

**SPUC briefing on Harris/McCafferty and Dobson/Harris abortion amendments,
tabled for the Report stage of the Human Fertilisation and Embryology bill, 14 July 2008**

Pro-abortion MPs have proposed several amendments to the Abortion Act 1967. We focus here upon two of those amendments, the first one tabled by Dr Evan Harris and Christine McCafferty, and the second tabled by Dr Harris and Frank Dobson. Although the broad intent of the two amendments is clear, the full effects of the two amendments are unclear. It is also unclear whether further such amendments will be tabled, as the two amendments would seem to require further clarifying and consequential amendments, otherwise they would leave anomalies in the law.

Currently the legal grounds for abortion are described in four clauses of the Abortion Act. Two doctors must form an opinion in good faith:

“(a) that the pregnancy has not exceeded its twenty-fourth week and that 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 or any existing children of her family; or

(b) that the termination is necessary to prevent grave permanent injury to the physical or mental health of the pregnant woman; or

(c) that the continuance of the pregnancy would involve risk to the life of the pregnant woman, greater than if the pregnancy were terminated; or

(d) that there is a substantial risk that if the child were born it would suffer from such physical or mental abnormalities as to be seriously handicapped.”

(There is no time limit on clauses b, c and d).

The **first amendment**, put forward by Harris and McCafferty, and applying to all of the above grounds, would mean that only one doctor need form an opinion in good faith for an abortion to be carried out. Furthermore, the first condition above would be changed so that while the pregnancy would still need to be less than 24 weeks, instead of requiring that the pregnancy pose a greater risk of injury to the physical or mental health of the woman or her children, the only requirement would be that “the termination would be carried out in accordance with conditions and principles of good medical practice.”

The other 3 conditions remain unchanged, except of course that whereas previously two doctors were required, now only one would be required.

Since by far the majority of abortions are carried out at less than 24 weeks, and many doctors offer abortion virtually on demand, the main effect of this amendment would be to sanction this. It would also lead to some abortions which may not have occurred otherwise. No longer would there be some restraint by requiring two doctors - one of whom may be more likely to consider the abortion unwarranted. No longer would there be a requirement to show that continuing a pregnancy is more harmful than terminating it. Instead, most abortions would simply require “good medical practice”.

The motivation behind this amendment is to make, in law, the majority of abortions like any other medical procedure, and thereby to make abortion socially and ethically acceptable.

The amendment would further limit opportunity for a woman to consider whether she really wanted to go ahead with an abortion. Smoothing the path to abortion denies women the opportunity to be fully apprised of the gravity of the decision and its possible consequences. Hence the opportunity for genuine informed consent, a most basic requirement of any medical intervention, would be lessened. For some women, by limiting the opportunity for careful reflection and consideration of the alternatives, such streamlining could provide greater scope for pressure and even coercion upon women. Moreover, the role of the doctor would change from one in which careful judgement about risks and benefits takes place, to that of a mere “service provider”.

There is also the implication in the amendment that abortion comes under the rubric of the “principles of good medical practice”. In fact, abortion is contrary to such principles as it represents a direct attack on one of the doctor’s patients and hence breaches the most basic medical principle of all - do no harm.

Attempting to bring abortion under the same rubric as medical care in general reinforces the false notion that abortion is a right, just as access to healthcare is a right. This amendment can therefore be seen to contribute to the push for “reproductive” rights, which if granted would also place considerable pressure upon doctors and nurses who conscientiously object. It is much more difficult to conscientiously object to a basic human right, than to a procedure that terminates the life of a human being.

Of equal concern is the fact that only one doctor would be required for post 24 week abortions. It is likely that the judgement of just one doctor will also lead to more of these abortions. It is of particular concern that evidence shows that women who abort a disabled child suffer greater ongoing distress than that occurring with other abortions. The amendment will also streamline post-24 week abortions and limit the opportunity for women to seek the counselling they really need at such a time. Post 24 week abortions are also likely to entail greater risk to the mother, so why is it deemed necessary to reduce the input of two doctors to one, and thereby risk errors such as false-positives associated with disability screening or other prognostic outcomes?

The **second amendment**, put forward by Dobson and Harris, would allow nurses and midwives to carry out an abortion. The way this is achieved is by changing the wording of the Abortion Act so that the phrase “... when a pregnancy is terminated by a registered *medical* practitioner ...”, becomes “... when a pregnancy is terminated by a registered *health care* practitioner ...”. And a definition of registered health care practitioner is added to the Act to include a nurse or midwife as well as a doctor. This change applies to all of the four grounds listed above, permitting nurses and midwives to conduct abortions at any stage and for any of the reasons permitted under the Harris/McCafferty amendment.

This amendment is probably being introduced to try to boost the number of abortion practitioners because fewer and fewer doctors are prepared to carry out abortions. This immediately raises the question as to why that is the case. It is likely that doctors are objecting to doing abortions because it offends their consciences. Even amongst those who may not have troubled consciences, abortion may well be seen as ‘dirty work’ that they would rather someone else carry out. The power imbalance that

already exists between doctors and nurses is likely to result in the unpleasant task being carried out by nurses and midwives rather than doctors. If that is the result, then nurses and midwives will be exploited.

There are many other medical procedures which are easier and carry far lower risks than abortion, yet nurses are not permitted to conduct them. Why is abortion being singled out? The perception will therefore be generated that women coming for an abortion become “second-class” citizens who will not get the standard of medical care that they would get if abortion were not the procedure being carried out. Or alternatively, women presenting for abortion will be “second class” citizens compared to other women who are treated by doctors for matters with similar or even less risk.

Not only will this amendment widen the pool of practitioners, it will also put women’s lives at risk. Nursing staff are not equipped to deal with emergencies that will arise during an abortion, especially post-24 week ones.

In summary, if both amendments are passed, a large number of abortions could be carried out in clinics by nurses and midwives, with no conditions whatsoever.

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