Summary Briefing: Amendments tabled for the Human Fertilisation and Embryology Bill Commons Report Stage

This briefing relates to amendments to the Abortion Act proposed as new clauses in the Human Fertilisation and Embryology (HFE) Bill. It concentrates mainly on the abortion amendments that pose the greatest threat if passed. (There are six further proposals relating to the Abortion Act not addressed here.)

The abortion-related amendments are referred to as "New clauses" (abbreviated here as NC1, etc) because each amendment would be attached as a new clause to the HFE Bill. The effect of these amendments would be to change the Abortion Act 1967. After the commentary we show how the text of the Abortion Act would read with these amendments.

New clause 1: abolition of 2-doctors requirement, looser grounds for pre-24 week abortions

NC1[1] will reduce medical scrutiny of abortion from 2 doctors to 1, and abolish the need for any legal ground for abortion up to 24 weeks except for a vague reference to "medical practice".

SPUC comments on NC1:

- The change would leave women more vulnerable to pressure to submit to an abortion – pressure may come from a partner, employer, teacher, parent, peer-group, GP, counsellor, social worker, etc. Most women who have abortions would prefer not to if their social situation was improved.

- The change would trivialise abortion.

- This amendment promotes abortion far beyond the time limit for abortion on demand in most European countries.

- "These amendments would make it easier for not very well informed women to have an abortion". Frank Dobson, quoted in *the Independent*, 9 July 2008. This comment is significant in light of the fact that many women say they are given no information or inadequate information about the possible physical and mental health consequences of abortion. This particular amendment would serve Mr Dobson's apparent purpose and help to keep women ignorant of the problems.

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[1] NC1: Amendment of the Abortion Act 1967; medical approval
Tabled by: Dr Evan Harris, M/s Chris McCafferty

'(1) The Abortion Act 1967 (c.87) is amended as follows.
(2) In section 1(1) omit from first "if" to end of paragraph (1) and insert—
"a registered medical practitioner is of the opinion, formed in good faith—
(a) that the pregnancy has not exceeded its twenty-fourth week and that the termination would be carried out in accordance with the conditions and principles of good medical practice, or
(b) that one or more of the following grounds applies—
(i) the termination is necessary to prevent grave permanent injury to the physical or mental health of the pregnant woman; or
(ii) the continuance of the pregnancy would involve risk to the life of the pregnant woman, greater than if the pregnancy were terminated; or
(iii) 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." '.

- It is not clear how abortion can meet the "conditions … of good medical practice" if there is, for instance, economic pressure on the patient to consent, and no therapeutic indication for such an intervention.

- The words "conditions and principles of good medical practice" relate to matters of opinion and would, in practice, be impossible to police. The inability to enforce the provisions of the Abortion Act has been its one of its greatest failings as a piece of statute law. This amendment would make that situation even worse.

New clause 2: nurses and midwives to perform abortions

NC2[2] will allow nurses and midwives to carry out abortions. (Two doctors would still have to authorise the abortion, or, if NC1 is passed, one doctor would have to confirm only that the pregnancy was less than 24 weeks, or that the other grounds in NC1 applied.)

SPUC comments on NC2:

- Nurses and midwives have not been properly consulted on the change. The Royal College of Nurses supported such a proposal but consulted only nurses involved in sexual health services.

- Abortion work is unpopular among doctors, and this amendment would lead to the abortion work being off-loaded onto subordinates – nurses and midwives.

- There are many other simpler procedures that nurses and midwives are not allowed to undertake. They are just being given the doctors "dirty work".

- May be a cost-saving exercise for abortion providers.

- Nursing staff are not equipped to deal with emergencies that will arise during abortions, especially post-24 week ones.

New clause 3: lower (20 week) limit for social abortions

NC3[3] will lowers the threshold for abortion under existing grounds in 1(1)(a) to 20 weeks.

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[2] NC2: Amendment of the Abortion Act 1967: role of health care professionals
Tabled by Mr Frank Dobson, Dr Evan Harris

'(1) The Abortion Act 1967 (c.87) is amended as follows.
(2) In section 1(1) for first "medical" substitute "health care".
(3) In section 6, after "them:—" insert
" "registered health care practitioner" means a "registered medical practitioner" as defined in Schedule 1 to the Interpretation Act 1978 (c.30) or a nurse or midwife registered in the register maintained under article 5 of the Nursing and Midwifery Order 2001 by virtue of qualifications in nursing or midwifery, as the case may be." '.

[3] NC3: Amendment of the law relating to abortion
Tabled by Mrs Nadine Dorries

'In section 1(1)(a) of the Abortion Act 1967 (c.87) (medical termination of pregnancy), for "twenty-fourth week" substitute "twentieth week"'.

SPUC comments on NC3:

- Unlikely to be selected, as time limit amendments were debated at committee stage of the HFE bill.

- Unlikely to reduce overall numbers of abortions. By reducing the threshold for certain abortions the amendment could lead to greater pressure to rush through abortions nearing the 20 week marker, before which they were more readily available. This could, perversely, mean more abortions overall.

