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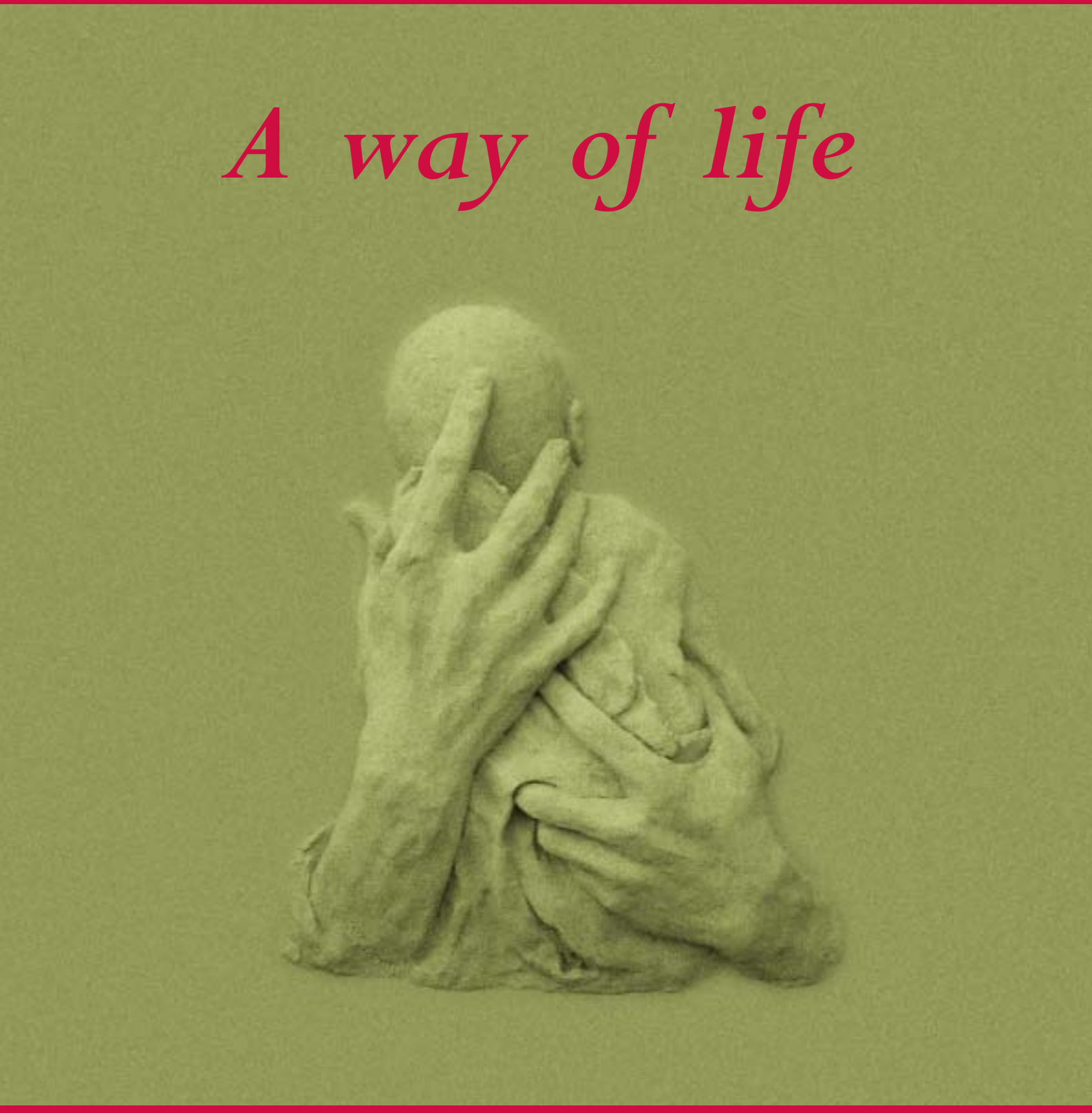
THE SOCIETY FOR THE PROTECTION OF UNBORN CHILDREN

A way of life



Revised second edition of

Affirming a pro-life culture in Northern Ireland

MARCH 2002

A way of life

Affirming a pro-life culture in Northern Ireland

Preface to the first edition, September 2001

Northern Ireland is the safest place in the UK to raise children, and it is also far ahead of the rest of the UK in its protection of the unborn. This publication, produced and sponsored by SPUC Northern Ireland, aims to present a positive defence of our culture of life against the pro-abortion agenda at work in these islands.

This booklet details the history and impact of 33 years of legalised abortion in Britain, and explains how every single unborn child killed by abortion is as human as you or me. It affirms that human life begins at conception, and warns against the many and varied attacks against the inherent dignity and worth of human life, both before and after the embryo implants in the womb. It also demonstrates how the inherent sanctity of human life is respected by the vast majority of Christians and by all the main world religions.

This publication is not intended simply to sit on shelves. It is, in essence, a call to action. It argues that the protection of unborn human life in Northern Ireland is something precious and distinctive and worth defending. Whatever our views on other political and religious issues, all sections of Northern Ireland's population can come together on the fundamental issue of the value of unborn human life. Such a display of unity is much needed.

Nigel Dodds MP MLA (DUP)
Danny O'Connor MLA (SDLP)

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Introduction

A *Way of Life – Affirming a pro-life culture in Northern Ireland* is being published by the Society for the Protection of Unborn Children (SPUC) both to inform public opinion and to celebrate Northern Ireland's defence of pro-life values.

Informing public opinion

Wherever abortion is being discussed – in parliament, in the courts, in schools or in the home – people need hard facts. This publication is intended to provide the *facts*, the starting point for every discussion.

The contents pages show the comprehensiveness of the facts to be found in this publication. For example, the first chapter on "The reality of abortion" is divided into five sections: 'The humanity of the unborn', 'Abortion facts and figures', 'Attacks on the early embryo', 'Fatal discrimination' and 'Examination of pro-abortion arguments'. These sections break down further into 26 subsections covering, clearly and authoritatively, such matters as foetal sentience, foetal memory, abortion techniques, human cloning, eugenics and abortion, child abuse and much more.

The same clear, comprehensive approach is adopted in the following five chapters – 'Religious and philosophical perspectives', 'Legal and political situation', 'Abortion in the world today', 'Consequences of abortion', and 'Affirming life in all its fullness'.

Celebrating Northern Ireland's pro-life values

Northern Ireland's historic opposition to Britain's Abortion Act 1967, which unites people of all religious and political traditions, has led to Northern Ireland having a lower rate of abortion than Britain and the Republic of Ireland.

In a survey of general practitioners, consultant obstetricians and psychiatrists in Northern Ireland conducted by Doctors for Life in January 2001 (and published in *Northern Ireland Medicine Today*, January 2002), 71 percent of respondents were against the extension of Britain's 1967 Abortion Act to Northern Ireland. It is clear that both the general population and the medical establishment in Northern Ireland remain predominantly pro-life.

A Way of Life concludes by looking forwards to the creation of a Bill of Rights which reflects the pro-life cultural and ethical traditions of Northern Ireland.

In its draft clause for a Northern Ireland Bill of Rights, SPUC Northern Ireland affirms the rights of individuals, families, women and children, on the basis of long-established international human rights instruments, not least on the Convention on the Rights of the Child and the International Covenant on Civil and Political Rights.

Since every abortion involves three people – father, a mother and a child – SPUC Northern Ireland's draft clause to the Bill of Rights addresses the rights of all three. This publication looks forward to a society where nobody's fundamental rights are excluded, in particular the right to life.

The reality of abortion

The humanity of the unborn

1.1.1 The continuous process of development

The birth of a baby is just one chapter in the process of human development, and it is by no means the first. Babies who have been studied *in utero* show the same individual behaviour after delivery that was observed while they were still in the womb. Sir William Liley, the first doctor to carry out a blood-transfusion on an unborn child, observes: "After birth you see many babies sleeping in the odd positions that they chose to rest in within the uterus prior to birth… The good drinkers in utero are the good drinkers in the nursery and the dainty, tedious swallowers in utero are the tedious ones out of the uterus as well… The behaviour traits also bridge the birth."[1]

The unborn baby is not just a passive bundle of protoplasm and blood. He or she is very active in the womb, completely directing his or her development.

1.1.2 The mother: supporting the child but never the same person

The mother and her baby are always two separate people. They do not even share the same bloodstream. Once the baby is outside the mother's body, he or she is still not entirely independent. While the baby can breathe and cry and move a little, he or she will die if not looked after by the mother or by someone acting in the mother's place. The mother is the baby's life-support during pregnancy and, after the birth, people who look after the baby are also a kind of life support. The fact that they support the baby does not make them the same person as the baby – born or unborn.

1.1.3 Human development from conception to birth

The miracle of prenatal development

"The history of man for the nine months preceding his birth would, probably, be far more interesting and contain events of greater moment than for all the threescore years and ten that follow it."[2]

Conception

A human life begins when the sperm cell from the father fertilises the egg cell from the mother, usually in the fallopian tube. The genes from the mother and father combine, and a new human being is created – a single cell who is genetically related to both parents but distinct from them. The new cell, a zygote, is smaller than a grain of sand, but he or she already contains the information that makes each human being unique. The zygote's genetic code contains gender, facial features, body type, colour of hair, eyes and skin, and much more. The zygote is not a potential human being, but a fully coherent, unique and individual member of the human family. This is the same person who will become an adult human being. As Dr Robert Edwards, the

1 Sir William Liley, quoted in *The Tiniest Humans*, ed. Robert Sassone, 1977

2 *Miscellanies, Aesthetic and Literary*, Samuel Taylor Coleridge, English poet (1772-1834)

test-tube baby pioneer, said of Louise Brown, the world's first born-alive test-tube baby: "The last time I saw her, she was just eight cells in a test tube. She was beautiful then, and she's beautiful now."[3]

Straight after conception

Embryonic development begins as the zygote divides into two cells, then four, then eight and so on. This process is called differentiation. When the embryo has divided into between 12 and 16 cells, he or she is called a *morula* (Latin for mulberry).

Five or six days

The embryo – now known as a *blastocyst* – makes his or her way down into the womb and starts to burrow into the lining. This process is called implantation and takes up to seven days.

Around 12 days

Once implantation has occurred, the placenta starts to form. Nourishment and oxygen pass from the mother's blood to the baby's blood via the placenta, although their blood does not mix. Mother and child can actually have different blood groups. The baby is connected to the placenta by the umbilical cord and, from this point onwards, develops very quickly.

Around 15 days

The beginnings of the child's nervous system appear in the form of what is known as the primitive streak, which develops into the neural tube. This is the point at which the Human Fertilisation and Embryology Act 1990[4] says that embryo experimentation must be concluded with the killing of the unborn child. This is an arbitrary point in a continuing process of development.

Around 18 days

Before the unborn baby's mother knows she is pregnant, the child's heart starts to beat. Sir William Liley observes: "By 30 days, just two weeks past [the] mother's first missed period, the baby – one quarter of an inch long – has a brain of unmistakable human proportions, eyes, ears, mouth, kidneys, liver, an umbilical cord and a heart pumping blood he has made himself."[5]

Seven weeks

About the time of the mother's second missed period, spontaneous movements begin. The outer ear is present and the inner ear, with its hearing and balancing mechanisms, is well-established. The skeleton begins to change from being made of cartilage to being made of bone.

Eight weeks

All of the child's organs are present at least in a basic form, including details such as the retina of the eye and the canals in the ear. His or her head, arms, legs, muscles and skin have all begun to take shape and the brain and nervous system begin to function. From now on the baby is called a *foetus*.[6]

Nine weeks

At the beginning of the third month of life, the foetus is about 30 mm ($1^1/_4$ inches) long, and weighs not much more than four grams (about 0.14 ounces).

11 weeks

At 11 weeks, the face, eyes, ears, arms, legs, fingers, toes and most internal systems, including the brain and nervous systems, have been shaped. The foetus is now about three inches long, moves around freely and is growing very fast. He or she probably has eyebrows, eyelashes and some hair. He or she can also produce complex facial expressions and even smile.[7] The foetus has now become bigger than the placenta, and the sac around the baby fills with fluid, allowing the growing baby to move around and exercise. He or she can now respond to light, noise and pressure.

14 weeks

Many babies suck their thumbs and swallow some of the fluid surrounding them. If the fluid is artificially sweetened, they might swallow more. They also pass a tiny amount of urine into the fluid.

17 weeks

The baby is about 16 cm (a little over six inches) long, and makes his or her presence known to the mother with kicks, punches and somersaults. Vocal chords have formed. The baby might make crying actions but, with-

3 Dr. Robert Edwards, quoted in Donald D. DeMarco, Ph.D., "Trapped By Choice! Biotechnology and the Repudiation of 'Pro-Choice' Ideology", *ALL News*, May 1990, pages 28 to 30.

4 based on the 1978 Warnock report

5 Sir William Liley, *op.cit.*

6 Latin, offspring or young one

7 H B Valman and J F Pearson, "What the fetus feels", *British Medical Journal*, 26 January 1980

out air, there is no sound. A female unborn baby will have six million eggs in her ovaries. By birth, this will decrease to about one million.

20 weeks

Although the heart will have started to beat at around three weeks, only now can it be heard through a stethoscope on the mother's abdomen. Eyelids are sealed, though they will soon open, and the skeleton has mostly become bone. Many mothers feel their babies kicking, punching, somersaulting, or even hiccupping. The baby sleeps and wakes, and can be woken by loud noises or movement. Ultrasound can detect rapid eye movement, which occurs while dreaming.

Around 22 weeks

Medical technology can enable babies born at this stage to survive outside the womb.[8] In 1984, 72 percent of born alive infants of 22 to 27 weeks' gestation[9] born at the Bristol Maternity Hospital survived, as did 64 percent of infants with birth weights of between 500 and 999 grams.[10]

24 weeks

The baby weighs about 780 grams and measures about 280 mm (11 inches) from head to toe. 24 weeks is the gestational time limit for abortion in Britain under ground A, as specified in the Human Fertilisation and Embryology Act 1990.[11] Abortion is legal up to birth on other grounds.

