

Doctors for Choice Briefing

23rd October Ten Minute Rule Bill – Decriminalising Abortion

Doctors for Choice UK are a group of UK based doctors and medical students committed to comprehensive, evidence-based reproductive healthcare who trust women to make their own decisions about their reproductive health, including whether or not to have an abortion, and who campaign for the decriminalisation of abortion in the UK.

We call for MPs to vote in support of the Ten Minute Rule Bill on the 23rd October 2018 to decriminalise abortion in England, Wales, and Northern Ireland.

Why decriminalisation

Doctors for Choice UK believes that current abortion law is an out-dated and inappropriate way of governing essential medical care.

Under existing law, abortion remains a crime for both woman and doctors – punishable by life in jail. The Abortion Act 1967 only provides an exemption from prosecution in certain circumstances. This means that abortion is alone in its position in criminal law – in Great Britain we do not rely on best medical practice to drive our patient care, but a 50-year old piece of legislation. Current abortion law:

1 Prevents best clinical care

- By causing unnecessary delays in treatment and interruptions in consultations because of the requirement for two doctors' signatures
- By preventing nurses and midwives from being fully involved in abortion care
- By causing doctors to focus on legal requirements that have no clinical benefit and can distract them from making their patient their first concern

2 Infringes women's autonomy

- The requirement that every abortion is authorised by two doctors runs contrary to the concept of patient autonomy

3 Contributes to abortion stigma

- The use of criminal law in healthcare sends a message of strong social disapproval

4 Can be used to try to limit women's access to abortion

- By attacking abortion law in Parliament (over 40 attempts in the last 50 years)
- By attacking doctors who provide abortions.

The impact of current law on doctors

One of the aims of the Abortion Act was to protect doctors from prosecution when performing legal abortions. But misinterpretations of the law leave doctors exposed to the 'chilling effect' of smear campaigns and challenges by opponents of abortion.

Our members are all committed to abortion care but over time fewer and fewer doctors have entered the field. The Royal College of Obstetricians and Gynaecologists' 2016 workforce survey showed only 5.5% of respondents stated that sexual health and abortion care formed part of their work. Since 2007,

only 33 junior doctors have completed the RCOG's abortion care Advanced Training Skills Module which trains them to provide more complex procedures.

Doctors in Northern Ireland

In Northern Ireland, the impact of operating under the Offences Against the Person Act 1861 without the additional provisions of the Abortion Act 1967 is great.

The current law relies on a ruling *R v Bourne* – a 1938 court case. This declares that abortion is only allowable under the 1861 Act if '*the probable consequence of the continuance of the pregnancy will be to make the woman a physical or mental wreck*'.

The responsibility to interpret this ruling, however, does not lie with doctors. Draft guidance from the Northern Irish government was issued in 2013, substantially reducing the situations in which doctors were able to offer abortion treatment to women within Northern Ireland. Until this point, there were around 50 abortions a year – a figure which reduced, in 2016/17, to 13.

The current guidelines mean that doctors are forced to judge that women who have been raped, who are underage victims of incest, or who have a baby with a fatal foetal abnormality are not going to become a 'mental or physical wreck' by being forced to continue with her pregnancy.

During the recent Northern Ireland case in the Supreme Court, one woman, Sarah Ewart, included in her evidence that despite her baby having a fatal foetal abnormality, when she asked a doctor to perform an abortion she was told 'I'm sorry but I'm not going to prison for anybody'.

These restrictions also include stopping doctors from referring their patients to services in the rest of the UK who are legally able to provide abortion care – leaving women to try and source their own care either legally by travelling or illegally by purchasing pills online.

The current law in Northern Ireland contravenes the ability of doctors to care properly for their patients, and leaves them at risk of acting in a way that they are well aware could undermine their patients' human rights.

Medical support for decriminalisation

Recently, a number of large medical organisations have announced their support for decriminalisation broadly and for this bill in particular.

The Royal College of Obstetricians and Gynaecologists said earlier in the year:

*"The current legal situation means healthcare professionals in Northern Ireland struggle to provide support for women requesting an abortion or safely manage any post-abortion complications. We recognise that this is a highly politicised issue but the current situation is unacceptable and leaves doctors, nurses and midwives working in a precarious legal vacuum in this core part of women's sexual and reproductive healthcare... Decriminalisation of abortion presents a unique opportunity to address once and for all the inconsistent and unequal access to abortion care in Northern Ireland and **we call on the UK government to decriminalise abortion across all UK nations.**"*

The Royal College of Midwives said last week:

*"**The time is now for Westminster to legislate.** The RCM strongly believes that all women should be able to access abortion services without risking prosecution but also that women in Northern Ireland should have access to the same abortion healthcare services that are afforded to women who live in other parts of the UK. Furthermore, **midwives practising in Northern Ireland have been operating in a climate of***

“fear for many years, as have many other healthcare professionals who still feel unable to refer women to other parts of the UK for abortion services for fear of criminal prosecution.”

The British Medical Association said this week:

“Decriminalisation does not mean deregulation. It is important to stress that the removal of criminal sanctions specific to abortion does not mean an absence of regulation. Limits on the procedure could still be set, but contraventions would be subject to professional and regulatory, rather than criminal, sanctions. This Bill would bring the regulation of abortions carried out up to 24 weeks’ gestation in line with the established framework governing medical procedures.”

“Our members support the decriminalisation of abortion, for both doctors and women, so that the procedure is treated as a medical issue rather than a criminal matter.”

Contact

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