

# I am a Doctor



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A response to the pressure  
to put “WE DO NOT REFER  
FOR ABORTION” notices  
in doctor’s waiting rooms.

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## I am a Doctor

**My first duty – and privilege – to my pregnant patient presenting for counselling and possibly considering abortion is to discuss the nature of the life she is carrying, that it carries her blueprint and maybe will smile like she does. In order to ensure that she does understand the significance of abortion it is needful to assess her knowledge of the mechanism of foetal destruction. Counselling will also include previously held attitudes to abortion, childhood history and family history.**

My duty also includes the need to inform of the (at the very least, possible) relationship between induced abortion and breast cancer. I can discuss the varying statistics and the arguments for and against. To do otherwise would be neglect of my duty and to do a great disservice to my patients. Likewise, I would discuss the risk of Post Abortion Syndrome with its many manifestations and include my own encounters with disturbed patients 20-30 years post-abortion and their intense regret. Empowerment also means freedom to choose. So commonly pressure from others is brought to bear with all the familiar clichés, subtle and not so subtle coercions (“It’s only a clump of cells”; “I won’t go out with you if you don’t have it done”; “It really is the best for your future career”).

Even granting of a delay in making this life-changing decision is empowering.

There are many situations in medicine that require counseling and education to make healthy choices e.g. the 22 year-old male requesting a vasectomy just after his wife had their first child (and wanting to do it without telling her) or discussing the pros and cons of circumcision. At the very least these require some analysis of motivation.

I do not need to put up a notice re: vasectomies in 20 year-old normal males, nor will I because I want the opportunity to fully inform.

Likewise, I will not put up a notice stating that I do not refer for abortion – I want the opportunity to fully inform and empower. I also demand the right not to facilitate by referral any procedure that I regard as being unethical. If and when euthanasia becomes ‘legal’ for my dying patients I will not cooperate by referral to a doctor willing to perform this. As it happens, such information about doctors willing to perform such procedures is, and would be, readily available anyway – my help in this is not required nor will I give it.

Education in medical matters relating to mental health has been my specialty for over 3 decades now – and lecturing privilege – and I will not resile from this responsibility to my patients and the community.

“Appropriate information sometimes allows us to take a different course of action to that initially considered by the patient e.g. the use of antibiotics in viral infections.

Sometimes this means empowering to make healthy choices rather than unhealthy – choices that a person is going to feel happy with, not only tomorrow, but for the rest of their lives. This is informed consent as it should be.”

**“...I will not put up a notice stating that I do not refer for abortion – I want the opportunity to fully inform and empower.”**

“I am a doctor”

“In the best tradition of ethical medicine I strive to do no harm.”

“I seek to cure sometimes, to relieve often, and to comfort always...”

“I inform and educate every day of my working life. It is my pleasure to inform and help people by partnering with them in wholistic management.”