

Talk given by Alison Davis at Oxford on 5 March 2008

Abortion has been legal in the UK since 1967, and fetal disability is one of the most publicly acceptable reasons for allowing abortion. Typically these abortions are often dismissed as “only 2%” of the total, as if their importance were in direct proportion to their numbers, but, as we will see, the actual discrimination against disabled unborn children is vastly greater than their numbers would suggest.

The discriminatory factor in these abortions is made clear by simple statistics. About 20% of all pregnancies are aborted, but about 90% of babies with spina bifida are aborted,¹ as are 92% of babies with Down’s syndrome.² This is, of course, in addition to the disabled babies who are aborted for “social” reasons without their disability ever being detected.

Polls suggest that over 75% of people in the UK think abortion should be allowed for disability.³

“Ground E” of the British Abortion Act (as amended by the Human Fertilisation and Embryology Act 1990) states that abortion is permissible if there is “substantial risk of the child being born seriously handicapped.” In 2006 in England & Wales there were 201,173 abortions in total, of which 2,036 were done under Ground E. Of this number 106 were for spina bifida and 44 for hydrocephalus (two of the disabilities I have), 166 for anencephaly (lack of most of the higher brain) and 436 for Down’s syndrome, twelve of these abortions being done after 24 weeks.⁴

In addition to these abortions, there were 64 cases of “selective reduction” in which one of more babies in a multiple pregnancy are killed by injecting poison into their hearts, while the other babies in the pregnancy are left to continue their lives and eventually be born. Some pregnancies were “reduced” by one baby, some by two. 55% of these abortions were performed because one or more of the babies had a disability.⁵

¹ Association for Spina Bifida & Hydrocephalus: *LINK* Summer 2005

² “Harrison’s parents chose his name when he was a 35 week fetus – then they were offered a termination” by Beezy Marsh and Elizabeth Day. *Sunday Telegraph* 21 May 2006

³ “Britain and the Unborn Child” *The Sunday Telegraph* 26 October 1997

⁴ Office of National Statistics – *Abortion Statistics 2006*, published June 2007

⁵ ONS *Abortion Statistics 2006* Ibid

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While the general upper limit for abortion in this country is 24 weeks, under Ground E abortion is allowed with no time limit; in other words up to the moment of birth. In 2006 136 abortions were carried over 24 weeks, and the latest date at which babies were aborted is categorized as “32 weeks and over.” There were 34 such abortions in 2006.

These eugenic abortions cannot be dismissed simply as women freely “choosing” to abort, just as the diagnosis of a disability does not just “happen.”

Josephine Treloar (a medical doctor) wrote in the *British Medical Journal* of being given the Nuchal Translucency ultrasound test without her knowledge or consent. This test measures the amount of fluid at the back of the unborn baby’s neck, and can indicate Down’s syndrome. The test was simply presented to Josephine as “the first trimester scan” with no indication of its true purpose.⁶

If this can happen to a medical doctor, how much more could it happen to ordinary women? I recently received a letter from Michele Liddle, a new member of No Less Human, the group within SPUC for disabled people, their families and carers, which I run. Michele’s son Kealan was born with Down’s syndrome in 2002. She says,

I was screened without my knowledge at my first hospital scan, and told afterwards that my baby had a chromosomal problem. I was then faced with several doctors trying to get me to have amniocentesis and discussing the possibility of abortion. I rejected both, but had the worry of the health of my baby with me for the next six months. At one stage I felt I was a burden for wanting to keep my child. I can see how easy it can be for someone to be persuaded by a doctor to abort their disabled child.⁷

An Editorial in the *British Medical Journal* admitted that “When first trimester scanning does detect an abnormality, there may be pressure for the decision to terminate to be made

⁶ “Nuchal translucency – screening without consent” by Dr. Josephine Treloar *BMJ* 28 March 1998

⁷ Personal letter from Michele Liddle July 2003

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quickly to facilitate a suction termination.” No mention was made of the possibility that the woman might decide *not* to abort.⁸

In a survey by the University of Leeds, only 32% of obstetricians reported counselling pregnant women non-directively, and two researchers concluded that all pre-natal counselling is, in reality, directive.⁹

