



Universal syringe registration?

When I saw Charlotte Gray's article "Does Rock's arrival at Health Canada signal growing importance for portfolio?" (*Can Med Assoc J* 1997;157[4]:439-40), I thought the title was either a misprint or a provocative lead-in to an obvious answer of "no."

Gray begins by describing those who opposed Rock's firearm-control measures as "rural gun owners, urban vigilantes and Canadian members of the US-based National Rifle Association." I do not know any urban vigilantes or Canadian NRA members. Perhaps Gray could instead have listed many leading criminologists, outdoor sportsmen, Olympic target shooters and persons concerned with civil liberties and integrity in public policy. Polls have indeed revealed that most Canadians support some sort of gun control, but this depends on the wording. An overwhelming majority also support capital punishment, but the Liberals only quote the opinion polls that suit them. Rock was subjected to scorn mainly because when he met with representatives of the major Canadian shooting organizations he denied that he would introduce restrictive and draconian legislation, and then he proceeded to break his word with Bill C-68.

There is conclusive international evidence that firearms registration is ineffective in preventing or solving violent crimes, and this has been acknowledged by the CMA, the federal Reform and Progressive Conservative parties, 4 provinces, 1 territory and the federal auditor general. Gun control only affects legitimate firearm owners such as target shooters, sportsmen and collectors, since criminals just ignore the law. The evidence and the testimonies of many

whose lives have been saved by firearms met with patronizing indifference from Rock during the Bill C-68 hearings. If his bill survives legal challenges, it may actually increase violent crime because registration is so expensive to implement and maintain that funds will be diverted from already tight police budgets. This has occurred in Britain. New Zealand scrapped universal firearms registration in 1983 following a recommendation from police.

Since health care delivery is generally a provincial responsibility and traditionally a low priority for the Liberals, the appointment of Allan Rock as minister of health is a natural outcome of his lacklustre and justifiably unpopular tenure as justice minister. Rock kept a low profile during the recent election campaign, and many were surprised that he subsequently received a cabinet post of any type. His appointment does not bode well for physicians. I anticipate that he will soon introduce a drug-control bill, replete with an outright ban on small concealable syringes, universal syringe registration and mandatory needle-acquisition certificates.

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Unlike any other procedure

In her article "Ensuring access to abortion in an era of cutbacks" (*Can Med Assoc J* 1997;156[11]:1545-7), Dr. Marion G. Powell writes, "Nor has abortion ever been considered equivalent to other surgical procedures." Truer words were never written. Those who perform, pro-

mote or support abortions have never taken seriously the medical tradition that the onus of proof lies with those who provide a medical, surgical or psychiatric procedure to show beyond a reasonable doubt that it is both safe and effective treatment for a recognized illness before they perform it.

The Irish College of Obstetricians and Gynaecologists has stated there are no surgical or medical reasons to perform an abortion. Standard psychiatric texts state that abortions are contraindicated in psychiatric illnesses.¹ The Canadian Psychiatric Association has stated that justifying abortions by using a psychiatric rubric is to be deplored.² There are no proven social benefits. Although once touted as a solution for the child-abuse problem, there are no fewer abused children than before elective abortions were introduced. There is no evidence that abortion improves the health of children.³ In Eastern Europe "this widespread use of induced abortion has a negative influence on reproductive and general public health."⁴

Well-documented hazards stem from abortion. The worst we have discovered is that children whose parents had abortions are immersed in deep conflicts that result in difficult-to-treat anxiety and depression. These conflicts include survivor guilt, anxiety about the future, lowered self-esteem, distrust of parents and authority, dislike of children, sense of alienation from adults and pessimism about the future. They arise because children know or strongly suspect that they had aborted siblings and because their life depended upon being wanted. It is not lost on children that if the first right of every child is to be wanted, then if you are no longer wanted you have no right to exist.

Instead of pretending that abor-