- In recent years prior to the HFE Bill, SPUC has *opposed* the introduction of time limit amendments on tactical grounds, because of concerns about the message they convey, and because of ethical concerns, especially where exceptions have been included, or a 'trade-off' is envisaged.

New clause 4: one doctor before 13 weeks, three doctors after 24 weeks

NC4[4] will produce a sliding scale for the number of doctors who must form an opinion in good faith about whether an abortion can take place. One for less than 13 weeks, two for between 13 and 24 weeks, and three for greater than 24 weeks.

SPUC comments on NC4:

- As over 90% of abortions occur before 13 weeks, most abortions would no longer be subject to the two doctor rule. The implications in this regard will be similar to those in relation to the Harris/McCafferty amendment (NC1). However, a key difference is that in this amendment, the four categories under which an abortion can take place remain unchanged. Therefore the effect of NC4 is primarily to streamline the majority of abortions taking place under 13 weeks gestation, possibly leading to more abortions.

- The 'message' of this amendment is that later abortions are more problematic than earlier ones. This may reinforce the misleading and damaging idea that the moral status of the unborn child increases as gestational age increases.

New clause 5: three doctors after 24 weeks

NC5[5] will change the two doctor rule to a three doctor rule for abortions of 24 weeks gestation plus. The two doctor rule will still apply to pregnancies of less than 24 weeks gestation.

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[4] NC4: Amendment of the Abortion Act 1967: medical approval (No. 2)
Tabled by Mr Frank Field

'(1) Section 1 of the Abortion Act 1967 (c. 87) (medical termination of pregnancy) is amended as follows.
(2) In subsection (1) for "two" substitute "the required number of".
(3) After subsection (1) insert—
"(1A) For the purposes of subsection (1), the required number of registered medical practitioners is—
(a) one, in the case of a pregnancy which has not exceeded its thirteenth week,
(b) two, in the case of a pregnancy which has exceeded its thirteenth week but has not exceeded its twenty-fourth week, or
(c) three, in the case of a pregnancy which has exceeded its twenty-fourth week.".
(4) In subsection (4) for "two" substitute "the required number".'.

[5] NC5: Amendment of the Abortion Act 1967: medical approval (No. 3)
Tabled by Mr Frank Field

'(1) Section 1 of the Abortion Act 1967 (c. 87) (medical termination of pregnancy) is amended as follows.

SPUC comments on NC5:

- The message of this amendment will be similar but less overt to that for NC4, and the comments above equally apply.
- NC4 & NC5 could draw votes away from the Harris/McCafferty (NC1) amendment. Those who think the Harris/McCafferty amendment goes too far may be attracted to NC4.

New clause 6: attempt to ban abortion for non-serious handicaps

NC6[6] would exclude the listed medical conditions from being deemed serious handicaps, the test for justifying eugenic abortion.

SPUC comments on NC6:

- While it could be argued that any move to stop the abortion of children with cleft lip and palate or club foot is a good thing, it could equally be argued that attempting to define what is *not* a serious handicap may backfire. Such a list may be taken to define any other condition, even those slightly more medically problematic, as serious handicaps.

- Moreover, it may be seen to underline the "worthlessness", in the eyes of society, of those with more serious disabilities.

New clause 7: wider range of abortion places

NC7[7] extends "locations" where abortion can take place, so that not only in hospitals and abortion clinics, but also doctors' surgeries, local health centres, school sick rooms (if staffed by NHS contract personnel), etc.

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(2) In subsection (1) for "two" substitute "the required number of".
(3) After subsection (1) insert—

"(1A) For the purposes of subsection (1), the required number of registered medical practitioners is—
(a) two, in the case of a pregnancy which has not exceeded its twenty-fourth week, or
(b) three, in the case of a pregnancy which has exceeded its twenty-fourth week.".
(4) In subsection (4) for "two" substitute "the required number".'.

[6] NC6: Amendment of the Abortion Act 1967: seriously handicapped
Tabled by Mrs Nadine Dorries

'(1) The Abortion Act 1967 (c. 87) is amended as follows.
(2) After section 1(1)(d) insert—
"( ) In section 1(1)(d) the term "seriously handicapped" does not include club foot, cleft lip, cleft palate or cleft lip and palate"'.

[7] NC7: Amendment to the Abortion Act 1967: locations where terminations may take place
Tabled by Mrs Jacqui Lait

'(1) The Abortion Act 1967 (c. 87) is amended as follows.
(2) In section 1(3), after "Service trust or", insert "or in any location where a health care provider provides primary care under a contract with a commissioner of NHS services."'.

SPUC comments on NC7:

- This amendment further trivialises abortion, by potentially turning every clinic and GP practice into an abortion centre.
- It will lead to greater pressure for women to opt for abortions immediately without time to reflect, seek advice, etc. (e.g. if an 'instant' pregnancy test shows unexpectedly that they are pregnant.)
- This amendment raises serious safety issues. Not all premises will have the facilities to deal with complications – e.g. incomplete abortion, haemorrhage.
- Who is responsible for disposal of fetal remains in various "locations" ?
- One purported aim of the 1967 Abortion Act was to eliminate "back street abortion". This amendment is a major step backwards.