A hospital consultant “recommended” Lisa Green abort her son Harrison, now 3 years old, who has Down’s syndrome, at 35 weeks gestation. He was born naturally two weeks later. The Down’s Syndrome Association noted that “some health professionals have outdated or prejudiced views about people with Down’s syndrome ... so they are unable to provide a balanced view of what life is like for the family of a child with the condition.”¹⁰

Perhaps it is significant that the term “risk” rather than “chance” of a baby having a disability is always used when pre-natal testing statistics are discussed. Risk implies a bad outcome. Does anyone ever speak of the “risk” of a sunny day?

Pressure to abort a disabled child is particularly apparent when the mother also has a disability.¹¹

While abortion is equally wrong whether or not the baby has a disability, it should be noted that the results of pre-natal tests are wrong much more often than most people like to think. A study in the year 2000 of 300 fetal autopsies found that only 39% “confirmed the pre-natal hypothesis.”¹² An example of such a mistake is that of Karen Robinson, who was told at 19 weeks gestation that one of her twins had anencephaly and spina bifida while the other was missing vital organs, that neither had any hope of surviving and that they “had to” be aborted. She refused abortion and at birth it was discovered that neither twin had any disability.¹³

⁸ *BMJ* – 28 March 1998 Ibid.

⁹ “Antenatal screening for Down’s syndrome” by Helen Statham and Wendy Solomou. *The Lancet* 5 December 1998

¹⁰ “As toll of Down’s victims leaps, the boy doctors wanted to abort at 35 weeks” by Beezy Marsh. *Sunday Telegraph* 21 May 2006

¹¹ “Down’s but not out” by Tom Shakespeare. *The Guardian* 5 November 1998

¹² “The cruelty of a life and death choice” by Dominic Lawson. *Independent* 23 May 2006

¹³ *Independent* 23 May 2006. Ibid.

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In addition to the question of whether consent is obtained to pre-natal screening, the question must be posed whether women *or their doctors* actually know very much about the disabilities which might be detected. In other words they may be making supposedly “informed decisions” about conditions they know little or nothing about. A paper discussing the history and practice of killing *newborn* babies with spina bifida in Holland, for instance, found that some doctors were telling parents their baby would have to undergo “at least 60 surgical operations in the course of [the first] year to temporarily alleviate its (sic.) problems.” However, a retrospective study over two years showed that in fact spina bifida babies needed on average three to four operations in their first year.¹⁴

It seems parents either get wrong information or no information about disability. I once had a phone call from a woman who had been told her unborn baby had spina bifida and had been told to abort. She said, “No one will tell me what spina bifida is.”

Sadly this ignorance of the facts about disability is widespread. Dr. Theresa Marteau, Professor of Health Psychology at Guy’s & St.Thomas’ Medical School, London described a study of 84 consultations with parents prior to pre-natal testing for Down’s syndrome.¹⁵ Only two of the consultations included any information at all about Down’s syndrome, and both of those were inaccurate! It is clear that parents are sometimes given “grossly inadequate or frankly misleading” information about their child’s disabling condition.¹⁶ Some parents are not even given details of support groups which could give accurate information.

Doctors are notorious for giving negative judgments about the lives of disabled people. Just to mention a few of many examples Peter McLean, who has spina bifida and hydrocephalus and uses a wheelchair full-time, is now 51 years old. At his birth his mother was told to “leave him in the hospital, go home and have another one” as he would not live beyond three months.

¹⁴ T.H. Rob de Jong. “Deliberate termination of life of newborns with spina bifida, a critical reappraisal.” *Childs Nerv Syst* (2008) 24:13-28

¹⁵ “Considered Choices” conference organised by the Norah Fry Research Centre in Bristol June 1997 reported in *Speak Out* July 1997

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Sarah Thomas, whose son Luke is now 18, was told when Luke was unborn and diagnosed as having spina bifida and hydrocephalus, that he had “a head like a banana” and “part of the brain missing.” Doctors said he would be unable to do anything much for himself if he survived, which was considered unlikely. When she refused to abort she was called “awkward” and “unrealistic.” The hospital even started phoning her up at home to see if she had changed her mind and would now “do the sensible thing.”