28 weeks

The baby is fully formed. The baby's task for the next few weeks is to grow and exercise in preparation for birth. The eyes begin to open and the lungs begin a final phase of development (a phase which continues for around eight years) and surfactant, a substance needed for breathing, is produced.

32 weeks

The eyes are open and can follow light filtering through the uterus. The baby regularly exercises all the muscles in the body. The foetus may also exercise his or her lungs, though without air to breathe.

Birth

At birth, the child will have about 2,000,000,000,000 cells. Forty-one generations of cell-division will have taken place, leaving just another four generations before mature adulthood. In the womb, the lungs are collapsed with fluid inside them but, within a few minutes of being born, the baby must expand the lungs, get rid of the fluid, breathe in air and let out carbon dioxide. He or she cries for the first time.

1.1.4 Pain and the unborn child

Abortion involves the taking of innocent human life, regardless of whether its victims feel anything. However, a full understanding of abortion should include a knowledge of whether unborn children sense pain.

None of us can remember the womb, yet that is not a good reason for saying that it does not matter whether the unborn are hurt. Few of us recall our first year after being born, yet most would agree that it was cruel to hurt an infant deliberately.

We feel pain because:

1. sensory receptors pick up painful stimuli
2. nerves carry signals from the receptors to the spinal cord
3. nerves in the spinal cord send pain-messages to the brain
4. we register the fact of pain in the brain.

The structures needed to sense and feel pain are present and working in the unborn child before 10 weeks' gestation.[12]

Sensory and motor nerves start to work at eight weeks,[13] by which time the nervous system is already extensive. The movements of unborn children at this stage are therefore not all random but can be in response to stimuli. Nerves which carry sensation from the skin to the spinal cord develop by six or seven weeks.[14]

8 The youngest surviving premature baby according to the *Guinness Book of Records* is James Gill of Canada, who was born after 22 weeks' gestation weighing 624 grams. Other sources (such as HLI's *Pro-Life Activist's Encyclopedia*) record the births of babies after only 20 weeks' gestation. In 2001, a baby was delivered alive by Caesarean section in Dubai after only 21 weeks and three days' gestation, weighing 524 grams (*The Indian Express*, 4 February 2001).

9 These figures refer to the length of the pregnancy from the time of the mother's last menstrual period, and not to the age of the baby from conception, which would usually be two weeks less.

10 *Preterm Labour and its Consequences*, Royal College of Obstetricians and Gynaecologists, 1985

11 Section 37(1)

12 *Fetal Sentience*, Peter McCullagh MD DPhil MRCP, All-Party Parliamentary Pro-Life Group, page 5

13 Some observations on early human fetal movements, J E Fitzgerald and W F Windle, *Journal of Comparative Neurology* 1942 76, pages 159 to 167

14 Peter McCullagh, *op. cit.*, page 11

By nine weeks' gestation the baby will have some parts of the thalamus, an area at the base of the brain which relays sensory messages to the cerebral cortex.[15] Research has suggested that the thalamus plays a more crucial role in consciousness and awareness than was previously thought.[16]

It was also believed[17] that sensory functions were only in the cortex but research and clinical experience suggests that they can operate in other parts of the brain. Clinicians at the University of California's Los Angeles Medical Center have observed[18] that anencephalic infants, who have no cortex, can feel pain.

Unborn babies react to stimuli in the same way as adults. If one presses a pin into the palm of an unborn child of only eight weeks' gestation, the child will react by opening his or her mouth and moving the hand away.[19]

In a film[20] of an abortion at 12 weeks' gestation, pictures from an ultra-sound scanner show the baby recoiling from a suction instrument while his or her heart-rate doubles. When the child is caught and dismemberment begins, the child opens his or her mouth in a clear expression of pain.

Professor Vivette Glover of Queen Charlotte's and Chelsea hospital, London, has suggested that anaesthetic should be used for abortions after the 17th week of pregnancy.[21] Professor Susan Greenfield, the Oxford University neurobiologist and director of the Royal Institution, has said: "As soon as something has a nervous system, however primitive, we have to tread more cautiously."[22] 80% of neurologists who responded to a *Daily Telegraph* survey said that unborn babies should be given pain relief during abortions from the 11th week of pregnancy.[23]

1.1.5 Foetal memory

One argument that has been used to deny the humanity of unborn children is that they are not conscious because they have no memory.[24] It used to be believed that children could not remember before the age of two because their large nerve tracts had not been fully myelinised and so could not carry messages. The absence of myelin has since been shown to slow down the conduction of nerve impulses but not to prevent them from passing.[25]

A Dutch study published in *The Lancet* in 2000 found that unborn children between 37 and 40 weeks' gestation could remember particular sounds. Researchers played a sound above the child's legs. Initially, the child would move but, as the sound was played repeatedly, the child recognised it and did not move. Dr Cathelijne van Heteren at University Hospital, Maastricht, concluded: "Foetuses have a short-term memory of at least 10 minutes and a long-term memory of at least 24 hours."[26]

Dr Peter Hepper, professor of psychology at Queen's University, Belfast, has demonstrated that an unborn baby's ability to learn and remember begins in the second trimester (the fourth, fifth and sixth months of pregnancy). Researchers monitoring foetal responses to repeated sounds found that, from 24 weeks' gestation, unborn babies could recognise and remember sounds, ignoring those they thought unimportant. Professor Hepper found that a normal unborn child could recognise his or her mother's voice at about 30 weeks' gestation.[27]

Professor Hepper has also observed that some babies whose mothers watched *Neighbours*, the Australian television drama serial, during pregnancy, stopped crying and became alert when they heard the theme tune after birth.[28] Mr Stephen Evans of Keele University has reported that an unborn baby can recognise tunes played to his or her mother as early as the 20th week of pregnancy, before the cerebral cortex is fully functional. Mr Evans told the 1998 annual meeting of the British Psychological Society of how 10 pregnant women had played tapes of unusual folk music on each of the seven days from the 20th to the 21st week of pregnancy, and then repeated the process during the 31st week of pregnancy. Two or three weeks after birth, the 10 babies were played three pieces of music, two of which had been on the tape played by their mothers during

15 *Oxford Concise Medical Dictionary*, Oxford University Press, 1994, page 656
16 Neuropathological findings in the brain of Karen Quinlan, H C Kinney, J Korein, A Panigraphy, *et al.*, *New England Journal of Medicine*, 1994; 330: pages 1469 to 75
17 amendment to early day motion 636, Mr Harry Cohen MP, *House of Commons Notice of Motions*, 1 March 1995
18 The use of anencephalic infants as organ sources, D A Shewmon, A M Capron, W J Peacock and B L Schulman, *Journal of the American Medical Association*, 1989; 261: pages 1773 to 1781
19 *Love them both*, Dr and Mrs J C Willke, 1997, page 95
20 *The Silent Scream*, American Portrait Films, distributed in the UK by SPUC
21 *Daily Telegraph* and BBC News online, 29 August 2000
22 *Daily Telegraph*, 30 August 2000
23 *Daily Telegraph*, 11 October 2000
24 e.g. Mr Harry Cohen MP's amendment to early day motion 636, *House of Commons Notice of Motions*, 1 March 1995
25 *The secret life of the unborn child*, Dr John Verny with John Kelly, Sphere Books Ltd., 1982, ch.10
26 Cathelijne F van Heteren, P Focco Boekkooi, Henk W Jongsma, Jan G Nijhuis, "Fetal learning and memory", *The Lancet*, Volume 356, Number 9236, 30 September 2000
27 Reported in *The Independent* and *Daily Telegraph*, 4 April 1995. Professor Hepper's report was given to the British Psychological Society's annual meeting at Warwick University. Unfortunately, Professor Hepper claimed that his findings could be used to assess the level of Down's syndrome in an unborn baby in order to help the mother decide whether to abort her child.
28 P.G. Hepper, "Fetal 'Soap' Addiction", *The Lancet*, 11 June 1998, p.1347

pregnancy. Independent observers noted that the babies reduced their kicking during the two songs which had been on the tape, indicating that they remembered and recognised the tunes.[29]

Professor Hepper has found that unborn babies learn to identify their mother's smell by drinking the amniotic fluid, and women who change their diet during pregnancy consequently found it more difficult to establish breast-feeding. Similar findings were made by researchers at the European Centre for Taste Science in Dijon, France, who tested 24 newborn babies for their reaction to anise odour. The 12 babies whose mothers had eaten anise during pregnancy were attracted to the odour, whereas the other 12 either ignored the smell or turned away from it. The researchers suggested that this was because unborn children acquired tastes for certain foods in the womb.[30]

In *The Secret Life of the Unborn Child* [31] (written with John Kelly), Dr Thomas Verny observes that an unborn child's brain is operating at near adult levels by the third trimester, and cites a number of testimonies of people who claim to possess memories of life in the womb or of being born. He claims that the fact that most of us are not aware of these memories does not mean that they are irretrievably lost. He posits the theory that oxytocin, a hormone which controls the rate of labour contractions and floods a child's system at the time of birth, causes memories of life inside the womb to slip from conscious recall. Research has shown that oxytocin in large quantities produces amnesia in laboratory animals and the same effect would be expected on young babies.

1.1.6 Premature births

Child abuse is universally abhorred, yet a society such as Britain tolerates the killing of hundreds of unborn children inside the womb every day. In the past 50 years, medical expertise in the field of caring for premature babies has progressed significantly. However, in a hospital where tiny premature babies are receiving expensive, state-of-the-art care to save their lives, other doctors will be aborting unborn children of the same age or slightly younger.

Before the second half of the 20th century, care for premature babies was limited to warmth and feeding by mouth. Oxygen therapy for respiratory distress was introduced in the 1950s and the 1960s saw the introduction of nasogastric feeding, improved electronic monitoring and attempts at artificial ventilation. By the 1970s, umbilical catheterisation had become routine.

Subsequent years have seen the advent of total intravenous feeding, transcutaneous monitoring of blood gases, improved techniques for mechanical ventilation and ultrasound for monitoring brain injuries.[32]

No effort is spared to give extremely premature babies (those who are born at less than 28 weeks' gestation) the best possible chance. They require full-scale intensive care for many weeks, and most will remain in hospital until they approach their expected full-term delivery date.

In their *Survival of the Weakest*, Mr John Wyatt, a senior lecturer in neonatology and paediatrics at University College Hospital, London, and Mr Andrew Spencer, a consultant paediatrician, describe a premature birth: "A paediatrician and (wherever possible) a neonatal nurse attend the delivery to provide optimal care from the moment of birth. The baby is delivered into warmed blankets and dried rapidly. If there is any delay in establishing respirations, endotracheal intubation is performed and positive pressure ventilation commenced. Intravenous access is established, the infant is stabilised and then transferred in a specially designed transport incubator to the nearby neonatal intensive care unit … Blood oxygen and carbon dioxide levels are monitored by transcutaneous devices and frequent blood samples. The infant is nursed under radiant heaters or in a humidified incubator. Intravenous fluids and antibiotics are given via miniature cannulae. Phototherapy is given for jaundice. Regular transfusion of blood products is required to replace blood removed for sampling."[33]

Every year in the UK about 40,000 babies, totalling eight percent of all births, are born too early or too small to survive without assistance.[34] Medical and technological advances now mean that nine out of 10 premature babies born after 27 or 28 weeks' gestation survive.[35]

Developments in the care and treatment of premature babies are continuing apace. Recent innovations have included a more advanced type of ventilator,[36] drugs to help premature babies fight and resist infections,[37]

29 W Stephen Evans and Dr Richard Parncutt, *The ontogenesis of auditory perception and memory in the human fetus during the second trimester*; http://www.babycalm.com/research2.htm
30 *New Scientist*, vol 169 issue 2272, 6 January 2001, page 13
31 *op.cit.*
32 John Wyatt and Andrew Spencer, *Survival of the Weakest: A Christian approach to extreme prematurity*, London: Christian Medical Fellowship, 1992, pp.5-6
33 *ibid.*, pp.6-7
34 *Daily Mail* / Femail online, 2001
35 BBC News online, 6 July 1999
36 The SIPAP ventilator anticipates the baby's breath and blows oxygen into the lungs only at the right time: *Daily Mail* / Femail online, 2001
37 e.g. Epidermal growth factor to help premature babies with serious bowel infections: *Daily Mail* / Femail online, 2001

surgical techniques for tiny babies[38] and a more effective heart monitoring system.[39]

There is also a steady stream of reports of tiny premature babies' being born near or prior to the legal gestational time-limit for most abortions in Britain (24 weeks) and surviving. Kallie Rogers, one of the smallest babies ever to be born in the UK, weighed only 12 ounces (340g) when she was born 12 weeks prematurely in 1998, but 10 months later she went home from hospital with her parents.[40] The smallest baby ever to have survived is thought to be Ambika Marula who was born in 1998 in the United States. She was three months premature and weighed just over 11 ounces when doctors delivered her at Shady Grove Advent Hospital near Washington, DC. The youngest surviving premature baby according to the *Guinness Book of Records* is James Gill of Canada who was born after 22 weeks' gestation weighing 624 grams.[41] A baby was born 112 days prematurely in London in 2001 and survived.[42]

In June 2001, Dr Frans Walther, head of neonatology at the Leiden university medical centre, the leading centre for the treatment of premature babies in the Netherlands, announced that babies born before 25 weeks' gestation would no longer receive active intensive care. Dr Walther explained that a survival rate of 34% for babies born at 23 or 24 weeks' gestation was too low. Dr Harvey Marcovitch of the UK's Royal College of Paediatrics and Child Health criticised the Dutch decision and said: "To deny treatment on the basis of low intact survival rate would be as illogical as a blanket ban on treating certain poor prognosis malignant disorders."[43] However, babies of exactly the same gestational age can be aborted virtually on demand in Britain.

1.1.7 Care for the unborn

A society which tolerates abortion needs to maintain a set of double standards concerning the humanity of unborn children. If the mother wants the child, it is treated with respect and care, while a child who is destined to be aborted is treated as a disposable object. Wanted children are called babies while unwanted ones are referred to as foetuses or the contents of the uterus.[43] It is as if the child's humanity were determined by his or her mother.