New clause 9: abortion drugs

NC9[8] amendment appears to have two key effects: (1) putting beyond doubt the legality of using any medicine which might precipitate an abortion, whether drugs available now or new ones in future; (2) permitting drug-induced abortions to be administered anywhere, provided they are *prescribed* at an approved place, within first 9 weeks of pregnancy. In contrast to Jacqui Lait's amendment (NC7), this amendment would allow *drug* abortions to be administered *anywhere* (at home, at school, in a prison or refugee centre, etc), whereas NC7 would allow both *drug and surgical* abortions to take place wherever NHS staff offer primary care services (clinics, GP practices, etc). There are some provisos: including the "same course of medical treatment" provision (in 3(A)i) , the overall 'direction' of an RHCP (not necessarily a doctor) and the 9 week limit (3(A)iii). The 'direction' could be understood to mean that the RHCP says how the drug should be used, and then leaves it up to the woman. The latter part of the amendment allows the provisions to be amended without primary legislation. [See also NC10, Jacqui Lait below – which appears to be linked to this.]

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[8] NC9: Amendment of the Abortion Act 1967: medical termination
Tabled by M/s Chris McCafferty

'(1) The Abortion Act 1967 (c.87) is amended as follows.
(2) After section 1(3) insert—

"(3A) For the purposes of subsection (3) such treatment for the termination of pregnancy consisting primarily of the use of medicines shall include the prescription but not the administration of a medicine which precipitates the expulsion of the products of conception provided that—
(i) medicines which end the pregnancy have been prescibed [sic] and administered in accordance with this section as part of the same course of medical treatment,
(ii) the administration is under the direction of a registered health care practioner[sic], and
(iii) the pregnancy has not exceeded the ninth week.
(3B) The Secretary of State may make regulations which amend the provisions of subsections 3A of this section.
(3C) Regulations under subsection (3B) shall be made by statutory instrument.
(3D) No regulations may be made under subsection (3B) unless a draft of the instrument containing the regulations has been laid before, and approved by resolution of, each House of Parliament."'.

SPUC comments on NC9:

- This amendment separates the notion of "treatment" from the "administration" of drug treatment - though only for the purpose of defining where abortions may be done.

- Use of the term "registered health care practitioner" [in 3(A)(ii) here] - is undefined – or perhaps presumes that the Dobson/Harris NC2 will be accepted, which defines RHCPs and authorises them to perform abortions.

- This amendment may be incompatible with NC10 (see footnote opposite).

- NC9 appears to be drafted with the use of RU486 (mifepristone) in mind, which is regularly used in conjunction with a subsequent dose of prostaglandin for abortions up to 9 weeks.

- However, the Morning-After Pill ("emergency hormonal contraception" – used up to 72 hours after intercourse) may also come within the description of a drug which "precipitates the expulsion of the products of conception," since (according to the manufacturers of MAP) one way in which it operates is to cause a very early embryo to be lost before implantation.

- The courts have ruled (in our 2002 case) that the Morning After Pill is not a "termination of pregnancy" and so can be dispensed without reference to the Abortion Act. This amendment, though obviously not intended to, might seem to call that judgment into question.

- This amendment would be very unlikely to have any positive impact in practice, but the Health Secretary should be asked what effect 3(A) has, since it appears to be a definition of termination of pregnancy, and it clearly could apply to the MAP.

- A further critical issue here (well known for RU486) is the risk to the woman's physical and psychological health by being sent home with an abortion inducing drug to undergo an abortion probably alone. It is a complete abrogation of duty of care that this occurs. This amendment would add to such abandonment.

New clause 10: wider range of abortion places

NC10[9] appears to be related to NC7 (Jacqui Lait) and would have the effect of extending the approval of places where abortions can take place to all types of abortion

SPUC comments on NC10:

The amendment would permit a range of places to be used for abortions by any procedure – medical or surgical. Currently 1(3A) is primarily there for RU486 (mifepristone) abortions and the amendment will remove words that might limit the approval of classes of places to abortions achieved using medicines like RU486.

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[9] NC10: Amendment of the Abortion Act 1967: locations where terminations may take place (No. 2)
Tabled by Mrs Jacqui Lait

'(1) The Abortion Act 1967 (c.87) is amended as follows.
(2) In section 1(3A) omit the words 'consisting primarily in the use of such medicines'.

New clause 11: misleading advertising by counsellors

NC11[10] is a lengthy amendment and a fuller analysis is needed to understand its effects. On the face of it, it says, if you advertise a service (such as “advice”) for pregnant women, and the advert suggests that you provide abortions or information about abortion when this is not true, or if the advert is “in any way likely to deceive” in this regard, then the offence has been committed. Clause 2(c), which requires that the information might affect a woman’s decision about abortion might seem to narrow down the circumstances when an offence can be committed, but a given woman might say anything influenced her decision. The use of the term “deliberately” implies that the offence created here relies on showing that it was the conscious intention of the alleged offender to mislead. However, clause (2)(b)(ii) is worded in such a way as to rely upon a subjective measure of deception or likely deception, even when the information is factually correct. However, clause (2)(c) must be satisfied as well, in that the false or deceptive information “causes or is likely to cause the average pregnant woman to take a decision in relation to the termination of her pregnancy she would not have taken.” Likewise, this is a very subjective measure only really requiring someone to say they would have decided otherwise without the information.