Luke uses a wheelchair, is bright and very good looking. He has had letters published in *The Times* and the *Daily Mail* as well as in local newspapers, defending his own right to life. Sarah says his two able bodied brothers are far more trouble than Luke.

Agnes Marshall, another No Less Human member, was told her daughter Rachel would not live to see her first birthday. Rachel will soon be 15 years old.

She is one of only about 50 children in the world who have Hydranencephaly, a condition similar to anencephaly in which most of the brain is missing.

Rachel’s contribution to the world is simply her existence, and she elicits so much love from all who meet her. Sadly many people think children like her “should” be aborted. Agnes has other ideas, saying,

She’s so loving the way she looks at me. I wouldn’t want to change her in any way. In fact I’d have 10 of her.¹⁷

Mona Winberg, who has cerebral palsy also has something beautiful to add here. She says, “When I was born other people asked my mother ‘Aren’t you sorry you had Mona? What can she ever accomplish in life?’ My mother replied, “Even if all she does is look up at the stars at night and appreciates their beauty, isn’t that better than if she had never existed?”¹⁸

Much of the difficulty in giving parents information about disability in their unborn child stems from the fact that doctors are trying to describe a disability without mentioning the person who has that condition. It is rather like trying to describe a short-sighted person by

¹⁶ “Prenatal diagnoses of sex chromosome conditions” by Barbara Biesecker. *BMJ* 24 February 2001

¹⁷ “My baby was born without a brain” by Maria Croce. *Daily Record* 20 May 2000

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stating the prescription for his glasses. Spina bifida is what I have, not what I am, but still many doctors refer to me as being “a spina bifida.” In similar vein, parents are being asked to make life or death decisions about a person about whom they know nothing except that they have a particular condition.

It has been reported that if 25,000 women a year have amniocentesis after a positive screening test result at least 245 so-called “healthy” (i.e. non-disabled) babies are miscarried.¹⁹

This is quoted in an article praising an “integrated” test using maternal serum screening plus nuchal translucency, which would prevent the deaths of the non-disabled babies. This article makes the common assumption that losing a so-called “healthy” baby is a tragedy, while the equal, and deliberate, tragedy of the deaths of disabled babies is regarded as entirely justified.

Often the main argument pro-lifers tend to use against pre-natal testing aimed at aborting disabled babies is that as a result of it, non-disabled babies may be lost, either by miscarriage, or by being aborted in error. Unfortunately, this only serves to confirm the all too common view that aborting a non-disabled baby is very much worse, and that abortion is justified in direct proportion to the severity of a baby’s disability. I think it would be more correct to say that the deaths, in error, of non-disabled babies compound the deliberate deaths by abortion of disabled babies, which are the aim of all pre-natal testing programmes. And these programmes are an essential part of any system which allows abortion on grounds of disability.

The views of people like Anya Souza, who is 44 years old and has Down’s syndrome, need to be heard. She says:

I want to change the way people view Down’s syndrome...it should feel good to have a Down’s syndrome baby, and see how much it can achieve in the world.²⁰

¹⁸ “The Tracy Lattimer case and me” by Mona Winberg. *Toronto Sun* 4 June 2000

¹⁹ “Testing times” by Angela Dowden. *Sunday Times Magazine* 28 November 2001

Anya has also said:

I think getting rid of a baby because it has Down's syndrome is wrong. It's something you just don't do to children.²¹

While so much money is being spent on eliminating disabled people, little is spent on true prevention of disability (for instance giving pregnant women folic acid supplements which can protect the baby against developing spina bifida) and on treatments for those who have disabling conditions.

