannot face? He recalls the first birth he attended, aged 20, as "wonderful, an emotional moment standing at the start of somebody's life". But he cannot remember his first termination. "It didn't have much of an affect on me."

Mr Bennett does it because he sees a human need, terminations being better than the long term harm of unwanted pregnancies. And as a Christian, who went to church regularly as a child. And because he doesn't think people should impose their moral views. And because he believes that the only person who can and should decide on termination is the mother, not, as is currently law, two doctors.

*He compares his "gory" work to a pathologist's. "By the 100th post mortem he's not really affected. The same applies to me. You do things that are unpleasant because you think they're the right thing to do. Two hours later I've forgotten them."*

Mr Bennett has no children and does not want any. "I don't think that bears any relation to my work, although many of my colleagues say that once they have children their feelings change."

Is he a murderer? "Not in a legal sense because I'm not breaking the law. But in a moral and emotional sense I am terminating a life." How does he distinguish between termination and infanticide? "It's an interesting concept that once a baby is born we cannot kill it. But I'm not sure there is any difference, other than that the law is different."

Mr Bennett is far from being alone in his quandary. Professor Kypros Nicolaides, who helped pioneer the termination procedures at London's King's College Hospital, says: "We have had reservations from the first day. You have to decide whether you would be prepared, despite your reservations, to carry out selective termination."