SPUC comments on NC11:

- It can be agreed that there should be truth in advertising in relation to pregnancy services including termination of pregnancy and other alternatives.

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[10] NC11: Amendment to the Abortion Act 1967: Prohibition of deliberately misleading advertising
Tabled by Mr John Bercow

‘(1) The Abortion Act 1967 (c. 87) is amended as follows.

(2) After section 4 insert—
“Prohibition of deliberately misleading advertising

(1) It shall be an offence to deliberately mislead through advertising in relation to the termination of pregnancy and alternatives thereto.

(2) Any person, association or body corporate shall be guilty of an offence under subsection (1) if—
(a) they provide information or advice, whether for reward or otherwise, to a pregnant woman about termination of pregnancy or the alternatives thereto, and
(b) they advertise the services they provide under paragraph (a) through material which—
(i) contains false information and is untruthful in relation to any of the matters in subsection (3), or
(ii) in its overall presentation deceives or is in any way likely to deceive the average person in relation to any of the matters in that subsection, even if the information is factually correct; and
(c) the material under paragraph (b) causes or is likely to cause the average pregnant woman to take a decision in relation to the termination of her pregnancy she would not have taken otherwise.

(3) The matters referred to in subsection (2)(b) are—
(a) that the person, association or body corporate concerned—
(i) provides services authorised under this Act, or
(ii) provides information about how to obtain services authorised under this Act, when it does not provide such services or such information.
(b) information about how to obtain services authorised under this Act.

(4) A person guilty of an offence under this section shall be liable—
(a) on summary conviction, to a fine not exceeding the statutory maximum; or
(b) on conviction on indictment, to a fine or imprisonment for a term not exceeding two years or both.”’

- This amendment may have been drafted in reaction e.g. to the Brighton counselling centre that advertises abortion counselling, but doesn't provide abortion, and may be costing BPAS trade. It may also be aimed at SPUC's "Abortion - Your Right to Know" leaflet which several hundred GPs now carry in their surgeries.

- In objective terms, it is not clear why this amendment is considered under the Abortion Act 1967 rather than elsewhere – e.g. in legislation covering advertising. Because of this, the amendment appears to treat information about termination of pregnancy as more important than the provision of information about other options including pregnancy and child rearing and adoption. In terms of termination of pregnancy services, women should also be informed if a counseling service has a financial interest in providing pregnancy termination services.

- On the other hand, the amendment could leave open the possibility that a counseling service (whether pro-or anti-abortion) which was truthful about the likely consequences of abortion could be held to account under this amendment if the woman being counseled considered herself misled. This might depend on how widely "advertise" is construed.

New clause 12: no conscientious objection to birth control

NC12[11] is designed to force all doctors, nurses and pharmacists to prescribe, provide, dispense or administer "emergency contraception" or any other form of contraception when requested to do so. It is difficult to say whether this would be its exact legal effect, though it would clearly tend to suggest that Parliament didn't want staff to have the right to object to abortifacient drugs or devices. At present, pharmacists, nurses or others with a conscientious objection may rely on professional codes of practice to support them, but they don't have legal protection. This amendment may be an "insurance" device by Harris, designed to protect against the possibility of some future reversal of the 2002 Munby judgment against SPUC that the MAP was not covered by the Abortion Act.

SPUC comments on NC12:

- Currently, section 4(1) of the Act allows for conscientious objection to participation in an abortion with the person carrying the burden of proof and not in circumstances where it is necessary to save the life of the woman or "to prevent grave permanent injury to the physical or mental health of the pregnant woman."

- The amendment is out of place here in the Abortion Act and amounts to an admission of the potential abortifacient effects of emergency hormonal contraception (the Morning After Pill - Levonelle) and possibly even some other forms of contraception. There is therefore an inconsistency in use of the term contraception. There is scholarly research literature that indicates that a proportion of those who take emergency contraception most likely fail to become pregnant, due to its abortifacient mode of action.

- This is contrary to basic ethical principles.

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[11] *Amendment of the Abortion Act 1967: conscientious objection*
Tabled by Dr Evan Harris

'(1) The Abortion Act 1967 (c. 87) is amended as follows.
(2) After section 4(1) insert—
"(1A) For the avoidance of doubt, subsection (1) shall not apply to the provision, prescription, dispensing or administration of emergency hormonal contraception or any other form of contraception by a registered health care practitioner or registered pharmacist except where otherwise specified in statute.
(3) In section 6, after them:—, insert—
""registered pharmacist" means a registered pharmacist as defined under Schedule 1 of the Interpretation Act 1978 (c. 30).'".