This is perhaps inevitable. It is impossible for society to have a truly positive, non-discriminatory attitude towards a group of people whose deliberate destruction by abortion it is simultaneously condoning.²²

It has been calculated that the estimated cost to the National Health Service of pre-natal testing is £15,300 per Down's syndrome baby detected and aborted. A letter in the British Medical Journal by a medical student noted that "the incremental lifetime economic cost incurred by an infant born with [Down's syndrome] is about £350,000 ... It may be worth shouldering [increased] upfront [pre-natal] testing costs to provide truly accurate information to mothers, and avoid much greater subsequent societal economic burden."²³

The implication is that pre-natal testing and abortion are a bargain compared with the perceived burden of caring for a disabled child. It seems all too clear that "the ghost of the biologist Sir Francis Galton, who founded the eugenics movement in 1885, still stalks the corridors of many a UK teaching hospital."²⁴

It is perhaps useful to note here that some years ago it was estimated that the 2,500 youths in custody had cost the UK taxpayer £200 million, an average of £75,000 each. The cost of

²⁰ "I have a demanding job and run my home" by Anya Souza. *Daily Mail* 6 June 2000

²¹ "Disabled children will be a 'sin' says scientist" by Lois Rogers. *Sunday Times* 7 July 1999

²² "Doctor's diary" by Dr. James Le Fanu. *Daily Telegraph* 25 May 1999

²³ "Postnatal economic burden of limited karyotyping" by Suneel B. Bhat et al. *BMJ* 18 March 2006

²⁴ "Ghost of eugenics stalks Down's babies." By Lord Brian Rix. *Independent* 24 May 2006

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detaining each young offender was up to £2,167 per month.²⁵ No doubt many of *them* have a “poor quality of life” and are burdensome to their families, but no one suggests (one hopes!) that they are too expensive to keep alive and should be eliminated. Why the difference?

It is too easy to dismiss disabled people as nothing but “burdens.” This is what Kate Powell, who has Down’s syndrome and is 24 years old has to say:

I worry about my mum and dad. Thinking about them dying makes me unhappy. I don’t even want to talk about it because I want them to look after me always. And when they can’t look after me, I’ll look after them. Simple, isn’t it?²⁶

If only the UK Government and people, could see the devastating logic of Kate’s argument.

One who has proved himself entirely incapable of understanding what Kate finds so obvious is the supposedly “eminent” British philosopher, John Harris, Professor of Bioethics at Manchester University. He has said that personhood and humanity are separate concepts, and argues that some human beings (including embryos, the unborn and newborn and some disabled adults) are not “persons” deserving of rights including the right to life.

On the other hand, he says, some non-humans including fictional characters, may be considered “persons” including – and I kid you not – Mickey Mouse, Donald Duck and Winnie the Pooh. He argues that to be a “person” and thus qualify for the right to life, an individual has to be capable of valuing his own life and those unable to do this forfeit their right to life.²⁷ That would seem to sign the death warrant not only of some disabled people, but also of those who are depressed and suicidal. Why bother with groups like The Samaritans if suicidal people are in fact *right* not to value their lives?

Dr. Robert Edwards, who worked with Prof. Patrick Steptoe on the world’s first IVF baby, Louise Brown, who was born in 1978, has said it will soon be “a sin” for parents to “burden

²⁵ “Detained youths cost taxpayer £75,000 a head” by Richard For, Home Correspondent. *The Times* 14 December 1998

²⁶ “Relative Values” by Caroline Scott. *Sunday Times Magazine* 30 May 1999

²⁷ Harris, J. “The concept of the Person and the Value of Life.” *Kennedy Institute of Ethics Journal* 9.4 (1999) 293-308

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society” with a disabled child. He says “We are entering a world where we have to consider the quality of our children.”²⁸

Acceptance of eugenic abortion also has implications for those who escape being killed before birth. In July 2005 the Royal College of Obstetricians & Gynaecologists published a response to a consultation by the Nuffield Council on Bioethics titled “The ethics of prolonging life in fetuses and the newborn.” The College’s response included the following statement:

We would particularly like the Working Party to ... think more radically about non-resuscitation, withdrawal of treatment decisions ... and active euthanasia as they are means of widening the management options available to the sickest of newborns.²⁹

The response particularly mentions severe spina bifida and hydrocephalus as sufficient reasons to consider both abortion *and* neonatal killing. It calls assisted food and fluids for vulnerable people “clinically inappropriate ventures” (did *you* enjoy your “clinically inappropriate venture” this evening at dinner?!), and it says the life-prolonging treatments must be “balanced in order to get a life that is worth living or valued.” “Valued” by whom they do not say. The submission also makes clear that its members already deliberately and directly kill unborn babies in late disability abortion by what is called “feticide” or an injection of poison into the fetal heart.³⁰ Clearly once one starts to kill vulnerable people by abortion extending the number and age of the victims is all too easy.

