Of HIV, grief and TOP

To the Editor: We write in response to J V Larsen's letter on the psychological effects of termination of pregnancy among women living with HIV, which appeared in the February 2008 edition of the *SAMJ*.[1] Dr Larsen stated that '… there is strong evidence that a decision for termination of pregnancy may precipitate a severe grief reaction which is associated with increased rates of suicide and homicide …' as well as an increase in the occurrence of psychiatric illness. Dr Larsen used this statement to support his conclusion that because people with HIV already experience high levels of grief, they may be particularly badly affected by termination of pregnancy and therefore require very skilled counselling when deciding whether to terminate a pregnancy.

We wish to take issue with some of the conclusions reached by Dr Larsen. The authors of the one of the key articles that he cites[2] stated, in response to the anti-abortion discussion that their article generated, that their results '… do not support the hypothesis that abortion itself causes suicide'.[3] Furthermore, a high-quality study of the psychiatric effects of abortion, in which 13 261 women were prospectively followed up after unplanned pregnancies, found that rates of total reported psychiatric disorders were no higher after termination of pregnancy than after childbirth.[4]

While we fully agree with Dr Larsen that skilled counselling is advisable for all women seeking termination, we believe that the evidence regarding increased occurrence of psychiatric illness following abortion is at best inconclusive. Most of the evidence shows no causal association. It is therefore unwise for health care providers to draw conclusions regarding practice on the basis of Dr Larsen's interpretation of the evidence.

Like all women, those who are living with HIV, and who may constitute a particularly vulnerable group, deserve choices in deciding whether to continue with a pregnancy or not.

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1. Larsen JV. Of HIV, grief and TOP. *S Afr Med J* 2008; 98(2): 69.
2. Gissler M, Kauppila R, Merilainen, J, Toukomaa H, Hemminki E. Pregnancy-associated deaths in Finland in 1987-1994 – definition problems and benefits of record linkeage. *Acta Obstet Gynecol Scand* 1997; 76: 651-657.
3. Gissler M, Hemminki E. Pregnancy-related violent deaths. *Scand J Public Health* 1999; 27: 55.
4. Gilchrist AC, Hannaford PC, Frank P, Kay CR. Termination of pregnancy and psychiatric morbidity. *Br J Psychiatry* 1995; 167: 243-248.

Dr Larsen replies: *My concern in writing my letter came from the fact that in practice in the public sector, TOP is often offered to women with HIV with little or no counselling, almost as if it were just another part of a patient management package. I worked in O&G services in the public sector for 32 years and as a pastoral counsellor for 22 years, and now work in a communicable diseases clinic, so I have seen the emotional reactions of people to HIV and to TOP from a number of perspectives. A grief reaction to both life experiences is normal and more or less universal.*

My plea was not that women with HIV should be denied TOP, but that they be recognised as a group needing special care in counselling before that procedure is done. I make that plea because grief upon grief makes people very vulnerable.

Chris Barnard – a further tribute

To the Editor: May I add a personal anecdote to Professor Terblanche's letter of August 2007 about the late Christiaan Barnard and his treatment by a biographer.[1]

Whenever I am drawn into mentioning that I was a house surgeon under Chris for a few months in 1955, I get sideways glances; then I have to elaborate on my experiences at that time. This was of course before Chris went to Minnesota and well before the fame which came from his pioneering transplant surgery. Not only do I remember the helpful and encouraging way he treated his house surgeons, but I also always mention how I admired the way he looked after his patients in D4. As I saw it, his approach was kindly and supportive, and he was quite willing to get into a fight in their interests. I remember one illustrative case well.

A middle-aged woman of little sophistication was sent down from the country by a district surgeon, carrying the diagnosis of a lump in a breast, probably cancer. Initial screening showed that this patient was diabetic, and the nurses had an impossible battle trying to teach her to manage insulin. She was put on the list of the professor of surgery at the time for a mastectomy. Once she had been anaesthetised, Chris spoke up: 'Sir, I think that you should cut into the lump'. As you can imagine, a row broke out in the theatre. The professor eventually wearied of Chris's stance in the argument and said, 'We'll ask Joc!' (Talk about appealing to the ignorant.) My answer was, 'I thought this lump fluctuated, sir.' With ill grace, the professor cut into the lump – and pus poured out; it turned out to be a tubercular abscess. So Chris's determination saved the patient from an unnecessary mastectomy and allowed more rational therapy to be instituted.

This action, I feel, typified Chris, for all his surface roughness, and I really admired him for it. I imagine that there are probably many more such stories.

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1. Terblanche J. Chris Barnard – a personal tribute to a gifted heart surgeon and a great intellect (Briewe). *S Afr Med J* 2007; 97: 550.