

Abortion

Abortion is a sensitive issue, with ongoing ethical and moral debates relating too:

- The status of the unborn
- Pregnancy, contraception and birth control
- Time limits for abortion and start of life issues
- 'Back-street' abortions of the 1950s and 60s
- Sexual awareness and education
- Severe mental and physical disability
- Counselling and provision of information
- A woman's right to choose
- Abortion 'on demand' and the need for two doctors' signatures
- Social factors which increase the likelihood of an abortion being sought

Many different views are held on these issues and how they relate to the law. Some people want a shortening of the time limit on abortions, from 24 weeks to 20 or 13, whereas others would like much stricter controls or a total ban on all abortions. Some people are happy with the status quo. Some people would like abortions to be made easier to obtain, perhaps by removing the requirement to get two doctors' signatures before an abortion can take place.

27 October 2007 is the 40th anniversary of the passing of the 1967 Abortion Act. Abortions were made legal when the Act came into effect on 27 April 1968.

This paper aims to explore some political, ethical and scientific issues around abortion in the UK today.

The Abortion Act 1967 and the Human Fertilisation and Embryology Act 1990

David – later Lord – Steel introduced the Abortion Act as a Private Members Bill. David Steel was a member of the Liberal party. Harold Wilson's Labour Government supported the Bill, which passed on a free vote.

In 1967 there was considerable public support to allow abortion in certain circumstances where the life of the mother was at risk or the baby would be seriously disabled. A significant number also supported it as a way of preventing the tragic personal and social consequences associated with illegal 'back-street' abortions.

The law says that abortions must be performed by a registered medical practitioner in a National Health Service Hospital or in a Department of Health approved location - such as a British Pregnancy Advisory Service Clinic. An abortion may be approved if two registered medical practitioners are of the opinion that at least one of the following conditions is met:

- A. The continuance of the pregnancy would involve risk to the life of the pregnant woman greater than if the pregnancy were terminated.
- B. The termination is necessary to prevent grave permanent injury to the physical or mental health of the pregnant woman.
- C. The continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of the pregnant woman.
- D. The continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of any existing children of the family of the pregnant woman.
- E. There is a substantial risk that if the child were born it would suffer from physical or mental abnormalities as to be seriously handicapped,

Or in emergency, certified by the operating practitioners as immediately necessary -

- F. To save the life of the pregnant woman; or
- G. To prevent grave permanent injury to the physical or mental health of the pregnant woman.

In 1990 changes to the abortion law were included in the Human Fertilisation and Embryology Act. These included reducing the time limit from 28 weeks to 24 in respect to statutory grounds C and D (above). In 1967 28 weeks was the period that a fetus being born could be considered 'viable' – that is, it could survive. The time limit was lowered in 1990 as medical advances increased the chance that fetuses born at 24 weeks would survive.

Grounds A,B F and G are without time limit.

Background Information

The total number of abortions carried out in Great Britain in 2006 was 206,781, up from 199,003 in 2005, and 191,855 in 1997¹.

89% of abortions were carried out before 13 weeks gestation – and 68% were carried out before 10 weeks gestation. 2,180 abortions were carried out under ground E (there is a risk that the child would be born with a severely abnormality). Approximately 7,500 abortions were carried out for non-British residents.

For further details, historical data and other information see the Department of Health (England and Wales) - www.dh.gov.uk and ISD Scotland - www.isdscotland.org/abortions

A January 2006 MORI poll published in the Observer suggested that 42% of people in the UK believed that the 24 week limit for abortion should be cut. 10% of women believed that abortion should be 'outlawed altogether'.

At the heart of the debate are important questions about rights, freedoms and life.

For many people, including many Christians, abortion is not a black-and-white issue. There are Christians who are 'pro-choice' and who are 'pro-life', and yet others hold a

¹ Department of Health and ISD (Information Services Division) Scotland statistics

view which takes elements of both of these opinions, and there remain many who find it hard to come to a firm view. It may be impossible to find consensus on abortion, but Christians would want to see greater moderation and understanding in the debate; some of the language used on both sides has been unhelpful, particularly for people having to make a very difficult decision.