- The right to freedom of conscience is widely recognised in codes of ethics and in international law. The natural outworking of freedom of conscience is the right to exercise it by way of conscientious objection. Freedom of conscience is meaningless without the freedom to exercise conscience in real and meaningful ways.

- The British Medical Association upholds the right of medical professionals to conscientious objection and also refers to Article 9 of the Human Rights Act 1998 to argue for a broad interpretation of the expression of the freedom of conscience.

- The right to conscientious objection is also recognised by the Royal College of Obstetricians and Gynaecologists, a fact which testifies to the recognition of the long-standing ethical tradition which should always govern good medical practice.

- It may be the case, as evidenced by the phrase in the amendment "except where otherwise specified in statute", that there could be conflict here with the freedom of conscience expressed in other legislation.

New clause 13: one doctor only

NC13[12] is a consequential amendment to NC1 above, which makes the references to "medical practitioners" (doctors) consistent with the aim of amendment NC1 – to remove the requirement for a second doctor's approval.

New clause 14: nurses and midwives to perform abortions

NC14[13] is a consequential amendment to NC2 above, making the references to "medical practitioners"(doctors) as opposed to health care practitioners (nurses, midwives or doctors) consistent with the aim of amendment NC1.

New clause 30: extending abortion in Northern Ireland

NC30[14] has been tabled by a group of extreme pro-abortion MPs, none of whom represents a Northern Ireland constituency. It would extend abortion virtually on demand to Northern Ireland, leading to the same imposition of abortion practice there as implemented elsewhere in the UK in the aftermath of 1967.

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[12] NC13: Amendment of the Abortion Act 1967: medical approval (No. 2)
Tabled by Dr Evan Harris
'(1) The Abortion Act 1967 (c. 87) is amended as follows.
(2) In section 1(4) for "two registered medical practitioners," substitute "a registered medical practitioner".
(3) In section 2(1)(a) omit "practitioners or"'.

[13] NC14: Amendment of the Abortion Act 1967: role of health care professionals (No. 2)
Tabled by Mr Frank Dobson
'(1) The Abortion Act 1967 (c. 87) is amended as follows.
(2) In sections 2(1)(b), 3(1) and 5(1) for "medical" (in each place) substitute "health care"'.

[14] NC30: Amendment of the Abortion Act 1967: Application to Northern Ireland
Tabled by Ms Diane Abbott, Mrs Jacqui Lait, Dr Evan Harris, Ms Katy Clark, Mr John Bercow, Mr John McDonnell
'(1) Section 7 of the Abortion Act 1967 (c. 87) (short title, commencement and extent) is amended as follows.
(2) For subsection (3) substitute— "(3) This Act extends to Northern Ireland."'.

SPUC comments on NC30

Opposition to the extension of the Abortion Act unites the people, politicians and Churches across Northern Ireland like no other issue.

The pro-life people of Northern Ireland have faced concerted attacks on their unborn children over several decades. The restrictive abortion law in NI has been attacked numerous times. Those trying to undermine the law have included official "human rights" groups, UN committees, family planning campaigners, health boards, British doctors, radical feminists and senior Westminster politicians – including former Secretary of State Mo Mowlam for example. Despite all these attacks, and initiatives to promote abortion by establishing facilities such as "Brook Advice centres" in Belfast and Co Londonderry, the communities remain resolutely opposed to the extension of the Abortion Act.

There is no evidence of a 'backstreet' abortion problem in Northern Ireland, despite the assertion of Ms Abbot, the amendment's lead sponsor, that this is a problem. Northern Ireland statistics on maternal mortality have shown it to be the lowest in the UK. The law in Northern Ireland protects both women and children, which is why everyone must take a stand against abortion.

Effect of selected amendments on the wording of the Abortion Act

The text of the existing Abortion Act is shown below (left) alongside an illustrative text showing how the Act would read if the amendments were accepted. (Only the certain amendments are shown.)

The text to be changed, deleted or inserted by each amendment is shown in colour. Each amendment is assigned a different colour except where the amendments are clearly "consequential", as in the first two cases.

The key for the clauses shown is:
New Clauses 1 & 13: Orange
New Clauses 2 & 14: Blue
New Clause 7: Lime green
New Clause 9: Purple
New Clause 10: Red
New Clause 11: Brown
New Clause 12: Dark green

Note: some amendments affect more than one section of the Act: e.g. NC 2 inserts new text in clause 1 and clause 6 (shown in blue).

Abortion Act 1967

1967 c. 87

An Act to amend and clarify the law relating to termination of pregnancy by registered medical practitioners.

[27th October 1967]

1.

Medical termination of pregnancy.

— (1) Subject to the provisions of this section, a person shall not be guilty of an offence under the law relating to abortion when a pregnancy is terminated by a registered medical practitioner if two registered medical practitioners are of the opinion, formed 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.

(2) In determining whether the continuance of a pregnancy would involve such risk of injury to health as is mentioned in paragraph *(a)* or *(b)* of subsection (1) of this section, account may be taken of the pregnant woman's actual or reasonably foreseeable environment.