This is what is known as the phenomenon of the “slippery slope.” It starts with abortion for the supposed “hardest of hard cases” such as anencephalic babies, then slips to allow abortion for the slightly less hard cases such as those with spina bifida or Down’s syndrome. Then it gradually slips further and further until abortion is allowed for any reason, including what are considered by most people to be social or even “trivial reasons.” Then on to killing born disabled babies, and then to adults with profound disabilities, such as those in Persistent Non-Responsive State (usually, inappropriately, known as “Persistent Vegetative

²⁸ “We don’t need perfect kids” by Allison Pearson. *London Evening Standard* 7 July 1999

²⁹ Response of the Ethics Committee of the Royal College of Obstetricians and Gynaecologists to Nuffield Council on Bioethics consultation document *The ethics of prolonging life in fetuses and the newborn* 11 July 2005

³⁰ RCOG response 11 July 2005 Ibid.

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State”) ending up with so-called “voluntary euthanasia” for sick, disabled and depressed adults.

This slippery slope has been amply demonstrated in this country, where killing of unborn disabled children is legal up to birth, killing of profoundly disabled people by withdrawal of food and fluids is also legal under the Mental Capacity Act, and where there are now calls for discussion of active euthanasia for disabled babies and adults.

One of the most important triggers that led to passing of the Abortion Act of 1967 was disability, and particularly the children born in the early 1960’s disabled as a result of their mothers taking the drug Thalidomide to counter morning sickness in pregnancy.³¹ These children were born with short or missing limbs, and many are still alive today. The eugenic mentality behind the view that these children were “better off never born” helped ensure that the Act was passed, and has now led to the current situation where there were over 200,000 abortions in England and Wales in 2006.

It is unhelpful, however, to try to suggest that abortion is wrong *because* of the slippery slope, and that disability abortions are wrong because they will *lead to* abortions of non-disabled babies. What the slippery slope in the UK does teach is that once we give up on even one baby, however young, disabled or “unwanted” s/he may be, we inevitably start on the slippery slope that will result in more and more killings. We simply cannot afford to tolerate the killing of even one unborn child, even if s/he *is* the “last and the least” as Pope John Paul II called them, when defending their right to life. I suggest that our stance should be one of never agreeing to compromise on which babies may be killed, or on the so-called “upper limit” for abortions.

In the late 1980’s a liberal MP called David Alton (now Lord Alton of Liverpool) brought in a bill aiming to reduce the upper limit for abortions. The Abortion Act 1967 included the provision for a *prima facie* limit of 28 weeks above which unborn babies were to be considered “capable of being born alive” and after which abortion was not allowed. The “Alton bill” aimed to replace this with an upper limit of 18 weeks.

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From the outset the most severely disabled babies were excluded from the provisions of the bill, and later all disabled babies were excluded, to add to the exclusion of the youngest babies, those up to 18 weeks, which was inherent in the bill from the start. It was claimed that at least the situation wouldn't be worse for the disabled babies, while some "success" might be achieved for those who were not disabled.

In fact, the outcome of the Human Fertilisation and Embryology bill (later the HFE Act 1990) which included the same provisions for abortion as the "Alton bill" was much worse than pro-lifers had expected – a reduction in the upper limit for social abortions to 24 weeks, which probably saved not a single life, and abortion to birth for disabled babies.

This sort of compromise and concentration on those "easiest to save" or "going for what we think we can get" is bound to lead to a worsening of the situation not just for disabled babies but for all those who are most vulnerable, including the youngest babies and those conceived in rape. In framing an argument in favour of saving the least vulnerable babies (the non-disabled and those who are older) pro-lifers inevitably concentrate on what older babies can "do", imply that their abilities mean they should not be killed, rather than concentrating on the human status of every baby, which makes all pre-natal killing wrong. We can only really do our best for the unborn when we unequivocally, and without compromise, speak out for the right of EVERY baby to life, however young, vulnerable or disabled s/he might be.