Making a decision about whether to have an abortion is a real and difficult choice that many people have to make. If you are in that position and would like to speak to someone call Care Confidential 0800 028 2228, or the British Pregnancy Advisory Service 08457 30 40 30.

Current Issues

Abortion is a current political and social talking point for several reasons.

1. Parliamentary Business

a. Human Tissue and Embryos Bill

During the summer of 2007, the Government published proposals for a Draft Bill on Human Tissue and Embryos. A Parliamentary Joint Committee considered the Draft Bill and has published a report.² It is anticipated that the Bill will be mentioned in the Queen's Speech on 6 November 2007 and introduced into Parliament during the next session.

Although the Draft Bill does not contain proposals relating to abortion, it is likely that when a Bill comes before Parliament, MPs will use it to try to amend the law on abortion. Some will be looking to make abortion more difficult, others to make it easier

MPs are usually given a free vote on the issue of abortion, and it is difficult to tell how successful these amendments might be or which view will have greater support.

Possible amendments could include lowering the time limit for abortion from 24 weeks to 20 and / or changing the requirement from two medical practitioners needed to give consent to only one, particularly for abortions carried out in the first 10 or 13 weeks of pregnancy.

Other issues relate to concerns that some people have about the interpretation of 'injury to the physical or mental health of the mother' (as stated in ground E). They feel that the current interpretation is too loose, and that this clause is being used to justify abortion on demand.

There are also concerns from all quarters about the need for adequate information and counselling services for women who seek a termination.

Two Parliamentary groups are likely to propose amendments relating to abortion:

² See www.parliament.uk/parliamentary_committees/humantissue.cfm

The All-Party Parliamentary Pro-Life Group, Chaired by Catholic MP Jim Dobbin.
www.parliamentaryprolife.org.uk/main.asp

The All-Party Parliamentary Pro-Choice and Sexual Health Group, Chaired by Baroness Gould of Potternewton. The group does not have a website.

b. Inquiry into the Scientific Developments relating to Abortion

The Parliamentary Science and Technology Committee is undertaking an inquiry into the scientific developments relating to the Abortion Act 1967, looking particularly at:

1. the scientific and medical evidence relating to the 24-week upper time limit on most legal abortions, including:
 - developments, both in the UK and internationally since 1990, in medical interventions and examination techniques that may inform definitions of foetal viability; and
 - whether a scientific or medical definition of serious abnormality is required or desirable in respect of abortion allowed beyond 24 weeks;
2. medical, scientific and social research relevant to the impact of suggested law reforms to abortions in the first three months of pregnancy, such as:
 - the relative risks of early abortion versus pregnancy and delivery;
 - the role played by the requirement for two doctors' signatures; and
 - the practicalities and safety of allowing nurses or midwives to carry out abortions or of allowing the second stage of early medical abortions to be carried out at the patient's home;
3. evidence of long-term or acute adverse health outcomes from abortion or from the restriction of access to abortion.

The Committee will not be looking at the ethical or moral issues associated with abortion time limits. It is expected to report in October 2007.³

c. Termination of Pregnancy Bill

Nadine Dorries, Conservative MP for Mid Bedfordshire introduced a Private Members' Bill on the Termination of Pregnancy during the 2006-07 session – the current session at the time of writing. This would change the law in the following ways:

- There would be a reduction of the time limit for abortion from 24 to 20 weeks.
- There would be a “cooling-off period” after the first point of contact with a medical practitioner.
- There would be a requirement that the organisation performing the abortion (for instance, an NHS clinic) provide appropriate counselling as a

³ See www.parliament.uk/parliamentary_committees/science_and_technology_committee.cfm

condition of performing the abortion to enable the mother to give informed consent .

This Bill will not be made law because, like most Private Members Bills, it did not come high enough in the ballot to secure time for debate in the House of Commons. Introduction of such a Bill is a device for raising the profile of an issue, and if it becomes clear that there is enough public support, a further Bill could be introduced which was given time for debate. That is unlikely in this case if there are debates on the issue during the passage of the Human Tissue and Embryos Bill through Parliament.

2. British Medical Association

The British Medical Association represents 139,000 doctors from all branches of medicine.

