

## letters to the editor

Dear Editor

I would like to comment on Karen's case, but being a non-medical member of the community, your layperson-next-door if you like, I feel I can comment only if I come from the perspective of Karen being my friend.

I felt compelled to write after reading Mark Smith's response in the June 2002 issue of the New Zealand Bioethics Journal. Mark writes that the heart of the case is the ethical dilemma of the antipsychotic medication and its possible implications in Karen's infertility. I disagree. I feel there are other issues in Karen's story which, if they were my story, I would feel were of far greater importance than the possible side-effects of the antipsychotic medication. If these issues were mine, I would want them addressed well before I could even think about pregnancy.

Karen's first baby was removed from her care. Her fundamental ability to mother, something that millions of generations of women and even the cat in the closet appear to manage with aplomb, was found to be so abysmally poor that her baby had to be taken from her. And her husband, her sole mate and support, is violent. How must Karen feel?

If, as friends, Karen and I were discussing the situation, I'd ask why she doesn't want a baby. Of course I'd not ask as crudely as that as I'd not want Karen to gain the impression everyone was pressuring her to have a baby against her will.

I'd hazard a guess Karen would then relate her previous experience with her first baby. I wouldn't be surprised if she told me it had left her deeply traumatised. She would probably be terrified of 'failing' a second baby and then have to endure his/her removal. It would be like a death, the second death she had caused. What a dreadful guilt to live with and so deeply sad for her. She would have no faith in herself as a mother.

I'd then ask her how she'd feel about having/parenting a baby whilst being totally supported and eased into her role by someone (a caring grandmother type) and others like me, her friend, her psychiatrist and her GP. She may feel quite differently if she knew she would not be abandoned to struggle and fail again.

Her husband's attitude/behaviour worries me. Mark Smith suggests he may be violent because of Karen's infertility. If this is the case, then I'd think very carefully about becoming fertile/pregnant to placate him because I doubt it would. I think his anger and violence would just express itself in other areas: Karen's husband wants something – he doesn't get it – he turns violent. He wants the baby to stop crying (baby can no more control its crying than Karen her fertility) – it doesn't ...

His violence would need to be addressed and sorted, by him, before any baby arrived on the scene. Actually, violence shouldn't be happening, baby or no baby. But Karen would probably have to be the one to confront him on his violence. Dealing with his violence may be too big a task for her given her vulnerable state, probable rock bottom self-esteem, coupled with her mental health problems.

Karen's psychiatrist wants to help her. She/he doesn't tell her the anti-psychotic drugs are the probable cause of her infertility. I think Karen should know about the drugs' side-effect. But far more importantly I think Karen needs someone to talk to about her husband's violence and what, if anything, lies behind her stated desire not to have a baby. And she needs to know that whatever her decisions (especially if she has a baby), she will be fully and unconditionally supported.

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