

CORRESPONDENCE

NATURAL FAMILY PLANNING IN THE UK

Dear Editor,

I was very interested to read Dr John-Paul O'Sullivan's discussion paper on NFP in the UK. I thought it was encouraging and interesting to hear about how NFP is advancing on a global level. Unfortunately here in the UK we are in a sad state. There seems to be low morale amongst NFP teachers and users, who feel unsupported by the Church and the NHS. The aim is to just keep some kind of service running and the resources are not there for service development.

Regarding NFP and the NHS, there are a few NFP teachers in sexual health clinics in England. The ones I have heard of teach the symptom-thermal method of NFP. However even the few services that exist in the NHS are being cut, due to lack of demand.

Lack of funding seems to be a key issue- both in sustaining current services and developing new services. It is a really good point "that the healthcare provider should contribute to the cost of NFP is a point that goes untested in the UK". NFP is something that should be provided on the NHS. However I think that as long as NFP organisations providing free teaching exist there is no impetus for the NHS to fund providing an NFP service- when they can just refer to an organisation that provides that for free. If we were to have NFP services that charged, then patients could demand for the NHS to fund their consultations, as it is within guidelines for NHS services to offer NFP as an option for family planning. And if they were refused a service then they would be in a position to put in a complaint or even take out a lawsuit. I think that patients demanding NFP teaching and complaining if their demands are not met is the only way that the NHS will take the provision of NFP seriously.

John-Paul makes a great point when he says about taking a lead from the Palliative Care movement when it comes to fundraising. When have I ever seen a fundraiser for NFP? Never! Yet there are fundraisers for so many other issues. The NFP organisations should definitely get their thinking caps on and start fundraising events. Not only would this raise much needed funds but also raise awareness and start a discussion in the local community about NFP.

To counter the pervasive contraceptive mentality and create a culture of life, early education is needed. Education about charting cycles and NFP needs to start at school age. There are various programmes that may be a possibility: TeenSTAR is an evidence based educational programme for teenagers that has a good track record but requires committed teachers. Alternatively showing videos and encouraging discussion- for example showing the new documentary called 'Sexual Revolution: 50 years since *Humanae Vitae*'.

In terms of educating healthcare professionals and extending the call for support from Catholic healthcare

professionals in *Humanae Vitae*, why not organise SSCs or electives for medical students, which could also be of benefit in terms of research? Inspiration could be taken from the American group FACTS (Fertility Appreciation Collaborative to Teach the Science).

Let's be grateful for all the work in NFP that has been done here in the UK over the past 50 years and be inspired to move things forward.

Yours faithfully,

Dr Jessica Almeida (GP near Glasgow)

SUICIDE BY PARENTS OF CHILDREN KILLED IN ROAD CRASHES.

Sirs,

The suicide of Reece Platt-May, recently found dead after his two sons were killed in a "hit and run" tragedy, deserves greater scrutiny as it demonstrates how road crashes can impact upon other members of the immediate family.

This seems especially true when a family member senses injustice or feels powerless. Sometimes there is a delayed reaction to the tragedy that may include "organic memories", also known as "body memories", that remain outside the realm of the intellect.

In these respects "hit and run" is like abortion and euthanasia in that the tragedy is not an isolated event but one that can affect other family members, causing for example internalised rage, depressions, nightmares and pre-occupations with death.

The Platt-May boys had been crossing the road when they were hit by Robert Brown, a cocaine user who had been "driving like a madman" after release from prison days earlier. Brown was jailed for nine years but is likely to be released after half that period.

Let us compare the case of Brenda Geransar, who a decade ago had killed herself on an underground track following the death of her teenaged daughter killed by a drunk driver, Peter Jones. He was jailed for 33 months but was automatically released after half that time.

Mrs. Geransar's suicide was bad enough but the tragedy was worsened by the fact that two weeks later Jones was granted a "town visit" for "good behaviour" and was photographed by a journalist in a local pub.

A 1997 study funded by the European Commission found that some 25% of interviewed parents of children killed in road crashes still suffered from "suicidal ideation" after three years. What little psychological support they received came mainly from relatives and friends and occasionally from family doctors but "hardly ever from institutions".

Antony Porter