The question of human value is at the centre of all that I have said, and it's probably easiest to clarify it by reference to a subject the complete ignorance of which is one of the many disabilities I have besides the obvious physical ones – Maths. I was in the bottom stream for Maths at school, and was the despair of my teacher. In fact, I got to know her so well, because I had to retake the Maths O Level so many times that she became a great friend of mine, and we still keep in touch now.

Probably the only concept she ever really managed to instill into me in all those years was the concept of infinity, but anyway, I'm very grateful to her for achieving that. I'm sure

³¹ "Abortion law: Backstreet battles" by Madeleine Simms. *New Statesman & New Society* 23 October 1992

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everyone here must be acquainted with the concept of infinity, if only because no one could be worse at Maths than I am!

Infinity cannot be added to, or subtracted from; neither can it be multiplied or divided. Infinity cannot be split up so that each infinitely valuable thing has “a bit of infinity.” If something or someone has infinite value then two things with infinite value cannot therefore be worth twice as much. There is no such thing as twice infinity. Infinity remains always the same and the most that any individual or group of individuals can be equal to is infinity.

Every human being has this infinite value, and, since infinity can't be multiplied or divided, each individual human being is as valuable as all other human beings put together. Thus one deliberate killing, say of an anencephalic baby, is as tragic, as unjust, as much to be mourned, as much to be condemned by pro-lifers as the total number of abortions carried out on non-disabled babies.

There are two different ways of explaining the compelling reasons for accepting the philosophy of the infinite value of all human beings.

I'm in a position to explain both, since where I came from represents one standpoint and where I am now represents the other.

When I was at university, I was a pro-abortion atheist. I changed my mind about abortion between 1981 and 1983, and became a pro-life atheist. I later changed my mind about religion and became a pro-life Catholic in 1991. From a secular perspective it can be said that abortion is a basic human rights issue, and that the right to life is the base right on which all other rights rely. It is futile to have the right to go to school, vote, own property, marry and found a family or anything else without the right to life itself. And the right to life begins when human life begins – at fertilization. My secular pro-life outlook was founded on the principle that killing human beings is wrong, and that there are non-violent solutions to the problems created by crisis pregnancies which respect the rights and dignity of both the mother and her unborn baby.

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The Christian outlook is more beautiful, complete and compelling and this is what I hold now. Since every human being is made in the image of God, each is of infinite value, and Jesus would have paid the same price for one as for all – the same price for the same infinite value. Because of this absolute value, one minute of life is as precious as a hundred years, a short life as valuable as a long one, and a “profoundly disabled” life as precious as one labeled “perfectly healthy.”

In the 6th Century BC a Phrygian slave named Aesop already knew the essence of what I’m trying to say, even though he didn’t know Christ, by telling the story of “The Trees and the Axe.” It’s short, and I hope you’ll bear with me as I re-tell it.

A woodman went into the forest and begged of the trees the favour of a handle for his axe. The principal trees at once agreed to so modest a request, and unhesitatingly gave him a young ash sapling out of which he fashioned the handle he desired. No sooner had he done so than he set to work to fell the noblest trees in the wood. When they saw the use to which he was putting their gift, they cried “Alas! Alas! We are undone, but we are ourselves to blame. The little we gave has cost us all. Had we not sacrificed the rights of the ash, we might ourselves have stood for ages.”³²

I think that one day our times will be remembered as an era when most societies wanted to kill disabled and other “hard case” babies, and in the process of doing so also killed countless millions of non-disabled unborn children. They then went on to kill born disabled children and then adults with disabilities or illnesses, all because they had first abandoned the principle of the infinite value of every human life. We must always refuse to compromise with the truth in any way. We need to stand firm (or in my case, perhaps, sit tight!) in our determination to demonstrate that real love and compassion cannot run counter to moral principles, and that each individual human life, disabled or not, is a gift of incomparable, infinite value.

ALISON DAVIS – Coordinator, No Less Human, a group within SPUC. March 2008

³² *Aesop’s Fables*. Wordsworth Editions Ltd. 1994.