(3) Except as provided by subsection (4) of this section, any treatment for the termination of pregnancy must be carried out in a hospital vested in the Secretary of State for the purposes of his functions under the National Health Service Act 1977 or the National Health Service (Scotland) Act 1978 or in a hospital vested in a Primary Care Trust or a National Health Service trust or in a place approved for the purposes of this section by the Secretary of State

Abortion Act 1967

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An Act to amend and clarify the law relating to termination of pregnancy by registered medical practitioners.

[27th October 1967]

1.

Medical termination of pregnancy.

— (1) Subject to the provisions of this section, a person shall not be guilty of an offence under the law relating to abortion when a pregnancy is terminated by a registered health care practitioner if a registered medical practitioner is of the opinion, formed in good faith—

(a)

that the pregnancy has not exceeded its twenty-fourth week and that the termination would be carried out in accordance with the conditions and principles of good medical practice, or

(b)

that one or more of the following grounds applies—

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

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

(iii) 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.

(2) In determining whether the continuance of a pregnancy would involve such risk of injury to health as is mentioned in paragraph *(a)* or *(b)* of subsection (1) of this section, account may be taken of the pregnant woman's actual or reasonably foreseeable environment.

(3) Except as provided by subsection (4) of this section, any treatment for the termination of pregnancy must be carried out in a hospital vested in the Secretary of State for the purposes of his functions under the National Health Service Act 1977 or the National Health Service (Scotland) Act 1978 or in a hospital vested in a Primary Care Trust or a National Health Service trust or or in any location where a health care provider provides primary care under a contract with a commissioner of NHS services.in a place approved for the purposes of this section by the Secretary of State

(3A) For the purposes of subsection (3) such treatment for the termination of pregnancy consisting primarily of the use of medicines shall include the prescription but not the administration of a medicine which precipitates the expulsion of the products of conception provided that—

(3A) The power under subsection (3) of this section to approve a place includes power, in relation to treatment consisting primarily in the use of such medicines as may be specified in the approval and carried out in such manner as may be so specified, to approve a class of places.

(4) Subsection (3) of this section, and so much of subsection (1) as relates to the opinion of two registered medical practitioners, shall not apply to the termination of a pregnancy by a registered medical practitioner in a case where he is of the opinion, formed in good faith, that the termination is immediately necessary to save the life or to prevent grave permanent injury to the physical or mental health of the pregnant woman.

2.

Notification.

— (1) The Minister of Health in respect of England and Wales, and the Secretary of State in respect of Scotland, shall by statutory instrument make regulations to provide—

(a)

for requiring any such opinion as is referred to in section 1 of this Act to be certified by the practitioners or practitioner concerned in such form and at such time as may be prescribed by the regulations, and for requiring the preservation and disposal of certificates made for the purposes of the regulations;

(b)

for requiring any registered medical practitioner who terminates a pregnancy to give notice of the termination and such other information relating to the termination as may be so prescribed;

(i) medicines which end the pregnancy have been prescibed [sic] and administered in accordance with this section as part of the same course of medical treatment,

(ii) the administration is under the direction of a registered health care practioner[sic], and

(iii) the pregnancy has not exceeded the ninth week.

(3B) The Secretary of State may make regulations which amend the provisions of subsections 3A of this section.

(3C) Regulations under subsection (3B) shall be made by statutory instrument.

(3D) No regulations may be made under subsection (3B) unless a draft of the instrument containing the regulations has been laid before, and approved by resolution of, each House of Parliament..

(3[A/E]) The power under subsection (3) of this section to approve a place includes power, in relation to treatment ~~consisting primarily in the use of such medicines~~ as may be specified in the approval and carried out in such manner as may be so specified, to approve a class of places.

(4) Subsection (3) of this section, and so much of subsection (1) as relates to the opinion of a registered medical practitioner, shall not apply to the termination of a pregnancy by a registered medical practitioner in a case where he is of the opinion, formed in good faith, that the termination is immediately necessary to save the life or to prevent grave permanent injury to the physical or mental health of the pregnant woman.

2.

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— (1) The Minister of Health in respect of England and Wales, and the Secretary of State in respect of Scotland, shall by statutory instrument make regulations to provide—

(a)

for requiring any such opinion as is referred to in section 1 of this Act to be certified by the ~~practitioners or~~ practitioner concerned in such form and at such time as may be prescribed by the regulations, and for requiring the preservation and disposal of certificates made for the purposes of the regulations;

(b)

for requiring any registered health care practitioner who terminates a pregnancy to give notice of the termination and such other information relating to the termination as may be so prescribed;