Although a society such as Britain tolerates abortion, it does at least also try to help expectant mothers who do want their babies to look after their unborn children. Pregnant women are offered much advice on subjects ranging from exercise routines and dress to diet and dental care.[45]

Smoking during pregnancy is thought to cause miscarriages and a 30% chance of stillbirth, yet 24% of women admit to doing it.[46] It has been claimed that 400 children die in the UK every year before or shortly after birth as a result of their mothers' cigarette habit.[47] In January 2001, the British government announced that it would be spending £3 million on a programme to cut the number of women who smoked during pregnancy. Co-ordinators with sole responsibility for anti-smoking initiatives were to be appointed in 101 health authority areas.[48]

The government also promotes the intake of folic acid by pregnant women to reduce the risk that unborn babies might develop neural tube defects such as spina bifida. The government issued guidelines in 1991 recommending that women should take a supplement of 400mg of folic acid daily and eat more folate-rich foods. The Health Education Authority subsequently mounted a campaign to raise awareness of the importance of folic acid among women of childbearing age.

Excessive alcohol consumption during pregnancy is also known to endanger an unborn child's healthy development. Drinking too much alcohol during pregnancy can result in physical, emotional and mental damage to the child. These symptoms have been collectively referred to as foetal alcohol syndrome (FAS). Children with FAS suffer from learning difficulties, behavioural problems and poor social skills. It is estimated that as many as one child in 20 in South Africa's Western Cape province has FAS.[49]

The UK government presently recommends that pregnant women should drink no more than four units of alcohol a week (four glasses of wine or two pints of beer), based on the findings of an expert committee on toxicity in 1995. More recent research by Dr Jennifer Little at Queen's University, Belfast, may lead to more restrictive recommendations in future. She concluded that even low levels of alcohol could have an effect on the central nervous system and commented: "We don't want to concern women, but, until we can absolutely say that a certain level of alcohol will have no effect, I would urge caution."[50]

38 e.g. A premature baby weighing just four pounds was fitted with a heart pacemaker at the Diana Princess of Wales hospital in Birmingham, England, in 1999: BBC News online, 2 April 1999
39 BBC News online, 8 January 2001
40 BBC News online, 4 January 1999
41 *The Indian Express*, 4 February 2001
42 *The Times*, 17 May 2001
43 *British Medical Journal*, 9 June 2001
44 *cf. What An Abortion Involves* on www.pupiline.net, an electronic magazine for UK teenagers
45 *e.g. Pregnancy*, Gordon Bourne, Pan Books, rev.1979, pp.148*ff*
46 *The Independent*, 26 January 2001
47 *Daily Mail*, 20 June 2000
48 *The Independent*, 26 January 2001
49 South African *Daily Mail and Guardian*, 6 March 2001
50 BBC News online, 27 January 2000

Pregnant women are offered advice about which activities are potentially dangerous for their baby. Activities such as walking, swimming and cycling are acceptable, but more dangerous or strenuous activities such as acrobatic dancing, horse-riding, skiing or diving should be avoided.[51]

51 Gordon Bourne, *loc.cit.*

Abortion facts and figures

1.2.1 Abortion techniques

There are a number of techniques used to carry out abortions, all of which entail the intentional killing of an unborn child. Often the technique used will depend on the stage of the unborn child's development, although other factors might include the expertise or equipment available, the preferences of the mother or the common practice of the locality.

The methods of abortion used in Great Britain include vacuum aspiration, dilation and curettage (D&C), dilation and evacuation (D&E), prostaglandins, hysterotomy, hysterectomy and RU-486. D&C, which used to be the most common abortion procedure, is not listed as a separate technique now but included with D&E. These methods of abortion are carried out under the terms of the Abortion Act 1967,[52] although the morning-after pill (so-called emergency contraception) and intra-uterine devices (the coil) can also cause early abortions.[53] Countless unborn children are also killed in the process of *in vitro* fertilisation treatment,[54] and the conventional birth control pill can sometimes act as an abortifacient.[55]

Vacuum aspiration (also known as endometrial aspiration) is the most commonly used abortion technique in Britain, and is used in pregnancies of up to 14 weeks. The cervix (neck of the womb) is dilated with instruments and a tube connected to a suction pump is inserted into the womb. The fluid around the baby is sucked out and then the child is torn apart. The pump works on the same principle as the vacuum cleaner, but has 10 times the force. Body parts are sucked into a jar and may then be checked to ensure that the abortion is complete. The procedure is often terminated with curettage, or scraping out of the womb, to remove any remaining foetal parts. In the early stages of pregnancy the embryo can be sucked out via a cannula, or tube, of only six or eight millimetres diameter without general anaesthetic.

D&C and D&E are carried out under general or local anaesthetic. D&C is used in pregnancies of between five and 12 weeks, while D&E is commonly used for pregnancies of between 13 and 20 weeks or more. With D&C, the placenta is scraped from the wall of the womb. If it is not completely removed, haemorrhage or infection may occur. With D&E the use of surgical implements such as grasping forceps is combined with suction to remove the unborn child. An instrument like a pair of pliers is needed for D&E abortions and later D&Cs once the bones have started to calcify and the skull is too large to be removed without crushing it.

The use of prostaglandins is the most common form of late abortion in Britain. Prostaglandins are hormone-like substances which are administered to the pregnant woman either by a drip into a vein or directly into the womb. After a period of between 12 and 24 hours, prostaglandins cause the womb to contract, causing the baby to be delivered prematurely. In order to prevent the baby from being born alive, abortionists may inject urea or saline into the amniotic sac or potassium chloride into the baby.

52 Various conditions have to be met under the 1967 Abortion Act, such as the signed agreement of two doctors. A small number of abortions were performed legally prior to the 1967 Act under the *Bourne* judgement.

53 Both the morning-after pill and the coil can work by impeding the successful implantation of a newly conceived human being in the endometrium, or lining of the womb.

54 Dr E L Billings estimated in 1999 that only 1.7 percent of conceptions generated by IVF treatment result in a live birth.

55 See *A Consumer's Guide to the Pill and other drugs*, John Wilks, TGB Books, Australia, 1996

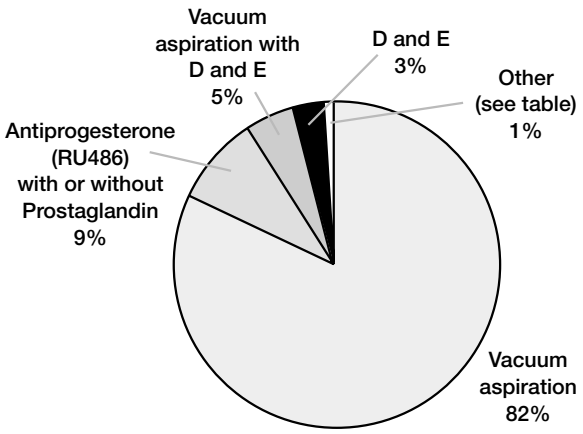
A hysterotomy is similar to a Caesarian section delivery. It is performed under general anaesthetic usually in the later stages of pregnancy. The unborn child is removed, still intact and probably alive, with the placenta and amniotic sac. This entails serious risks for the mother. Hysterotomy is now only used rarely, unless the woman is being sterilised at the same time. Abortion by hysterectomy, in which the entire womb is removed, is rarely undertaken unless there is an associated uterine disease.

RU-486, also known as Mifepristone or Mifegyne, was licensed for use in Britain by the Department of Health in 1991. It works by blocking the effects of the natural hormone progesterone, which is required to maintain the lining of the uterus during pregnancy. RU-486 causes the uterine lining to detach, along with the developing unborn child. Typically, RU-486 is used with another substance (a prostaglandin) which assists in dilating the cervix and expelling the child.

There are other methods for abortion which are not routinely used in Britain at present including methotrexate (a drug administered by injection which attacks the fast-growing cells in the body, including those which surround the unborn child in the womb) and salt poisoning (a concentrated saline solution injected into the womb which causes the slow death of the child; the mother goes into labour and delivers her dead child.)

Dr Martin Haskell, an American abortionist, noted in 1992[56] that the D&E procedure can be very difficult for the abortionist after the 20th week of pregnancy. He proposed a new technique which he termed "dilatation and extraction" (D&X). This procedure is commonly referred to as partial-birth abortion, and is practised (albeit by very few surgeons) in the USA. Babies aborted in this way are pulled down into the birth canal, through the cervix which has been stretched open but not widely enough to allow the head to pass through. Holding the baby by the legs, the abortionist uses scissors to pierce the bottom of the skull and make a hole for the suction tube. The baby's brain is then sucked out collapsing the skull so that it can be removed from the womb.

Abortions by procedure, England and Wales residents, 1999



Note: By far the most common surgical abortion technique in England and Wales is vacuum aspiration.

Other techniques

Prostaglandins (only)	793
Prostaglandins with other agents	722
Other medical	219
Combined methods	80
Hysterotomy (only)	15
Hysterectomy (only)	7
Other surgical	3

1.2.2 Abortion statistics: the tragic facts

Low number of abortions on Northern Ireland residents

Abortion in Northern Ireland is regulated by the Offences Against the Person Act 1861 and the Criminal Justice Act 1945. Abortion law has been interpreted in the light of the precedent set by the *Bourne* judgement in 1938.

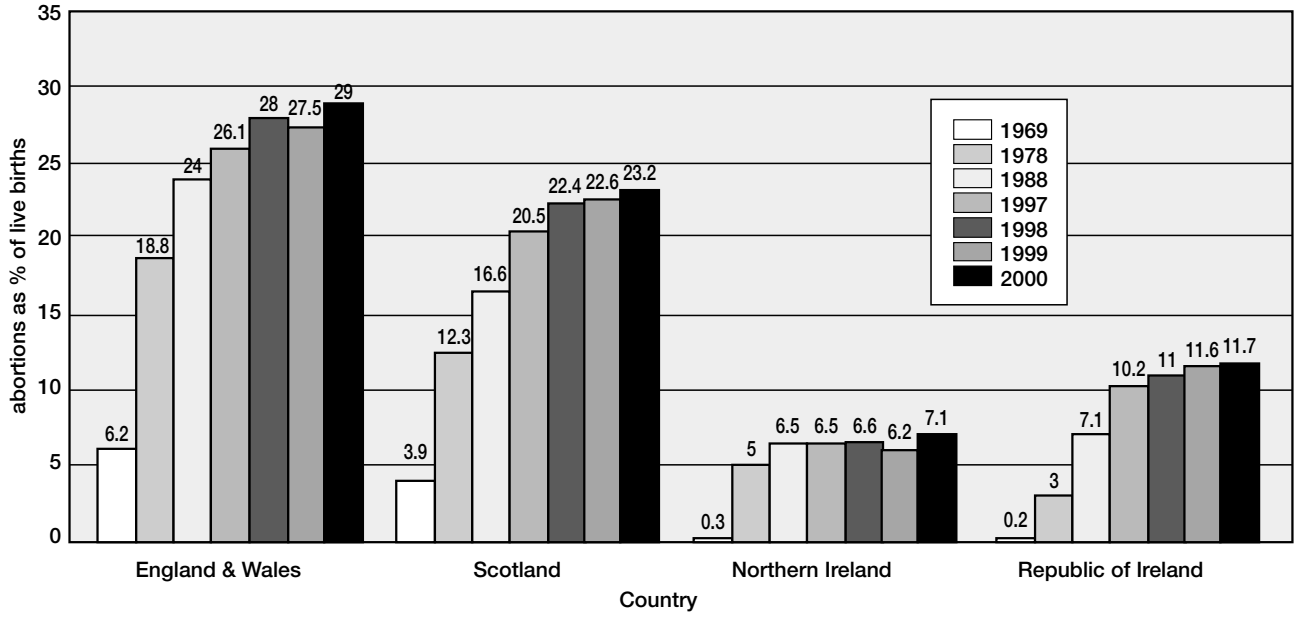
Official figures obtained by SPUC from the Information and Analysis Unit of Northern Ireland's department of health, social services and public safety indicate that there were a total of only 71 "medical"[57] abortions and a further eight "unspecified"[58] abortions recorded in

56 In a paper delivered to the National Abortion Federation risk management seminar in Dallas, Texas, on 13 September 1992

57 Medical abortions are defined as "the interruption of pregnancy for legally acceptable, medically approved indications".

58 "Other/unspecified" abortions include those cases in which a pregnant woman is treated for a life-threatening condition and an abortion occurs as a consequence, or in cases where there is insufficient information to allow coding.

Comparative abortion rates in Britain and Ireland



Note 1: The figures for Northern Ireland exclude those carried out in Northern Ireland.

Note 2: The number of abortions compared to live births is lowest amongst residents of Northern Ireland, comparing residents in the neighbouring areas of Scotland, Northern Ireland, England and Wales and the Republic of Ireland.

Northern Ireland during the financial year 1999/2000.[59]

If the Abortion Act 1967 had been introduced to Northern Ireland at the same time as it was in Britain, it has been estimated that there would have been 140,000 abortions in the six counties. However, even including those women from Northern Ireland who have travelled to Britain for abortions, there have been less than a third of that number.[60]

The tragic abortion toll in Britain

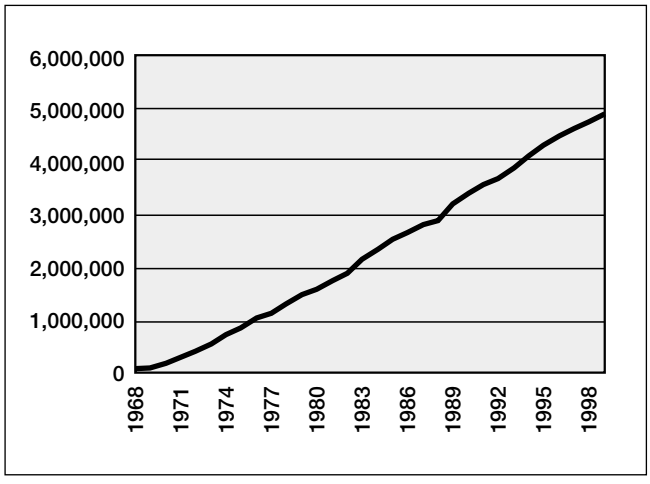
An analysis of 21 years of abortion statistics in Britain (1968-1989) carried out for the SPUC Educational Research Trust[61] revealed that the typical candidate for abortion under the 1967 Act was young, single and childless, the very type of case for which MPs had been assured in 1967 that abortion would not be available.