In July 2007 the BMA voted to support changes to the law so that abortions could be offered up to 13 weeks on the basis of “informed consent”, – this would mean that there would not be a requirement for two doctors’ signatures before an abortion could go ahead, but, as with other medical procedures, a woman would be given all the relevant information and be able to make a choice about her medical treatment. The BMA takes this view because the medical risks of pregnancy and childbirth are higher than the risks of early abortion. The BMA argues that removing these conditions will remove legislative and administrative burdens that, in reality, do not stop women seeking abortion, but potentially expose women to delays, and consequently to later, more costly and higher risk procedures.

The BMA also argues that the 24 week time limit should not be reduced, and that the legislation should be extended to Northern Ireland.⁴

Other health-related bodies such as the Royal College of Obstetricians and Gynaecologists, the Christian Medical Fellowship and others have submitted evidence to the Parliamentary Science and Technology Committee Inquiry.

3. Amnesty International

Amnesty International is a worldwide movement of people who campaign for human rights. Amnesty was founded in 1961 by an English Catholic, and until this summer it had a neutral policy on abortion. In June 2007 the organisation changed its policy to one where it would campaign on promoting women’s rights for access to abortion and reproductive health services: “Women must have access to safe and legal abortion services where continuation of pregnancy poses a risk to their life or grave risk to their health.” This change was made as part of Amnesty’s human rights campaign, particularly in relation to rape used as a weapon of torture or war. This move upset many Catholics who had been long-standing members of Amnesty, and several senior priests publicly denounced the move and resigned their membership.

⁴ See www.bma.org.uk/ap.nsf/Content/AbortionTimeLimits

Baptist, Methodist and United Reformed Church principles on abortion

Baptist Union of Great Britain

The Baptist Union of Great Britain has not formally debated the issues around abortion, and so has made no official policy statement. Rather, local congregations are encouraged to consider carefully the different arguments regarding the current abortion law.

These arguments will need to take account of the fundamental Christian belief that all human life is a gift from God, as well as the complexities that surround the beginnings of life and the particular circumstances that can lead to abortion.

It is recognised that there will be a wide diversity of views amongst Baptists, and the expression of these must always reflect a proper pastoral sensitivity.

The Methodist Church

A Methodist Conference Statement on Abortion was adopted in 1976.

It says that both sides of the debate make points of real value and concludes that there are particular circumstances when abortion is morally justifiable.

The termination of any form of human life can never be regarded superficially. Abortion must not be granted 'on demand' or be regarded as alternative to contraception or as a method of birth control. It should remain subject to a legal framework and to responsible counselling and medical judgement.

It would be best to restrict all abortions to the first twenty weeks of pregnancy (or up to the point where the fetus becomes viable outside the uterus), except where there is a direct physical threat to the life of the mother or when new information about serious abnormality in the fetus becomes available after the twentieth week.

If abortions are to be carried out, there are strong arguments to have them within the first three months of pregnancy wherever possible.

The intention behind the Abortion Act 1967 is to be welcomed, as it reflects a sensitivity to the value of human life and also enables serious personal and social factors to be considered.

The full Methodist Statement on Abortion and a Methodist Conference report on the Status of the Unborn Human are available online at www.methodist.org.uk

The United Reformed Church

The United Reformed Church has not made any formal statement on abortion since its formation in 1972.

In its report to the General Assembly in 1976, the Church and Society Department made extensive reference to the conclusions of a consultative document – *Abortion:*

The Issues Involved – prepared for the Methodist Conference, and commended it for study in the churches.

In 1976, a General Assembly resolution commended a discussion paper produced by the Church and Society Department. This asked churches to report their views so that the Department would be able to speak more effectively for the Church in any submission on future legislation.

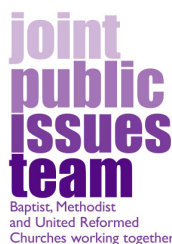
Future Work

A Working Group on Human Embryology and Early Human Life issues has been set up by the three churches to consider some of the theological and ethical issues around abortion, therapeutic cloning and pre-implantation genetic diagnosis. This Working Group will report in the summer of 2008. A Study Guide will also be produced. For more information see www.methodist.org.uk/earlyhumanlife.

Prepared by the Joint Public Issues Team for the Baptist Union of Great Britain, the Methodist Church and the United Reformed Church.

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