(c) for prohibiting the disclosure, except to such persons or for such purposes as may be so prescribed, of notices given or information furnished pursuant to the regulations.	(c) for prohibiting the disclosure, except to such persons or for such purposes as may be so prescribed, of notices given or information furnished pursuant to the regulations.
(2) The information furnished in pursuance of regulations made by virtue of paragraph (b) of subsection (1) of this section shall be notified solely to the Chief Medical Officers of the Department of Health, or of the Welsh Office, or of the Scottish Administration.	(2) The information furnished in pursuance of regulations made by virtue of paragraph (b) of subsection (1) of this section shall be notified solely to the Chief Medical Officers of the Department of Health, or of the Welsh Office, or of the Scottish Administration.
(3) Any person who wilfully contravenes or wilfully fails to comply with the requirements of regulations under subsection (1) of this section shall be liable on summary conviction to a fine not exceeding level 5 on the standard scale.	(3) Any person who wilfully contravenes or wilfully fails to comply with the requirements of regulations under subsection (1) of this section shall be liable on summary conviction to a fine not exceeding level 5 on the standard scale.
(4) Any statutory instrument made by virtue of this section shall be subject to annulment in pursuance of a resolution of either House of Parliament.	(4) Any statutory instrument made by virtue of this section shall be subject to annulment in pursuance of a resolution of either House of Parliament.
3. Application of Act to visiting forces etc. — (1) In relation to the termination of a pregnancy in a case where the following conditions are satisfied, that is to say—	**3.** Application of Act to visiting forces etc. — (1) In relation to the termination of a pregnancy in a case where the following conditions are satisfied, that is to say—
(a) the treatment for termination of the pregnancy was carried out in a hospital controlled by the proper authorities of a body to which this section applies; and	(a) the treatment for termination of the pregnancy was carried out in a hospital controlled by the proper authorities of a body to which this section applies; and
(b) the pregnant woman had at the time of the treatment a relevant association with that body; and	(b) the pregnant woman had at the time of the treatment a relevant association with that body; and
(c) the treatment was carried out by a registered medical practitioner or a person who at the time of the treatment was a member of that body appointed as a medical practitioner for that body by the proper authorities of that body,	(c) the treatment was carried out by a registered health care practitioner or a person who at the time of the treatment was a member of that body appointed as a health care practitioner for that body by the proper authorities of that body,
this Act shall have effect as if any reference in section 1 to a registered medical practitioner and to a hospital vested in the Secretary of State included respectively a reference to such a person as is mentioned in paragraph (c) of this subsection and to a hospital controlled as aforesaid, and as if section 2 were omitted.	this Act shall have effect as if any reference in section 1 to a registered health care practitioner and to a hospital vested in the Secretary of State included respectively a reference to such a person as is mentioned in paragraph (c) of this subsection and to a hospital controlled as aforesaid, and as if section 2 were omitted.
(2) The bodies to which this section applies are any force which is a visiting force within the meaning of any of the provisions of Part I of the Visiting Forces Act 1952 and any headquarters within the meaning of the Schedule to the International Headquarters and Defence Organisations Act 1964; and for the purposes of this section—	(2) The bodies to which this section applies are any force which is a visiting force within the meaning of any of the provisions of Part I of the Visiting Forces Act 1952 and any headquarters within the meaning of the Schedule to the International Headquarters and Defence Organisations Act 1964; and for the purposes of this section—
(a) a woman shall be treated as having a relevant association at any time with a body to which this section applies if at that time—	(a) a woman shall be treated as having a relevant association at any time with a body to which this section applies if at that time—
(i) in the case of such a force as aforesaid, she had a relevant association within the meaning of the said Part I with the force; and	(i) in the case of such a force as aforesaid, she had a relevant association within the meaning of the said Part I with the force; and

(ii) in the case of such a headquarters as aforesaid, she was a member of the headquarters or a dependant within the meaning of the Schedule aforesaid of such a member; and

(b)

any reference to a member of a body to which this section applies shall be construed—

(i) in the case of such a force as aforesaid, as a reference to a member of or of a civilian component of that force within the meaning of the said Part I; and

(ii) in the case of such a headquarters as aforesaid, as a reference to a member of that headquarters within the meaning of the Schedule aforesaid.

4.

Conscientious objection to participation in treatment.

— (1) Subject to subsection (2) of this section, no person shall be under any duty, whether by contract or by any statutory or other legal requirement, to participate in any treatment authorised by this Act to which he has a conscientious objection:

Provided that in any legal proceedings the burden of proof of conscientious objection shall rest on the person claiming to rely on it.

(2) Nothing in subsection (1) of this section shall affect any duty to participate in treatment which is necessary to save the life or to prevent grave permanent injury to the physical or mental health of a pregnant woman.

(3) In any proceedings before a court in Scotland, a statement on oath by any person to the effect that he has a conscientious objection to participating in any treatment authorised by this Act shall be sufficient evidence for the purpose of discharging the burden of proof imposed upon him by subsection (1) of this section.

(ii) in the case of such a headquarters as aforesaid, she was a member of the headquarters or a dependant within the meaning of the Schedule aforesaid of such a member; and

(b)

any reference to a member of a body to which this section applies shall be construed—

(i) in the case of such a force as aforesaid, as a reference to a member of or of a civilian component of that force within the meaning of the said Part I; and

(ii) in the case of such a headquarters as aforesaid, as a reference to a member of that headquarters within the meaning of the Schedule aforesaid.

4.

Conscientious objection to participation in treatment.