Abortion figures for 1999 tell exactly the same story.

Out of 173,701 abortions performed on resident women in England and Wales in 1999, 3,603 (two percent) were carried out on girls under 16 (the legal age of consent in Britain). A total of 36,410 abortions (21 percent) were carried out on teenagers, while 83,496 abortions (48.1 percent) were carried out on women in their 20s. 25.9 percent of abortions (45,004) were performed on women aged between 20 and 24, the age group in which women were most likely to have abortions. More than half of women in all age groups had had no previous live or still born children, which rose to two-thirds among women aged between 20 and 24.

The picture in Scotland for 1999 was very similar. Provisional figures indicated that 251 girls under 16 had abortions (2.1 percent of the total). A total of 2,881 abortions (23.7 percent) were carried out on teenagers and 5,897 abortions (48.6 percent) were carried out on

Cumulative total of abortions, England and Wales residents

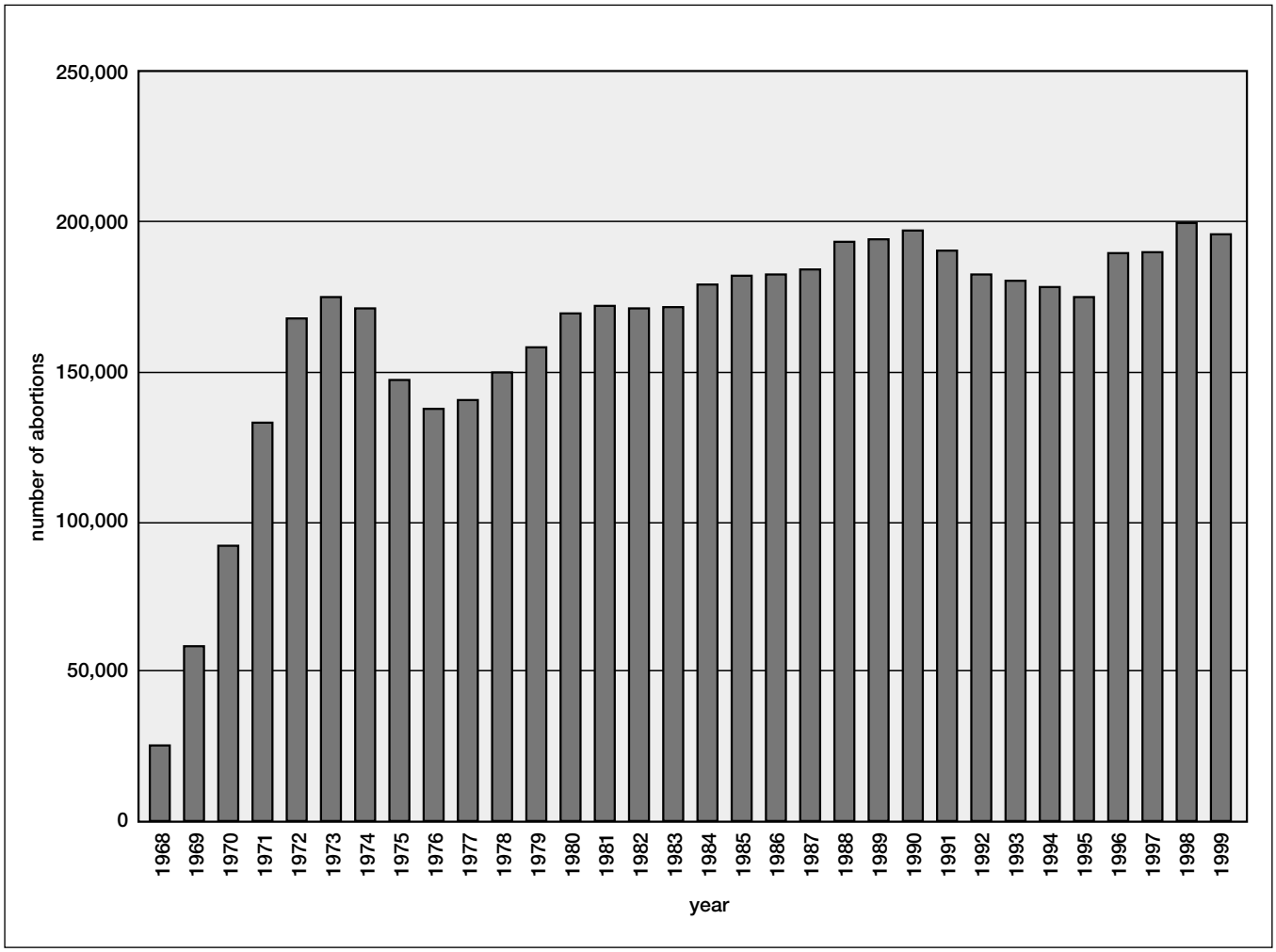


59 The Information and Analysis Unit of Northern Ireland's department of health, social services and public safety describes spontaneous abortions, more usually referred to as miscarriages, as "abortions" in their official figures and 1,353 such miscarriages are listed for the financial year 1999/2000.

60 Jim Wells MLA, Northern Ireland Assembly *Hansard*, 20 June 2000

61 Robert Whelan (ed.), *Legal Abortion Examined: 21 years of Abortion Statistics*, SPUC Educational Research Trust, London, 1992

Annual number of abortions in Great Britain (residents and non-residents), 1968-1999.



women in their 20s. 27.6 percent of abortions (3,346) were performed on women aged between 20 and 24, the likeliest age for abortion as in England.

The number of recorded abortions in Britain has risen both in absolute numbers, and per head of the population (women aged 15-44) since the Abortion Act came into effect on 27 April 1968.[62] The total number of induced abortions recorded for residents and non-residents in England and Wales in 1969 was 54,819. By 1971, this figure had risen to 126,777, and by 1973 it had reached 167,149. 1998 saw 187,402 registered abortions in England and Wales, the largest number ever. In 1999, there were 183,250 abortions, and provisional figures indicate that the number of abortions in 2000 rose again to 185,000. In Scotland, there were 12,144 abortions recorded in 1999, all but 23 of which were on Scottish residents. Provisional figures suggest that there were 11,966 abortions in Scotland in 2000.[63]

The dip in the mid-70s was mainly due to a sharp drop in abortions on non-residents. An analysis of official government statistics indicates that between 27 April 1968, the day on which the Abortion Act took effect, and 31 December 1999, there were a total of 5,227,158 abortions performed in England, Wales and Scotland under the terms of the Act. This figure is now growing by some 200,000 per year. There are more than 500 abortions every day of the year in Britain.

There are tens of millions of induced abortions across the world each year. There is no reliable, authoritative estimate of the annual number of abortions worldwide. Some estimates are as high as 70 million, although they are not based on reliable data. The pro-abortion Guttmacher Institute has estimated that there are 46 million abortions each year, a figure which equates to about 22 percent of the total number of recorded pregnancies.[64]

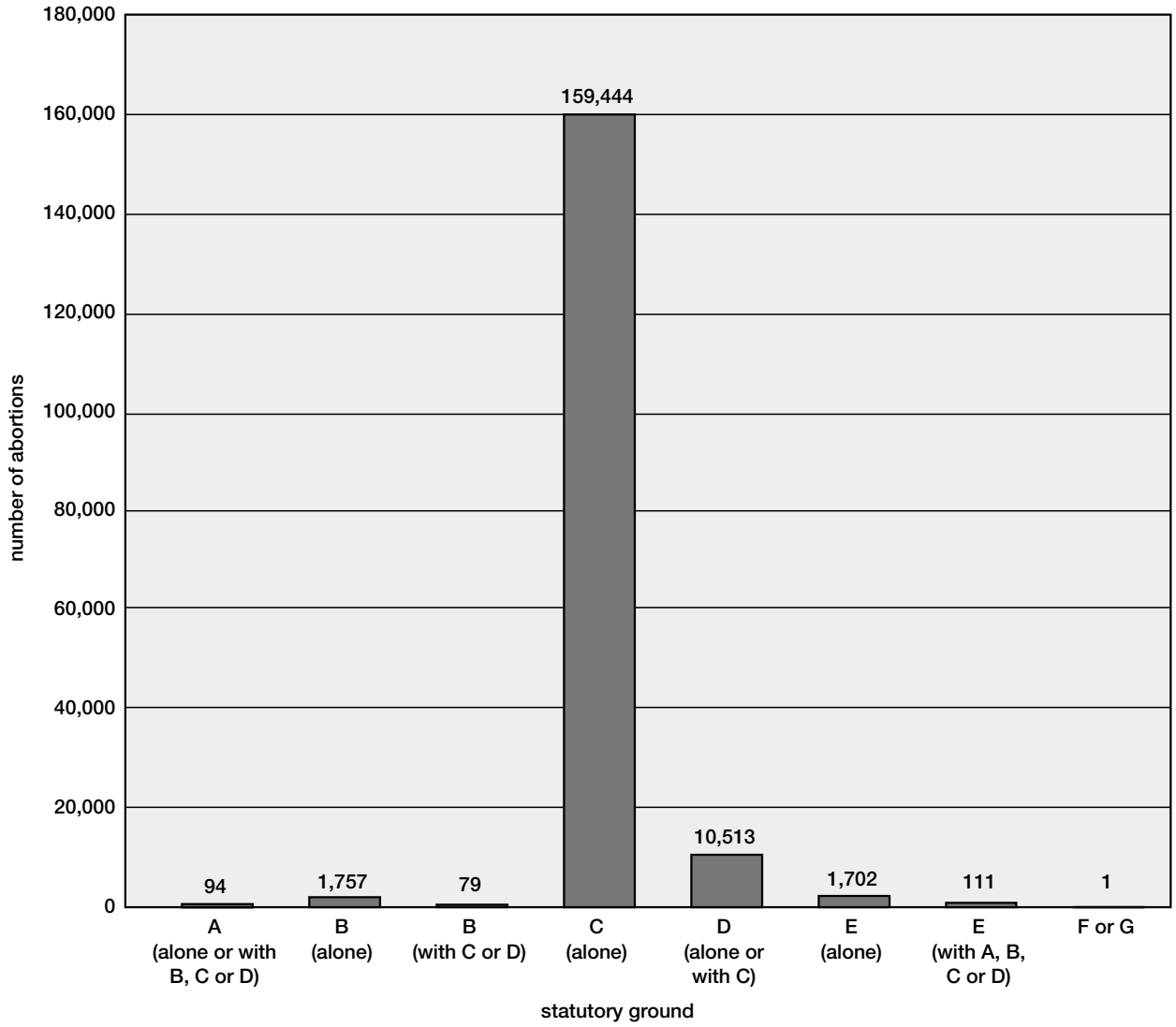
Most abortions in Britain are performed on the statutory ground that continuance of pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of the pregnant woman. This ground has been interpreted so liberally that it has meant abortion is effectively available on

62 Abortion statistics for England and Wales are provided by the Office for National Statistics, and for Scotland by the Information and Statistics Division of the Common Services Agency for the NHS.

63 Reported in *The Daily Record* and the Scottish *Daily Mail*, 1 June 2001

64 Estimates of the pro-abortion Alan Guttmacher Institute, reported by Fox News, 21 January 1999

Abortions by statutory ground, England & Wales, 1999



Grounds for an abortion under the 1967 Abortion Act as amended under section 37 of the Human Fertilisation and Embryology Act 1990

A The continuance of the pregnancy would involve risk to the life of the pregnant woman greater than if the pregnancy were terminated;

B The termination is necessary to prevent grave permanent injury to the physical or mental health of the pregnant woman;

C The continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of the pregnant woman;

D The continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of any existing child(ren) of the family of the pregnant woman;

E 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;

or in an emergency

F To save the life of the pregnant woman; or

G To prevent grave permanent injury to the physical or mental health of the pregnant woman.

The 24-week time limit only applies to Grounds C and D. All other grounds are without time limit, i.e. up to birth.

demand.[65] In 1999 among resident women these constituted 91.8 percent of the total. In Scotland, 98 percent of abortions were carried out on this ground.

Only a tiny fraction of one percent of abortions have been performed in an emergency, for the stated reason of saving the mother's life or preventing grave permanent injury to her health.

65 The Royal College of Obstetricians and Gynaecologists observed in *Unplanned Pregnancy* (1972): "There is no such danger of injury in the majority of these cases as the 'indication' is purely a social one." In a 1988 Gallup poll of British gynaecologists, 85% of respondents said that there was abortion on demand in British state hospitals.

Attacks on the early embryo

1.3.1 Contraceptives and abortion

Conception is defined as: "The start of a pregnancy, when a male germ cell (sperm) fertilises a female germ cell (ovum) in the fallopian tube."[66] An abortifacient is defined as "a drug that induces abortion or miscarriage".[67] While contraceptives stop conception taking place, abortifacients kill a newly-conceived human being. A drug or device which stops newly-conceived humans from implanting in the lining of the womb, thus causing their expulsion from the uterus, causes an early abortion.[68]

Birth control methods which can cause early abortions include:

- morning-after pills
- birth control implants such as Norplant
- birth control injections such as Depo-Provera
- birth control vaccines
- intra-uterine devices (coils)
- progesterone-only and progesterone-oestrogen so-called contraceptive pills.

1.3.1.1 Morning-after pills

The morning-after or post-coital pill, often misleadingly referred to as emergency hormonal contraception, can be taken up to 72 hours after unprotected intercourse. The two types of morning-after pill which are licensed in the UK are Schering PC-4, which has been available since the 1980s, and Levonelle-2, which is also manufactured by Schering and was licensed in 1999. Levonelle-2, which contains 0.75mg of levonorgestrel, was made available to over-16-year-olds from pharmacists without a doctor's prescription throughout the UK from 1 January 2001.

