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## STERILIZATION OF CHILDREN

by IAN BERG

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The statement issued on 18 July 1975 by the DHSS reiterates what Dr. David Owen, Minister of State, said in the House of Commons on 25 June 1975 when the question of sterilization of a child under 16 was raised. This was that he had been advised that there were grounds for sterilizing children of 15 or younger. There were some cases where the procedure was undoubtedly necessary, as in the surgical treatment of some carcinomas. A more controversial situation was where a girl was pregnant and pregnancy at any stage of her life would carry grave risks to health. Termination of pregnancy would then be justified and sterilization might be advised at the same time. Then there were severe genetic conditions affecting a girl's family where there was a high risk of any child the girl might bear suffering from that condition.

The problem of whether or not to sterilize became more acute when a girl who had reached puberty was mentally retarded and sexually vulnerable. It might not be possible to obtain her consent in the full sense of that term. An urgent decision might be required if the girl was already pregnant and termination was contemplated. He readily accepted that the justification for sterilization in this category, of the vulnerable girl who had reached puberty, was much more arguable.

Dr. Owen said that, although there was no obligation for more than one doctor to be involved in the decision to sterilize, he believed it to be most unwise for only one doctor to make this decision. He said that the issue would now be looked at, taking into account all the professional opinions available. This would take a few months. Decisions about sterilization of children would have to be taken in a manner acceptable to public opinion.

Psychiatrists will welcome the proposed enquiry by the DHSS into the sterilization of children. Fortunately, this procedure needs to be considered only very rarely in the case of young people. It is important, however, that when it is decided to recommend sterilization of a child the decision should be seen to be taken in an extremely fair and generally accepted way. This applies particularly when the operation is to be carried out more for the benefit of society as a whole than for the child's personal welfare. A widely agreed code of practice is needed. At the moment, one doctor can decide to proceed with sterilization once parental consent has been obtained (1). Greater safeguards of the child's interest are probably required. The Children Bill, which has just gone through Parliament, provides for a lawyer or social worker to act on behalf of the child in contested legal



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proceedings (2). It may be that a similar provision should be made for children being considered for sterilization.

The provision of a generally accepted procedure for deciding whether sterilization is really necessary may reduce any sense of grievance and make it easier for an individual to come to terms with the situation. It may also assist the child psychiatrist in preparing a young person for the operation and in treating any subsequent psychiatric disorder. In addition, doctors may become more willing to consider sterilization in the first place when there is the need for an absolute ban on procreation in children under their care. This surely applies just as much to boys as to girls, a point not made in Dr. Owen's statement.

The child psychiatrist may be asked to make an assessment of factors within the child and of the social situation in which the child lives that would make future pregnancies likely, despite the prohibition on producing any offspring. This is at a time when teenage pregnancies appear to be increasing (3) despite the availability of family planning methods to young people, even under the age of sixteen.

There is an obvious need for research into the problem of sterilization of children. This will be assisted if the proposed governmental enquiry leads to notification of children who are subjected to this procedure.

The College will presumably have an opportunity to present its views at the DHSS enquiry. Sterilization of children arises so rarely that some may feel it hardly justifies so much special attention. There are, however, so many emotionally charged associations and so many complicated moral, ethical and legal aspects to the problem, that most of us will await future developments on this subject with interest.

On 17 September 1975 a Sheffield doctor was publicly prevented from arranging the sterilization of an eleven year old girl by a Court decision (4). The Court case resulted from the efforts of an educational psychologist who disagreed with the views of the paediatrician concerned. This has highlighted the urgent need for an agreed procedure. It has also raised the issue of a doctor's uncertain legal position in carrying out the sterilization of a child (5). This is one aspect of the matter that will probably only be solved by legislation.

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## REPORTS AND PAMPHLETS

**Censuses of: A. Patients in Mental Illness Hospitals in England and Wales. B. Mental Illness Day Patients in England and Wales.** D.H.S.S. and Welsh Office Statistical and Research Report Series No. 10. London: H.M.S.O. 1975 Pp. 118. Price £2.13.

Readers may well be daunted at the prospect of wading through 57 statistical tables, but the excellent summary of major findings derived from each table smooths the way to the search for finer details. Many findings confirm what is known or suspected, others come as a surprise.

Of immediate appeal are the trends revealed by the censuses of 1954, 1963 and 1971. Foremost is the demonstration of a real reduction by one third of occupied psychiatric beds per 100,000 at risk. Confirmed are the observations of many psychiatrists over recent years of a fall in admissions of depressives, a probable reduction of schizophrenic and paranoid psychotics, with an increased number in the personality and behaviour disordered groups (who pose serious problems of management and for whom the prognosis, however treated, is not encouraging). Over the seventeen years there was a 10 per cent fall in resident schizophrenics and a 50 per cent increase in those with personality and behaviour disorders.

The hazards of predicting future needs from present trends is illustrated by the earlier increases in shorter stay admissions which reversed after 1963.

Crystal ball gazing is a chancy exercise, and attempts to forecast even more immediate changes in in-patient accommodation require up-to-the-minute information. It is regrettable that the D.H.S.S., with all its informational and statistical resources, cannot improve on a delay of over three years before general release of the census data.

The major content of Part A is an account of patients resident in mental hospitals and units in



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