



Heavy thoughts over a bowl of porridge

It's Sunday morning and I am sitting up in bed with the worst URTI I think I've had for years. From the neck up, I feel like the bog in which the swamp rat lives! However, driven, as always, by my sense of redeeming every minute, I start to read an article from the large manual I have received for my second semester Diploma of Geriatrics paper, 'Health Services for Elderly People'. For a demographic article it is surprisingly easy to read and interesting.

When my husband brings me a tray with porridge and milk, I set aside the bulky manual in favour of the July *New Ethicals* and start to read about Emergency Contraception (EC).¹ It's a long-winded and repetitive article, but I learn some new things. For example, I hadn't known that EC is now available in New Zealand from accredited pharmacists. It looks sensibly at implications of OTC (or behind counter – a new term to me) EC such as counselling for STI risk and ongoing contraception.

As I read on, I am aware of a deepening heaviness, not due to the state of my sinuses or the weight of the porridge in my stomach. Is it be-

cause the article is just so practical? It deals efficiently and knowledgeably with biological, pharmacological, economical and demographic issues of EC, but what of the individual real life people involved? Two people come together intimately, openly, usually freely, perhaps passionately, with what could have been an incredible, amazing, procreative act; but within a few hours the hard realities of creating another human being hits home, and the EC escape route is sought.

The article sums up: '...the goal of all EC health care initiatives is to reduce the burden on individuals and society of unintended pregnancy and abortion.' Yes, I can see myself, with many other over-stretched, pragmatic GPs, nodding our weary heads wisely, visions of over-wrought, newly-diagnosed pregnant women before our eyes. This EC promotion is certainly the lesser of two evils.

But then there is the other article I have just read.² It speaks of the 'aging obloid' of contemporary European society, in which the base age bands are narrower than the 'waist'. 'Not until age group 35–39 for

This is a column written from the swamp. The term is taken from the book by Donald Schon¹ where he talks about the crisis of confidence in professional knowledge thus:

In the varied topography of professional practice, there is a high, hard ground overlooking a swamp. On the high ground, manageable problems lend themselves to solution through the application of research-based theory and technique. In the swampy lowland, messy, confusing problems defy technical solutions.

1. Schon DA. Educating the reflective practitioner. Jossey-Bass Publishers 1990.

Contributions

We invite amusing contributions to this column which should be relevant to the swamp and not more than 600 words.

women – and 40–44 for men – is there an age band narrower than the base.’ The reason, it says, is ‘the rarity of children in contemporary Europe.’ It refers to ‘bean-pole families’ where there is a ‘string of lineal descendant relatives, stretching out for four generations but with few siblings, cousins, aunts, uncles or lateral relatives of any kind.’

I remember the large extended families of Tonga. I’ve spent nearly seventeen years of my life there, and

I’ve just got back from a week in my beautiful island second home. In the last week I have attended two Tongan funeral apo (wakes), where the wider family is always so supportive. Sadly I contemplate the gradual replacement of large, laughing, lowly Tongan families with self-centred, convenient, carefully budgeted Western models. Heavy thoughts indeed.

Aging populations versus unwanted pregnancies; shrinking family groups versus abortions and

emergency contraception. What is happening to our society? I feel uneasy about it, but what can one poor busy GP do? My leaden head is not producing many bright ideas, but this I resolve. At every opportunity, I will endeavour to celebrate and promote the preciousness and responsibility of sexual intimacy, the wonderful privilege of procreation, the joyful satisfaction of raising children, and the old-fashioned goodness of supportive extended families.

References

1. Soon JA et al. Emergency contraception: The developing role of pharmacists. *New Ethicals Journal*, 6; (7)11.
2. Laslett P. Interpreting the demographic changes. London: *Phil.Trans.R.Soc.*; 1997. B352, p.1805–1809.

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