The morning-after pill can work by:

- preventing or delaying ovulation
- thickening the mucus of the cervix which impedes the progress of the sperm
- slowing down the tubal transit time of the ovum by altering the motility of the fallopian tubes[69]
- affecting the lining of the womb (endometrium) so that the embryo cannot implant.

The first three actions may impede conception, but the fourth is abortifacient. Research has suggested that the morning-after pill's principal mode of action may be to impede implantation[70] and Schering, the manufacturer of the PC4 morning-after pill, admitted this when it stated that the drug was "primarily aimed to prevent implantation of the fertilised ovum in the endometrium".[71]

Whereas PC-4 had only a 57 percent success rate in preventing or interrupting a pregnancy, Levonelle-2 is

66 *Oxford Concise Medical Dictionary*, 1980

67 *ibid.*

68 The UK attorney general claimed in 1983 that pregnancy did not begin until implantation , and those who agree with him often refer to an "established pregnancy" to emphasise the point. However, this is biologically incoherent. When asked to name three established scientists who accepted that pregnancy only occurred once an embryo had implanted, the Department of Health could not do so (letter to chairman of LIFE, 6 June 1995).

69 Source: *A Consumer's Guide to the Pill and other drugs*, John Wilks, TGB Books, 1996

70 See Grou in the *American Journal of Obstetrics and Gynaecology*, 1994; 171: 1529-34: "... this mode of action could explain the majority of cases where pregnancies are prevented by the morning-after pill."

71 Schering, product summary for PC4

said to have a success rate of 85 percent.[72] It also has fewer, and less acute, side-effects,[73] although there are still a number of them which Schering lists.[74] Whereas PC-4 contains both oestrogen and progestogen, Levonelle-2 contains only progestogen and is therefore thought to be far more likely than PC-4 to work as an abortifacient.

Use of the morning-after pill has became very widespread in the 1990s. Nearly a million courses of the morning-after pill were supplied to women in the UK in 2000, and the total for 2001 is expected to exceed one million.[75] It is thought that about eight percent of women who take the morning-after pill are pregnant.[76] Its dosage is of concern. A woman who uses Levonelle-2 must take one tablet containing 750µg of levonorgestrel and another such tablet 12 hours later. In less than a day, Levonelle-2 thus delivers 50 times the daily dose (which is 30µg) of the Norgeston daily mini-pill.

Morning-after pills provide no protection against sexually transmitted diseases (STDs) and increased reliance on them could well result in an increase in the incidence of such diseases. STDs are already spreading fast. In England between 1998 and 1999, cases of uncomplicated gonorrhoea rose among teenagers by 39% in males and by 24% in females.[77] Between 1995 and 1998, the number of diagnoses of chlamydia in England among 16 to 19-year-olds rose on average by 28% per year.[78]

Advocates of morning-after pills argue that their use is better than allowing unwanted pregnancies to continue, yet increased availability of morning-after pills might actually lead to more surgical abortions. The 1990s saw a five-fold increase in prescriptions of morning-after pills yet the overall rate of abortion also rose. The pills are not always effective and they contribute to a less responsible attitude to sexual activity. The morning-after pill fails to meet the government's much-vaunted standard of evidence-based medicine.

Availability of morning-after pills without prescription to over-16s will lead to children under the age of 16 obtaining the drug, either by deception or through carelessness on the part of pharmacists. Women will be able to obtain the drug repeatedly and/or more than 72 hours after unprotected intercourse. Pharmacists cannot check patients' medical records to ensure that they are not in a high-risk group for taking the morning-after pill, nor can they ensure that women and girls receive adequate after-care. Thus pharmacists may also find themselves legally liable for the outcome of supplying the drug when they have been misinformed.

1.3.1.2 Intra-uterine devices

An intra-uterine device (IUD) or coil is a small, flexible copper device which is put in the uterine cavity and, depending on its type, can stay inside the woman for between three and 10 years. An IUD can be fitted within five days of unprotected sex and, in such circumstances, can be misleadingly termed emergency contraception.[79] IUDs are widely used, with an estimated 106 million women fitted with one.[80]

Copper IUDs discharge between 50µg and 75µg of ionic copper into the uterus each day. These ions are thought to be active agents in preventing implantation.[81] Other IUDs release progesterone, which also prevents implantation. The Mirena IUD, which has been used by about two million women in Europe and was approved for use in the United States in December 2000, releases levonorgestrel into the womb and can remain in the woman's body for five years.[82]

Like morning-after pills, IUDs can prevent conception on some occasions and cause an early abortion on others.[83] The United States Food and Drug Administration has stated: "IUDs seem to interfere in some manner with the implantation of the fertilized egg in the lining of the uterine cavity. The IUD does not prevent ovulation."[84]

Although the principal mode of action of an IUD is believed to be preventing implantation, it may also have some contraceptive effect. Mr Peter Diggory,[85] a consultant gynaecologist, wrote the following in a letter to *The Independent* newspaper in 1990: "Until recently it was generally accepted that the IUD functioned by preventing implantation of the fertilised egg. We are now aware that such devices almost certainly have other

72 Schering Health Care Ltd leaflet on *Levonelle-2* entitled *Tell me about emergency hormonal contraception*
73 Confirmed in the FPA / Contraceptive Education Service leaflet entitled *Your guide to emergency contraception*
74 The Schering leaflet on Levonelle-2 lists the following possible side-effects: nausea, vomiting, later or earlier period, irregular bleeding, tender breasts, stomach pains, diarrhoea, dizziness, tiredness.
75 Source: *Mail on Sunday*, 18 March 2001
76 Women are only fertile for two or three days in each menstrual cycle.
77 Public Health Laboratory Service – New cases of acute sexually transmitted infections seen in genitourinary medicine clinics: England 1999 (provisional data). Summary statistics updated on 30 July 2000
78 Public Health Laboratory Service – New Cases seen at genitourinary medicine clinics: England 1998. (CDR Supplement, volume 9, Supplement 6, December 1999)
79 Source: Schering Health Care pamphlet, January 2001
80 *Momentum*, Population Council, September 1999
81 *Pro-Life Activist's Encyclopedia*, chapter 32, HLI, 2000
82 Source: *Medical Design* online, 8 December 2000
83 In her book Sex and Desp.163), Germaine Greer described the IUD's mode of action thus: "A device inserted into the uterus prevents intrauterine pregnancy, and intrauterine pregnancy only, by transforming the welcoming environment for the blastocyst [newly conceived human] into a toxic sink."
84 FDA, "Text of Required Patient Information for IUDs", *Federal Register*, 10 May 1977
85 Peter Diggory was a leading abortionist. He was one of the authors of *Abortion* (M Potts, P Diggory, J Peel, Cambridge University Press, 1977) in which IUDs were included in a table listing techniques of abortion.

effects which may also be contraceptive in action. I would suggest, however, that no reputable doctor would claim that the devices are free of abortifacient action. As with the progestogen-only Pill and the morning-after pill, those who give advice should tell the woman that each of these methods prevent implantation of a pre-embryo [*sic*]. Women who feel that this would be against their principles should choose other techniques."[86]

1.3.1.3 Birth control implants

The Norplant[87] birth control implant is mainly used in developing countries.[88] It consists of six rods which are inserted under the skin of a woman's upper arm which slowly release levonorgestrel, a progesterone. The rods can prove difficult to remove, and side-effects include visual impairment, severe headaches and vomiting.[89] Norplant can prevent conception by inhibiting ovulation or thickening cervical mucus, but it also operates as an abortifacient by thinning the endometrium and thereby inhibiting implantation. Ovulation occurs in up to 41 percent of women with Norplant implants,[90] yet the drug has an annual observed pregnancy rate of 3.5 per 100 women[91] or less. This suggests that Norplant is often abortifacient.

1.3.1.4 Birth control injections

Depo-Provera is an injectable form of synthetic progesterone called medroxyprogesterone acetate, or DMPA.[92] As with Norplant, one of its modes of action is to thin the endometrium to inhibit the embryo's implantation. The US Food and Drug Administration recommended the approval of Depo-Provera in 1974 but revoked this recommendation less than two months later after concerns were raised that the drug was carcinogenic. Subsequent studies added to these fears, particularly in respect of breast cancer, although the drug is now widely used by millions of women in more than 100 countries around the world, including the United States.[93]

1.3.1.5 Vaccines

Potentially abortifacient vaccines are also being developed, and have reportedly been used in India and elsewhere.[94] Some of these vaccines manipulate the woman's immune system so that sperm, ova or embryos provoke an immune response. Other vaccines are directed against the trophoblast, a part of the embryo which later forms the placenta, and cause the newly conceived human to become coated in antibodies and thus unable to implant in his or her mother's uterus.[95]

Research has been carried out in the USA on recombinant gamete contraceptive vaccinogens for use in China which are intended to destroy sperm which enter the fallopian tubes (a contraceptive rather than an abortifacient action).[96] However, it has been claimed that such a vaccine could also kill newly conceived humans.[97]

1.3.1.6 Oral birth control pills

Oral birth control pills can cause early abortions. Both progesterone-only pills (mini-pills) and progesterone-oestrogen pills can fail to inhibit ovulation. Progesterone-only pills are between 90% and 95% effective while progesterone-oestrogen pills are between 90% to 96% effective.

It has been estimated that 40% of women on the progesterone-only pill ovulate at least once in a year[98] yet only between five percent and 10% become pregnant. Assuming that these women are having intercourse regularly, early abortions are probably being caused on a regular basis.

Since progesterone-oestrogen pills contain two hormones, they are better at suppressing ovulation than progesterone-only pills. Among a typical group of 100 women taking progesterone-oestrogen pills there will be 17 ovulations per year,[99] yet the detected annual pregnancy rate among such women is just 0.5%. If such women have intercourse regularly, early abortions are being caused on a regular basis.

86 Letter to *The Independent*, 2 May 1990
87 Norplant was developed by the American-based Population Council in the early 1980s and is manufactured in Finland. It remains effective for five years and requires minor surgery under local anaesthetic to be inserted or removed.
88 *Norplant: Under her skin*, (ed.) Barbara Mintzes, Anita Hardon, Jannemieke Hanhart, Eburon, 1993
89 *A Consumer's Guide to the Pill and other drugs*, chapter six, John Wilks, TGB Books, 1996
90 Davies G C, Newton J R, "Subdermal contraceptive implants – a review: with special reference to Norplant", *British Journal of Family Planning*, 1991, 17, p.4
91 *ibid.*
92 John Wilks, *op.cit.,* chapter five
93 Information provided on the Depo-Provera website by the Pharmacia Corporation, the drug's manufacturer.
94 PRI Weekly Briefing, 2 March 2001
95 Source: J Richter, *Vaccination Against Pregnancy: Miracle or Menace?*, Amsterdam: Health Action International, 1993, p.11
96 Reported in: LifeSite, 14 March 2001; PRI Weekly Briefing, 2 March 2001; AgapePress, 15 March 2001
97 Wendy Wright, Concerned Women for America, Lifesite, Canada, 14 March 2001
98 John Wilks, *op.cit.*, extrapolated from figures provided by Dr Edith Weisberg, medical superintendent of the Family Planning Association of New South Wales.
99 *ibid.*

1.3.2 *In vitro* fertilisation

In vitro fertilisation (IVF) is the fertilisation of an ovum outside the body in a petrie-dish (*in vitro* is Latin for "in glass"). Most IVF is performed as fertility treatment. The single-celled human (zygote) is incubated until he/she is a hollow ball of cells, known as a blastocyst,[100] who is transferred into a woman's body.

IVF was pioneered in Britain,[101] where Louise Brown, the first IVF (or test-tube) baby, was born on 25 July 1978. Since Ms Brown was born, hundreds of thousands of babies have been born using the same technique.[102] One in 80 children (1.2%) born in Britain in 1997 was the result of IVF treatment, and in Denmark it was as many as one in 38 (2.6%).[103]

Although IVF can result in live births, it actually involves extensive loss of human life. One expert[104] has estimated that only 1.7% of IVF conceptions led to a live birth. The vast majority of human beings generated through IVF have died before birth, many being killed even before transfer to the womb is attempted. It has been estimated that well over 70,000 human embryos were created, implanted and died in the course of *in vitro* fertilisation treatment in the UK during the year 1998/99. This figure contrasts with just 8,300 live births resulting from all forms of IVF.[105]

The highest constitutional court in Costa Rica outlawed IVF in 2000 because of the loss of life involved. The court declared that "the human embryo is a person from the moment of conception … not an object" and decided that any form of IVF exposed embryos to "disproportionate risk of death".[106]

Since a single IVF embryo has little chance of surviving till birth, and for the purposes of efficiency, most IVF treatment cycles involve the generation of many test-tube embryos. One, or in many cases more,[107] of these is/are transferred to the woman in the hope that at least one will successfully implant in the womb. Multiple embryo transfers combined with recent advances in medical technology have meant that twin and multiple births are at an all-time high.[108] Multiple IVF pregnancies have sometimes led to so-called foetal reduction, whereby some unborn children are aborted to improve the chances of their siblings in a multiple pregnancy.

Given that more IVF embryos are created than are necessary, many are either discarded or kept frozen for future treatment or experimentation. A British government minister told the House of Commons in December 2000: "Between 1991 and 1998, more than 750,000 embryos were created through IVF. Some 48,000 were donated for use in research and 237,000 were destroyed. The rest were either used in treatment or held for future use."[109] Under UK law, IVF embryos cannot be experimented upon without the consent of their biological parents. After 10 years the embryos must be destroyed unless the parents consent to their continued storage.[110]

There are currently tens of thousands of embryos in cold storage across Britain and this has caused considerable problems.[111] All of them are unique and individual human beings. Pro-lifers are united in insisting that the practice of freezing human embryos should be stopped immediately. Bishop Elio Sgreccia, vice-president of the Pontifical Academy for Life in Rome, has described the freezing of embryonic human beings as "a very grave act of violence".[112]

The ability to generate new human life in a petrie-dish has led to an increasing commodification of human life itself. Recent developments in IVF technology have stretched ethical and practical boundaries so far that some have even begun to fear that the vision of Aldous Huxley's *Brave New World* is within sight, particularly since the emergence of pre-implantation genetic diagnosis.[113]

100 A localised thickening of cells in the blastocyst will develop into the embryo and the outer wall (trophoblast) develops into the placenta.