— (1) Subject to subsection (2) of this section, no person shall be under any duty, whether by contract or by any statutory or other legal requirement, to participate in any treatment authorised by this Act to which he has a conscientious objection:

Provided that in any legal proceedings the burden of proof of conscientious objection shall rest on the person claiming to rely on it.

(1A) For the avoidance of doubt, subsection (1) shall not apply to the

provision, prescription, dispensing or administration of emergency hormonal contraception or any other form of contraception by a registered health care practitioner or registered pharmacist except where otherwise specified in statute.

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(2) Nothing in subsection (1) of this section shall affect any duty to participate in treatment which is necessary to save the life or to prevent grave permanent injury to the physical or mental health of a pregnant woman.

(3) In any proceedings before a court in Scotland, a statement on oath by any person to the effect that he has a conscientious objection to participating in any treatment authorised by this Act shall be sufficient evidence for the purpose of discharging the burden of proof imposed upon him by subsection (1) of this section.

[new] 5

Prohibition of deliberately misleading advertising

(1) It shall be an offence to deliberately mislead through advertising in relation to the termination of pregnancy and alternatives thereto.

(2) Any person, association or body corporate shall be guilty of an offence under subsection (1) if—

(a) they provide information or advice, whether for reward or otherwise, to a pregnant woman about termination of pregnancy or the alternatives thereto, and

(b) they advertise the services they provide under paragraph (a) through material which—

5.
Supplementary provisions.

— (1) No offence under the Infant Life (Preservation) Act 1929 shall be committed by a registered medical practitioner who terminates a pregnancy in accordance with the provisions of this Act.

(2) For the purposes of the law relating to abortion, anything done with intent to procure a woman's miscarriage (or, in the case of a woman carrying more than one foetus, her miscarriage of any foetus) is unlawfully done unless authorised by section 1 of this Act and, in the case of a woman carrying more than one foetus, anything done with intent to procure her miscarriage of any foetus is authorised by that section if–

(a)
the ground for termination of the pregnancy specified in subsection (1)(*d*) of that section applies in relation to any foetus and the thing is done for the purpose of procuring the miscarriage of that foetus, or

(b)
any of the other grounds for termination of the pregnancy specified in that section applies

(i) contains false information and is untruthful in relation to any of the matters in subsection (3), or

(ii) in its overall presentation deceives or is in any way likely to deceive the average person in relation to any of the matters in that subsection, even if the information is factually correct; and

(c) the material under paragraph (b) causes or is likely to cause the average pregnant woman to take a decision in relation to the termination of her pregnancy she would not have taken otherwise.

(3) The matters referred to in subsection (2)(b) are—

(a) that the person, association or body corporate concerned—

(i) provides services authorised under this Act, or

(ii) provides information about how to obtain services authorised under this Act, when it does not provide such services or such information.

(b) information about how to obtain services authorised under this Act.

(4) A person guilty of an offence under this section shall be liable—

(a) on summary conviction, to a fine not exceeding the statutory maximum; or

(b) on conviction on indictment, to a fine or imprisonment for a term not exceeding two years or both.

5.
Supplementary provisions.

— (1) No offence under the Infant Life (Preservation) Act 1929 shall be committed by a registered health care practitioner who terminates a pregnancy in accordance with the provisions of this Act.

(2) For the purposes of the law relating to abortion, anything done with intent to procure a woman's miscarriage (or, in the case of a woman carrying more than one foetus, her miscarriage of any foetus) is unlawfully done unless authorised by section 1 of this Act and, in the case of a woman carrying more than one foetus, anything done with intent to procure her miscarriage of any foetus is authorised by that section if–

(a)
the ground for termination of the pregnancy specified in subsection (1)(*d*) of that section applies in relation to any foetus and the thing is done for the purpose of procuring the miscarriage of that foetus, or

(b)
any of the other grounds for termination of the pregnancy specified in that section applies

6. Interpretation. In this Act, the following expressions have meanings hereby assigned to them:—	**6.** Interpretation. In this Act, the following expressions have meanings hereby assigned to them:— "registered health care practitioner" means a "registered medical practitioner" as defined in Schedule 1 to the Interpretation Act 1978 (c.30) or a nurse or midwife registered in the register maintained under article 5 of the Nursing and Midwifery Order 2001 by virtue of qualifications in nursing or midwifery, as the case may be "registered pharmacist" means a registered pharmacist as defined under Schedule 1 of the Interpretation Act 1978 (c. 30)
"the law relating to abortion" means sections 58 and 59 of the Offences against the Person Act 1861, and any rule of law relating to the procurement of abortion;	"the law relating to abortion" means sections 58 and 59 of the Offences against the Person Act 1861, and any rule of law relating to the procurement of abortion; . . . .
7. Short title, commencement and extent. — (1) This Act may be cited as the Abortion Act 1967. (2) This Act shall come into force on the expiration of the period of six months beginning with the date on which it is passed. (3) This Act does not extend to Northern Ireland.	**7.** Short title, commencement and extent. — (1) This Act may be cited as the Abortion Act 1967. (2) This Act shall come into force on the expiration of the period of six months beginning with the date on which it is passed. (3) This Act does not extend to Northern Ireland.