101 *Oxford Concise Medical Dictionary*, 4th Edition, 1996.

102 Of the 50,000 babies born in Britain as a result of IVF treatment between 1978 and 2000, half were born since 1997. [*Daily Telegraph*, 13 December 2000]

103 *Daily Telegraph*, 28 June 2000

104 Dr EL Billings, India, August 1999

105 Extrapolated from figures released by the Human Fertilisation and Embryology Authority, 2000

106 Reported by LifeSite, Canada, 18 October 2000

107 In the UK, the Human Fertilisation and Embryology Authority (HFEA) limits the number of embryos who can be transferred in a single IVF treatment cycle to three.

108 BBC News online, 5 July 2001. HFEA figures released in 2000 indicated that 47 percent of babies born alive following IVF were from multiple pregnancies, although virtually all IVF treatments involved the transfer of two or three embryos at once. 50.5 percent of transfers (7,073 in total) involved the transfer of three embryos, despite the fact that "the stillbirth and neonatal death rate for a triplet pregnancy with one or more babies dying is 59.6 per 1,000 birth events compared with 9.9 per 1,000 for single pregnancies".

109 Yvette Cooper, the Public Health Minister; House of Commons *Hansard*, 15 December 2000

110 The medical director of an IVF clinic in Melbourne, Australia, revealed that 95% of couples who undergo IVF in the state of Victoria prefer their embryos to be killed after the statutory maximum of five years in storage rather than give them to other childless couples. [*Sydney Morning Herald*, 12 June 2001]

111 An audit of Britain's 118 IVF clinics in 2000 revealed that frozen embryos had been destroyed as a result of power failures, or implanted into the wrong women as a result of mistakes in data collection. The audit by the Human Fertilisation and Embryology Authority (HFEA) found that electricity disruptions at "various" centres had led to the deaths of an undisclosed number of embryos in frozen storage. Errors in data collection led one former HFEA inspector to suggest that 1,000 test-tube babies may have been implanted into the wrong women, leading to as many as 30 live births. *The Sunday Times* newspaper focused on the cases of four women. Two of them had their last remaining frozen embryos thrown away by mistake, one had another woman's embryo implanted which she then killed by abortion, and one wasted eight years of IVF treatment until it was discovered that she had been fitted with an [abortifacient] intrauterine coil all along. [*Sunday Times*, 12 November 2000]

112 Writing in *L'Osservatore Romano*; reported by Catholic World News, 10 April 2001

113 see section 1.4.3

In 2000, a leading American expert in reproduction predicted that within 20 years the link between sex and reproduction would have been consigned to history. Professor Greg Stock of the University of California told a meeting of fertility experts in San Diego that IVF, pre-implantation genetic diagnosis and the harvesting and storage of women's eggs would mean that all babies would be produced in a test-tube. He said: "We will be able to screen for lots of genetic diseases. We will, in essence, be able to take a single cell from an embryo in the lab and calculate from that how the child will develop. Effectively, the child will have to pass a test before it is even born. Eventually it will be thought as reckless to have a child without genetic screening as to have a child without pre-natal screening, as happens today."[114]

1.3.3 Embryo experimentation

The decline in respect for unborn human life which has been the result of legalised abortion, and the commodification of human life resulting from IVF, have meant that human embryos are viewed as legitimate objects for research. Such research is conducted on the bodies of unborn children who have died in abortions or miscarriages, or on pre-implantation embryos of less than 14 days' development[115] generated through IVF or cloning. Most IVF embryos who suffer destructive research have been left over from fertility treatment, although some are generated specifically for research purposes.[116]

Following the advent of IVF in 1978, it became clear that legislation was needed to establish legal controls on what could be done with human embryos generated in the laboratory. The British government set up the Warnock committee to investigate IVF and embryo research, and to make recommendations for legislation.

One issue considered by the Warnock committee was when human life began, implying that killing or experimenting on human life was wrong. The biological facts are clear. A textbook used widely in medical schools states: "Human development is a continuous process that begins when an ovum from a female is fertilised by a sperm from a male… a zygote is the beginning of new human life." [117]

However, the Warnock committee insisted that the beginning of human life was an ethical rather than a biological question and settled upon the limit of 14 days, a day before the appearance of the primitive streak (a precursor of the neural tube) in the embryo.

The committee acknowledged that this was an arbitrary limit when it stated in its report: "…once the process has begun, there is no particular part of the developmental process that is more important than another; all are part of a continuous process… Thus biologically, there is no one single identifiable stage in the development of the embryo beyond which the *in vitro* embryo should not be kept alive. However we agreed that this was an area in which some precise decision must be taken, in order to allay public anxiety."[118]

Although embryo research breaches a fundamental principle of medical ethics as formulated by the World Medical Association's *Declaration of Helsinki*,[119] many researchers emphasised the benefits which they claimed would accrue from it. In doing so, they acknowledged that it went beyond present medical codes of ethics. Dr Peter Braude of the Fertilisation Unit of the Rose Maternity Hospital, Cambridge, commented: "The Helsinki agreement was drawn up long before embryo research began, and thinking has not yet caught up with it."[120]

The Warnock committee's report was released in 1984 and the 1990 Human Fertilisation and Embryology Act incorporated the committee's recommendations into law. Dr John Habgood, the archbishop of York, was one of the foremost proponents of embryo research during the debate on the bill in the House of Lords. He argued for gradualism, or the belief that an embryo develops into a human being gradually: "… individual lives… begin with chemistry and they reach their fulfilment in mystery…"[121] However, this view was at odds with both biology and traditional christology.

One of the most significant recent developments in embryo research is in the area of stem cell technology. Stem cells are immature cells which develop into specialised cells such as skin, muscle and nerves.

114 *Daily Express*, 25 October 2000

115 Ann McLaren, the English geneticist who established the concept that the human embryo should not be accorded any recognition as a person until 14 days after fertilisation, has written an essay expressing her regret at inventing such a morally and biologically arbitrary distinction. Source: Fr Angelo Serra, reported by Zenit news agency, 31 October 2000

116 American scientists have begun creating embryos solely for research. The Eastern Virginia Medical School recruited sperm and egg donors who knew that the resulting embryos would not be implanted in the womb. Until now, such research in America has only been done on embryos left over after *in vitro* fertilisation. [Reuters, via Yahoo! News, 11 July 2001]

117 *The Developing Human*, K L Moore, W B Saunders, 1988, page 1

118 The Warnock Committee, *Report of the Committee of Inquiry into Human Fertilisation and Embryology*, London (1984), HMSO, p.60

119 The World Medical Association's *Declaration of Helsinki* (revised 1975) stated: "In research on man, the interests of science and society should never take precedence over considerations related to the well-being of the subject … The doctor can combine medical research with professional care, the objective being the acquisition of medical knowledge, only to the extent that medical research is justified by its diagnostic and therapeutic value for the patient."

120 A similarity has been observed between Dr Braude's comments with respect to the Helsinki Declaration, and comments by Dr Karl Brandt, Hitler's physician, with respect to the Hippocratic Oath. Dr Brandt, on trial at Nuremberg, said in 1946: "I am convinced that if Hippocrates were alive today he would change the wording of his oath … I have a perfectly clear conscience about the part I have played in the affair."

121 House of Lords *Hansard*, col.1020, 7 December 1989

Embryonic stem cells can develop into many types of specialised cell.[122] Scientists have claimed that embryonic stem cells could be used to generate new body tissue and even whole organs for transplant, as well as to develop and test new drugs and improve understanding of human development and cancer.[123] However, such research requires the extraction of stem cells from an embryo, resulting in his or her death.[124]

In some documented cases, experiments have even been carried out on live pre-term babies. Dr Ian Donald, a British gynaecologist, has claimed that he witnessed experiments on late-term 'aborted' babies who were still alive at the Karolinska Institute in Sweden. He described how the babies had writhed and cried in agony before being killed and thrown out as rubbish.[125] In another case, Dr Peter Adam participated in experiments on live 'aborted' babies at the University of Helsinki in Sweden which entailed decapitating the children and keeping the heads alive on their own by pumping fluids through the brain.[126] Dr Adam later presented the results of his work to an American Pediatric Society symposium and published his findings.[127]

1.3.4 Human cloning

The cloning of human beings, formerly restricted to science fiction and horror stories, has become one of the most serious ethical issues facing humanity.

The first mammal successfully cloned from the cell of an adult animal was born on 5 July 1996. Professor Ian Wilmut and his team at the Roslin Institute, Edinburgh, had cultured 277 cloned sheep embryos for six days, after which 29 of them which appeared to have developed normally to the blastocyst stage were implanted into surrogate ewes. 148 days later, Dolly was the only lamb to be born alive.[128]

Since Dolly's birth, research into cloning has moved on apace. Cell nuclear replacement,[129] the cloning technique used to create Dolly, can also be applied to primates and human beings. Scientists in the United States were reported in October 2001 to have successfully cloned rhesus monkey embryos.[130] The following month, Advanced Cell Technology of Massachusetts claimed to have created the first cloned human embryo for the purposes of stem cell research.[131] Some doctors[132] have announced plans to press ahead with the transfer of cloned humans into women to produce cloned human babies. This is known as reproductive or live-birth human cloning, although all human cloning is reproductive insofar as a new and individual human being is brought into existence in every case.

Other researchers have argued for the potential of so-called therapeutic cloning in the area of stem cell research. So-called therapeutic cloning involves the creation of cloned human embryos by the same technique used to clone Dolly the sheep. The stem cells of the cloned embryos are extracted in the laboratory and the embryos are killed. Proponents claim that the advantage which so-called therapeutic cloning has over the use of embryonic stem cells extracted from conventional non-cloned embryos is that body tissue or organs created using stem cells from cloned embryos would contain exactly the same DNA as the adult from whom the clones were made, thus avoiding the problem of rejection.[133]

Cloned human embryos are individual human persons just as much as embryos generated in any other way. If allowed to grow to maturity, cloned humans would be physically identical to the person from whom they were cloned but would possess a separate persona and identity as do identical twins. The late Cardinal Thomas Winning, archbishop of Glasgow and chairman of the British Catholic bishops' joint committee on bioethical issues, described so-called therapeutic cloning as "the ultimate misnomer, for it actually means killing".[134] He condemned the fact that a cloned human person generated for this purpose "would be produced, and treated, as if it were a chemical ingredient".[135]

122 They are thus described as pluripotent.
123 US National Institutes of Health fact sheet on human pluripotent stem cell research guidelines, updated January 2001
124 See sections 1.3.5 on so-called ethical alternatives.
125 Father Paul Marx, OSB, *Confessions of a Pro-Life Missionary*, HLI, p.111
126 "Post-Abortion Fetal Study Stirs Storm." *Medical World News*, June 8, 1973, page 21.
127 Peter A.J. Adam, N. Ratha, E. Rohiala, *et al*. "Cerebral Oxidation of Glucose and D-Beta Hydroxy, Butyrate in the Isolated Perfused Human Head." *Transactions of the American Pediatric Society*, 309:81, 1973
128 Roslin Institute: *Briefing Notes on Dolly*, 12 December 1997
129 Cell nuclear replacement involves the introduction of a nucleus from a specially prepared adult body cell into an unfertilised egg which has had its DNA removed. The egg is subjected to an electrical impulse which fuses the two components and begins the process of development. The Roslin Institute admits that little is known about how this happens, and in most cases it fails at the start.
130 The breakthrough by Professor Don Wolf of the Oregon Regional Primate Research Center was reported in *The Sunday Times*, 28 October 2001
131 Reported by BBC News online, 26 November, *etc.*
132 Such as Professor Severino Antinori, the Italian fertility specialist, who announced in March 2001 that he intended to produce a cloned human baby within two years.
133 Some experts have pointed out that this claim is not true. Dr David Prentice, professor in the department of life science at Indiana State University and an advisor to the US Congress on stem cell research, explained to participants in a bioethics seminar in the European parliament on 20 November 2001 that proponents of experimental cloning had overstated its potential because there was no guarantee that the use of stem cells extracted from clones would solve the problem of rejection in recipients. Cloned embryos created by cell nuclear transfer would inherit some of the genetic make-up of the egg donor in the mitochondria.
134 "Be warned, Mr. Blair, cloning is killing", *Sunday Telegraph*, 20 August 2000
135 Letter to Professor Liam Donaldson, the chief medical officer, 22 October 1999

The fact that so-called therapeutic cloning necessarily involves the creation and destruction of human embryos was brought home by Dr Harry Griffin of the Roslin Institute (which cloned Dolly the sheep) when he observed that it "is clearly not therapeutic for the embryo".[136] However, a blatant attempt to deny this aspect of so-called therapeutic cloning has been made. Euphemisms such as "cell nuclear replacement" are employed to give the impression that so-called therapeutic cloning is not really cloning at all, and promises of a ban on human cloning turn out to be concerned simply with reproductive cloning.[137] Dr John Wyatt, a professor of neonatal paediatrics,[138] said: "The redefinition of human embryos as mere biological material or 'totipotent stem cells' in order to allay public concerns smacks of semantic trickery rather than responsible debate."[139] In 2000, the European parliament warned that "an attempt is being made to use linguistic sleight of hand to erode the moral significance of human cloning."[140]

On 24 June 1999, the British Government called for a moratorium on human cloning and established the Expert Medical Group on Human Cloning (known as the Donaldson committee) under Professor Liam Donaldson, the government's chief medical officer.[141] This committee's report made a distinction between reproductive human cloning (the transfer of any cloned human embryo into the uterus of a woman) and so-called therapeutic cloning (which it called cell nuclear replacement).

On 16 August 2000, the department of health announced that it had accepted all the recommendations in the Donaldson committee's report, and this was followed by votes in both houses of parliament[142] to amend the Human Fertilisation and Embryology Act 1990 authorising research on cloned human embryos for the treatment of "serious disease".[143] The United Kingdom thus became the first country to authorise destructive research on cloned embryos,[144] a step which was condemned by religious and political figures, both at home and abroad.[145] This statutory instrument was subsequently declared null by the High Court on the basis that the definition of "embryo" in the Human Fertilisation and Embryology Act does not extend to cloned embryos, but the Court of Appeal overturned this judgement on 18 January 2002.

The introduction of so-called therapeutic cloning is almost certain to lead to reproductive cloning. On 30 August 2000, the *Independent* newspaper conducted a survey of 32 "eminent medical scientists", such as Lord Winston (the IVF pioneer) and Professor Richard Dawkins. A majority admitted that authorisation of so-called therapeutic cloning would inevitably lead to the birth of cloned babies in the future. Later, Lord Winston even revealed his personal support for reproductive cloning when he commented: "I can't see why people are feeling threatened by this. It seems to me there might be a use in people with total sterility… as long as research is conducted responsibly and ethically, this field of work will cease to be controversial."[146]

Lord Winston has nevertheless acknowledged that the process of perfecting reproductive cloning would entail hundreds of unsuccessful attempts. Professor Ian Wilmut, who cloned Dolly the sheep, has warned that reproductive human cloning would result in many abortions and in children who lived for only a short time and/or whose development was unconventional.[147]

Experts in cloning have pointed out that animal cloning involves a very high failure rate and that the failure rate is likely to be even higher with humans. Reports suggest that only about one in 10 cloned animals are considered sufficiently well formed to be implanted, and about half of those that survive till birth suffer from a variety of developmental problems, collectively referred to as large offspring syndrome. Dr Michael West, of Advanced Cell Technology in Massachusetts,

136 Centre for Bioethics and Public Policy conference, London, 14 November 2000

137 Emergency legislation rushed through the UK parliament in November 2001 banned only so-called reproductive cloning.

138 At the Royal Free and University College Medical School in London.

139 Quoted by Lord Alton; House of Lords *Hansard*, 22 January 2001, column 29

140 European Parliament, resolution on human cloning, 7 September 2000, Recital G

141 Lord Alton of Liverpool, a pro-life peer, criticised this and other similar bodies for the absence of people who upheld the sanctity of human life. He also criticised the lack of balance on such committees, citing the inclusion in some cases of members of the Eugenics Society. (*Catholic Herald*, 7 April 2000)

142 The statutory instrument was passed by the House of Commons on 19 December 2000 by 366 votes to 174, and by the House of Lords on 22 January 2001 by acclaim. A motion to postpone a definitive vote on the measure until after a select committee had reported on the issue was defeated in the House of Lords by 212 votes to 92.

143 The Human Fertilisation and Embryology (Research Purposes) Regulations 2001, which came into force on 31 January 2001, added three grounds for research on human embryos to those which are authorised by the Human Fertilisation and Embryology Act 1990: increasing knowledge about the development of embryos; increasing knowledge about serious disease; enabling any such knowledge to be applied in developing treatments for serious disease. The measure did not mention either cloning or cell nuclear replacement.

144 The statutory instrument may, however, be *ultra vires* because Section 1 of the Human Fertilisation and Embryology Act 1990 defined an embryo as "a live human embryo where fertilisation is complete" or "an egg in the process of fertilisation". These definitions do not cover embryos created through cell nuclear replacement.

145 The European parliament passed a motion on 7 September 2000 calling on the British government to review its stance on human embryo cloning and noted that "an attempt is being made to use linguistic sleight of hand to erode the moral significance of human cloning". After the vote in the House of Commons, Edelgard Bulmahn, Germany's science minister, commented: "We are united with all other European Union countries that the cloning of embryos steps over ethical and moral boundaries." After the vote in the House of Lords, Most Rev. Vincent Nichols, archbishop of Birmingham, said that the decision "cheapened human life" and constituted an "affront to human dignity".

146 The *Independent*, 26 October 2000

147 BBC News online, 6 July 2001

said that only about one in 100 cloned human embryos would survive, and that those who did would have navels two or three times bigger than the normal size as a result of the oversized umbilical cords which inexplicably develop during most pregnancies involving clones.[148]

1.3.5 The case for ethical alternatives

During the definitive debate in the House of Commons on the legislation to authorise destructive stem cell research on cloned and spare IVF embryos, it was asserted that embryonic stem cell research offered the only way forward. Ms Yvette Cooper, the public health minister, told MPs at the conclusion of the debate: "…it is clear that the science is very obvious now. The research shows that embryonic stem cells have immense potential to help us understand serious degenerative disease and to research cures or treatments, too … For many diseases and conditions, it holds out the only hope anywhere on the horizon. The science is clear that embryonic stem cells hold far more potential than adult stem cells…"[149]

However, many eminent scientists disagree with this point of view, and have admitted a profound disquiet about so-called therapeutic cloning.[150] Other scientists have pointed out the inherent dangers of embryonic stem cell transplants to human health. Dr Lorraine Young, of the Roslin Institute, has revealed that 80 percent of cloned animals have abnormally high birth weights. She observed that "twice the average birthweight for the breed is not uncommon" and that in some cases cloned lambs have been three or four times larger than would have been the case naturally. Commenting on the implications for so-called therapeutic cloning of human embryos, Dr Young continued: "Some of the genes that may cause these defects in cattle and sheep we know are involved in tumour production in humans. It is possible that when you transplant this tissue into patients you could introduce cancer."[151]

Studies on adult stem cells in the last 30 years have clearly shown that many adult tissues contain stem cells, although these are usually only capable of producing cells proper to that tissue. In more recent years, pluripotent stem cells have also been discovered in various human tissues, such as bone marrow, the brain, connective tissues of various organs, and the umbilical cord.[152] It has also been found that live neural stem cells can be obtained from adult cadavers even hours or days after death.[153]

The progress and results obtained in the field of adult stem cell research show not only their great plasticity but also their many possible uses, in all likelihood no different from those of embryonic stem cells, since plasticity depends in large part upon genetic information which can be reprogrammed. For example, Dr. Micheline Mathews of Harvard Medical School has cured a rare genetic disease in mice by inserting the missing gene into their own stem cells. In April 2000, French researchers reported in *Science* what was described as the first clear success in human gene therapy, curing severe combined immunodeficiency disease (SCID) in several children by inserting the missing gene into their bone marrow stem cells.

Adult stem cells only become different types of cell when they are given new signals to do so. Placed in their usual environment, they seem to produce only the cell types of that particular tissue which is exactly what is needed to repair such tissue safely. Thus, "besides skirting the ethical dilemmas surrounding research on embryonic and foetal stem cells, adult cells… might have another advantage: They may be easier to manage".[154]

Researchers at the University of Texas have reported[155] that the enzyme telomerase can "immortalise" adult cell cultures without producing the uncontrolled growth of cancer cells. Another researcher has reported on advances enabling his team to multiply human bone marrow stem cells a billion-fold in six weeks.[156]

There have been many developments in the field of

148 *Daily Telegraph*, 10 March 2001

149 House of Commons *Hansard*, 19 December 2000, Column 260

150 Such as Dr John Wyatt, professor of neonatal paediatrics at the Royal Free and University College Medical School in London, who said: "I and many of my fellow health professionals share a profound disquiet about the introduction of therapeutic cloning. Many of us are actively involved in research to find novel therapies for life threatening and disabling conditions." (Quoted by Lord Alton; House of Lords *Hansard*, 22 January 2001, column 29)

151 *Daily Telegraph*, 1 August 2000

152 *Cf.* C. S. POTTEN (ed.), Stem Cells, Academic Press, London 1997, p. 474; D. ORLIC, T. A. BOCK, L. KANZ, Hemopoietic Stem Cells: Biology and Transplantation, Ann. N. Y. Acad. Sciences, vol. 872, New York 1999, p. 405; M. F. PITTENGER, A. M. MACKAY, S.C. BECK et al., Multilineage Potential of Adult Human Mesenchymal Stem Cells, Science 1999, 284, 143-147; C. R. R. BJORNSON, R.L. RIETZE, B. A. REYNOLDS et al., Turning Brain into Blood: a Hematopoietic Fate Adopted by Adult Neural Stem Cells in vivo, Science 1999, 283, 534-536; V. OUREDNIK, J. OUREDNIK, K. I. PARK, E. Y. SNYDER, Neural Stem Cells - a Versatile Tool for Cell Replacement and Gene Therapy in the Central Nervous System, Clinical Genetics 1999, 56, 267-278; I. LEMISCHKA, Searching for Stem Cell Regulatory Molecules: Some General Thoughts and Possible Approaches, Ann. N.Y. Acad. Sci. 1999, 872, 274-288; H. H. GAGE, Mammalian Neural Stem Cells, Science 2000, 287, 1433-1438; D. L. CLARKE, C. B. JOHANSSON, J. FRISEN et al., Generalized Potential of Adult Neural Stem Cells, Science 2000, 288, 1660-1663; G. VOGEL, Brain Cells Reveal Surprising Versatility, ibid., 1559-1561.

153 UniSci, 28 April 1999

154 G. Vogel, in *Science*, 25 February 2000

155 In *Nature Genetics*, January 1999

156 Dr Darwin Prockop (now at Tulane University) in *Proceedings of the National Academy of Sciences*, 28 March 2000.

adult stem cell technology recently, particularly since the British parliament voted to authorise research on embryonic stem cells on the clearly erroneous basis that it held out "the only hope anywhere on the horizon".[157] Taking just the first four months of 2001 by way of example: researchers in Cambridge claimed to have developed a way of converting fully developed adult cells into stem cells;[158] scientists in California succeeded in converting fat tissue into muscle, bone and cartilage;[159] a company in New Jersey claimed to have developed a new technique for obtaining a plentiful supply of stem cells from the placenta expelled by the mother after childbirth;[160] a conference in the United States heard how stem cells from umbilical cords had been successfully used to treat strokes in rats;[161] doctors in Canada treated a nine month-old child who had cancer with stem cells extracted from his umbilical cord;[162] the company which cloned Dolly the sheep announced that it had succeeded in converting skin tissue from cows into beating heart cells; and researchers in Sheffield and Cardiff reportedly discovered a way of regenerating bone and brain cells.[163]

Commercial companies have appreciated the potential of adult stem cell technology. Osiris Therapeutics, Inc., for example, is a private company in Baltimore, USA, focusing on restoration of damaged and diseased tissue. Osiris uses adult bone marrow to isolate, purify and grow human mesenchymal stem cells (hMSCs), the progenitor cells that give rise to connective tissues including bone marrow stroma, bone, cartilage, ligament, tendon and fat, as well as muscle. They believe that hMSC cell therapy will prove effective treatment for damage arising from injury, ageing or degenerative diseases.[164]

157 Ms Yvette Cooper's concluding speech, *op.cit.*

158 Dr Ilham Abuljadayel, reported in *The Times*, 15 January 2001

159 Research team led by Marc Hendrick of the University of California at Los Angeles; reported in *The Times* and the *Independent*, 10 April 2001

160 John Haines, chief executive of Anthrogenesis Corp. of Cedar Knolls, New Jersey, said that he thought his company's discovery would make the use of embryos as a source of stem cells obsolete; reported by the Catholic News Service, 11 April 2001, and in the Minneapolis *Star Tribune*, 12 April 2001.

161 Professor Paul Sanberg of the University of South Florida at the annual meeting of the American Association for the Advancement of Science; reported on BBC News online, 18 February 2001

162 Reported by LifeSite, Canada, 5 April 2001

163 Dr Bradley Singer of Sheffield University and Dr George Foster of Cardiff University; reported in *The Times*, 26 January 2001

164 From the mission statement on Osiris Therapeutics' website: *www.osiristx.com*

Fatal discrimination

1.4.1 Handicap

Disabled people have the same human value as every other member of society, and we should have solidarity with them as fellow-members of the human race. Some who generally oppose abortion nevertheless support it for handicapped children. Intense pressure – emotional and practical – is brought to bear on expectant mothers and fathers, particularly when a baby is thought to be disabled. We do not condemn those who would seek abortion in this situation, though we condemn such abortions. Rather we seek to promote, for these as for all expectant parents, the specific help and the moral and cultural environment to give each child the best start in life.

Many couples are railroaded into abortion for handicap or seek it out of ignorance or desperation. The abortion of handicapped children is not a solution to the problems which present themselves in this situation. Many abortions, whether for handicap or other reasons, cause suffering for the mother (such as post-abortion trauma).

Aborting handicapped children also fails to recognise the incomparable value to society of disabled people who are part of wider society. Disability is not a fundamental division of humankind. We are all part of the same community. We can also be open to recognising the value of disabled people's influence on society, such as their talents and strengths. The courage of disabled people in coping with, and often surmounting, the restrictions of their disability is an edifying example to an increasingly pleasure-seeking society.

Disabled people and their families need compassion and support. The pro-life movement actively supports disabled people and helps to protect their concerns. One such initiative promoted by the pro-life movement is the Lejeune Clinic in London. Founded in 1995, the clinic continues the work of the late Professor Jérôme Lejeune, a renowned geneticist, in treating children with Down's syndrome.

Historically, the elimination of disabled children has been one of the key justifications for abortion. Recent surveys suggest that public opinion is against such discrimination.[165] Ground E of the 1967 Abortion Act (as amended by the 1990 Human Fertilisation and Embryology Act) allows abortion if there is "substantial risk of the child being born seriously handicapped". In 1999, 1,702 babies were aborted under ground E, with an additional 111 aborted under ground E combined with other grounds. Under ground E, abortion is allowed up to the moment of birth.

While around 20% of all babies conceived are aborted on "social" grounds without being tested for any disability, around 85 percent of babies detected by prenatal screening tests as having spina bifida are aborted,[166] as are 90 percent of babies with Down's syndrome.[167]

Many women experience great pressure to undergo prenatal screening, particularly if there is considered to be a high chance of their having a disabled baby, and to abort if a disability is detected. Many women are accused of being selfish if they refuse to be screened or to abort. For instance, the *Sunday Telegraph* reported in March 2000 on the experience of Caroline Armstrong-Jones who had a daughter with Down's syndrome.

165 A major survey carried out in 2000 found that 70 percent of people in Scotland believed that abortion for this reason was wrong. Scottish Social Attitudes Survey 2000.

166 "Why we need flour power" by Annabel Ferriman, *The Independent,* 1st December 1998

167 Trends in prenatal screening for, and diagnosis of, Down's Syndrome: England and Wales, 1989-97 by David Mutton et al *British Medical Journal,* 3 October 1998

When pregnant with her second child, she was repeatedly given "the same lecture – the risks she was taking, her 'selfishness'".[168] Such pressure is equally strong for women who themselves have a disability.[169]

Even when counselling is made available to parents who have been told their baby has a disability, it is rarely non-directional.[170] Parents whose unborn baby has a disability are sometimes given "grossly inadequate or frankly misleading" information about the condition.[171] Some are not even given details of support groups which could provide accurate information.

There have been many reported cases of newborn babies pushed into death by doctors (by the excessive or inappropriate use of drugs, or withholding life saving treatment). Typically, such babies are killed not because they were not dying but because they would have a disability.[172] [173] Such developments are perhaps inevitable once it has been decided that killing the unborn is to be allowed as a "solution" to the challenges disability poses. Once this becomes generally accepted, the killing simply extends to those who were not detected pre-natally.

The views of people with disabilities are often disregarded in this debate. However, the Handicap Division of the Society for the Protection of Unborn Children was set up in 1980 to provide a platform to disabled people, their families and carers to speak out in defence of the right to life of all disabled people, whatever their age and however severe the disability.

1.4.2 Pre-natal screening

Recent technological advances have provided opportunities to learn about the developing baby in the womb. Some such tests have a positive purpose and can be useful in, for example, checking when the baby is due to be born. However, SPUC is concerned about screening and diagnostic tests whose purpose is to detect disability so that the baby can be aborted if disabled.

A pregnant woman may be offered:

- screening tests which provide an estimate of the chance that the baby is disabled
- diagnostic tests which aim to detect whether the baby has a particular disability.

1.4.2.1 Screening tests

Almost all pregnant women now have a blood test to measure the amounts of several proteins produced by the baby. This information is used to estimate the chance of the baby's having a disability. If the test shows an increased chance of disability, the mother will be offered diagnostic tests which are supposed to give a definitive result.

Ultrasound can also be used to detect disability by measuring membranes at the back of the baby's neck, known as the nuchal fold. This procedure is sometimes called nuchal translucency testing. Increased thickening of the fold may indicate that the baby has Down's syndrome.

Maternal blood tests and nuchal fold measurement can together detect about 90% of babies with Down's Syndrome.[174]

1.4.2.2 Diagnostic tests

Amniocentesis is a diagnostic test undertaken from about 14 weeks' gestation onwards. It involves withdrawing amniotic fluid from the womb with a needle and examining the foetal cells in it. It will usually, though not always, correctly diagnose whether the baby has Down's syndrome or spina bifida. In April 2001 Mr Brian Wilson, a British foreign office minister who has a nine-year-old son with Down's syndrome, condemned the use of amniocentesis to eliminate the vast majority of unborn children with Down's syndrome.

Chorionic villus sampling (CVS) is usually undertaken around 11 weeks of pregnancy. It involves taking cells from the placenta and analysing the chromosomes to detect disabilities such as Down's syndrome.

Diagnostic tests can cause a baby to miscarry. 40,000 unborn babies are examined by amniocentesis each year and, of these, about one percent of babies will miscarry as a direct result of the test.[175] Some babies are

168 "India [the child's name] enriches the lives of those around her. Yet when Caroline Armstrong-Jones … was pregnant with her son, doctors told her: you must do everything in your power to ensure you do not give birth to another Down's child" by Olga Craig, *The Sunday Telegraph,* 5 March 2000

169 "Are we heading for a nightmare world where only perfect babies are born?", Gill Martin, *The Mail on Sunday,* 15 March 1998

170 "A father of a baby aborted on grounds of disability said: 'Our consultant guided us through the decision making process… she made it EASIER to say yes (to the abortion) knowing it was the only way.'": "Antenatal screening for Down's Syndrome", Helen Statham and Wendy Solomou, *The Lancet*, 5 December 1998.

171 "Prenatal diagnoses of sex chromosome conditions", Barbara Biesecker, *British Medical Journal,* 24 February 2001

172 Alison Davis, "All Babies Should be Kept Alive As Far As Possible" in *Principles of Health Care Ethics* Ed. Raanan Gillon 1994 John Wiley & Sons Ltd.

173 "End of life decisions for newborn infants", Christine Pierce et al. of the Paediatric Intensive Care Unit, Great Ormond Street Hospital London in *The Lancet,* 9 September 2000

174 Dr. Joseph A. Worrall MD RDMS**,** obstetrics and gynaecology unit at the Fairbanks Clinic, Alaska, USA.

175 study at St Bartholomew's medical school, London by an Anglo-American research team led by Professor Rebecca Smith-Bindman of the University of California in San Francisco, 2001.

injured permanently, or even fatally, because of being stabbed by an amniocentesis needle.[176] Mothers can also be damaged by the test and one woman recently died from an infection caused by the amniocentesis needle.[177] CVS has a miscarriage rate of between two and five percent and there have been reports of damage to the baby's limbs caused by CVS.[178]

Many disabled women, and many parents who already have one or more disabled children, are targeted for both screening and diagnostic tests, and may experience great pressure to have them. Women who do not want screening tests also often experience such pressure.[179]

The rationale for widespread, publicly-funded screening programmes is an economic one, although this is not explained to patients individually. This thinking is offensive to disabled people and to all who value human life, since it suggests that it is worth the cost of detecting disabled babies because it saves spending money on caring for them once they are born.[180]

Arguments for pre-natal detection of disability to facilitate abortion miss the central issue, which is that the individual in question is a human being. Those pre-natal screening programmes which aim at aborting disabled babies amount to a search-and-destroy policy denying disabled babies their inherent right to life.

1.4.3 Pre-implantation genetic diagnosis

Pre-implantation genetic diagnosis (PGD) involves the examination in the laboratory of an embryo who has been created in a test tube through *in vitro* fertilisation. A biopsy is then carried out to remove a cell from the developing embryo, which can be used to test whether the embryo carries a genetic disabling condition. The biopsy is usually performed two to five days after fertilisation when the embryo consists of between six and 10 cells.[181]

One of the key objections to PGD is that, when cells are separated from an embryo in these very early stages, each separated cell has the capacity to develop and grow. Each is actually an embryo in its own right. This is similar to how identical twins occur naturally. In PGD, one of each pair of 'twins' is destroyed in order to test its genes. If a disability is found in the genes, the twin of that embryo is also discarded. Where no disability is found, the twin of the test embryo is transferred to the womb. Less than 15 percent of embryos implanted by this method survive[182] and it has been found that only 25 percent of embryos screened for chromosomal disabilities have "entirely normal cells".[183]

PGD is most widely used for people who have a family history of genetic disabilities, including cystic fibrosis, Huntington's disease and Tay-Sach's disease. PGD also made the headlines when it was performed to select an embryo who did not have the Fanconi's anaemia genetic disability and who, once born, would be a good source of transplant cells for a sister who did have it.[184]

SPUC acknowledges the scientific fact that each individual human life normally[185] begins at the moment of fertilisation. From the beginning of their lives, human beings, whether or not they have a disability, are entitled to the respect proper to their human nature, to protection from harm, and to rights appropriate to their stage of development – the most fundamental of which is the right to life. PGD is completely incompatible with a respect for the right to life, because it entails creating and destroying "test embryos", and also destroying any "twins" who do not measure up to an arbitrary measure of desirability.

PGD is dependent on the availability of IVF technology, without which it would not be possible. In addition to the thousands of embryos destroyed during the process of developing IVF, hundreds of thousands of human embryos continue to be destroyed as a result of IVF technology.[186] In view of this cavalier attitude towards the destruction of very young human beings, it is perhaps not surprising that the destruction of those found to have a disabling condition has become widely accepted.

It is, of course, both natural and right that parents should hope that their children will not have to contend with illness or disability, and that they should take eth-

176 *The Times,* 10 March 1999 and 27 February 2001
177 "Pregnant women killed by Down's test blunder", *The Times,* 20 March 2001
178 "Congenital abnormalities in Brazilian children associated with misoprostol misuse in first trimester of pregnancy", Claudette Hajaj Gonzalez et al., *The Lancet,* 30 May 1998
179 "Doctor, leave them kids alone", Jo Knowsley, *The Sunday Telegraph,* 9 February 1997
180 "Hidden cost of testing for Down's", Dr. Kieran Sweeney, *The Times* 5 April 1994; "Screening for Fragile X is cost effective and accurate", Caroline White Page, *British Medical Journal,* 26 July 1997
181 Human Fertilisation and Embryology Authority, *Eighth Annual Report and Accounts*, 1999
182 "The selfish gene", Deborah Kent, *The Guardian,* 10 RFebruary 1999
183 "Genetic test opens door to quest for 'perfect babies'", Sharon Kirkey, *The Ottawa Citizen,* 23 October 2000
184 "Joy of the family in front line of science", Damian Whitworth, *The Times,* 5 October 2000
185 leaving aside open questions regarding the embryogenesis of monozygotic twins.
186 Background Information on Stem Cells and the proposed Human Fertilisation and Embryology (Research Purposes) Regulations – Memorandum sent to all Members of Parliament by the Department of Health November 2000. The Memorandum notes that between 1991 and 1998 48,000 human embryos were used in research and 237,600 were destroyed.

ical steps to try to give their children the best possible start in life. There are ways of protecting unborn children from disability which are not destructive, such as refraining from smoking or drinking alcohol, and taking supplements, such as folic acid which can prevent the disability spina bifida from occurring. Such measures cannot prevent every disabling condition, but it must be recognised that parents do not have a right to a non-disabled baby. Children are gifts, not commodities.

Pro-abortion medical academic David Paintin[187] has posed the question: "Does the availability of abortion to prevent the birth of a seriously abnormal fetus imply discrimination against people who have a congenital disability?"[188] The answer is clear. It is impossible for a society to value a group of individuals whilst simultaneously advocating their systematic destruction. We acknowledge the equal value and dignity of every human being by wholeheartedly welcoming into our society every child, disabled or not.

1.4.4 Eugenics and abortion

The population control movement—and thus the organised promotion of abortion—grew out of the eugenics movement of the late 19th and early 20th centuries. *Eugenics* is derived from a Greek word meaning good birth.

Professor Jacqueline Kasun, the pro-life economist, has said that eugenics has fostered an attitude characterised as "a view of individual human beings—not as creatures of innate worth and dignity, regardless of their earthly condition—but as factors on a scale of social value."[189]

Eugenic principles suggest that human beings are not all of the same value. The eugenic mentality judges certain people to be inferior because of their race or their physical, mental or social condition. Those judged inferior are treated as less than human.

Eugenics takes the theories of Charles Darwin (1809-1882) on evolution and the survival of the fittest and applies them to the human race. This is known as social Darwinism. Francis Galton (1822-1911), Darwin's cousin and founder of the Eugenics Society in 1907, advocated "the science of improving stock … to give the more suitable races a better chance of prevailing speedily over the less suitable".[190]

Eugenicists have recognised that, to gain popular acceptance, their policy needed to be presented as one of social compassion. Galton believed that the principles of eugenics "ought to become one of the dominant motives in a civilised nation, much as if they were one of its religious tenets".[191]

Dr Ernst Haeckel (1834-1919), a professor of comparative anatomy, summed up the eugenic mentality thus: "What good does it do to humanity to maintain artificially and rear the thousands of cripples, deaf-mutes and idiots? Is it not better and more rational to cut off from the first this unavoidable misery which their poor lives will bring themselves and their families?"[192]

Dr Haeckel was a hero to the German Nazis and such eugenic attitudes and policies tend to be identified with Nazism. However, eugenic abortion according to Dr Haeckel's views is now commonplace. One of the legal grounds for abortion in Britain is that the child "would suffer from such physical or mental abnormalities as to be seriously handicapped".[193] While abortions are commonly restricted to 24 weeks' gestation, babies with even minor developmental anomalies can legally be aborted up to birth.

Madeleine Simms, research fellow of the Eugenics Society, revealed the reasoning behind eugenic abortion when she wrote (with Keith Hindell): "An abnormal foetus is not aborted because it would die, but on the contrary because it would be healthy enough to live a sub-human existence. Essentially it is for social, ethical and aesthetic reasons that some people recoil from the survival of such sub-humans and prefer to see them aborted."[194]

Abortion providers have tried to sanitise the language in recent years, but the effort to justify killing babies who are perceived as inferior continues. On the website of the British Pregnancy Advisory Service, Britain's largest private abortion provider, David Paintin writes: "Testing for fetal abnormality is motivated by the same spirit that leads humanity to try to cure disease … The burden of caring for a severely disabled child falls disproportionately on the mother and can completely alter the course of her life…"[195]

Many people are surprised to learn that abortion on the grounds of disability is legal in Britain up to birth. A

187 emeritus reader in obstetrics and gynaecology, Imperial College School of Medicine at St Mary's, London.
188 Marie Stopes International website.
189 Jacqueline Kasun, *The war against population*, Ignatius Press, 1988
190 Francis Galton, *Inquiries into human faculty*, London: Macmillan, 1883, p.25
191 Francis Galton, *Memories of my life*, London: Methuen, 1908
192 Dr Ernst Haeckel, 1904
193 The Abortion Act 1967 as amended by the Human Fertilisation and Embryology Act 1990, section 37 (1)
194 M Simms and Keith Hindell, Abortion Law Reformed, London: Peter Owen, 1971
195 David Paintin, FRCOG, emeritus reader in obstetrics and gynaecology, Imperial College School of Medicine at St Mary's, London; "Does the availability of abortion to prevent the birth of a seriously abnormal fetus imply discrimination against people who have a congenital disability?", Marie Stopes International website.

major survey carried out in 2000 found that 70% of people in Scotland believed that abortion for this reason was wrong.[196] Brian Wilson, a British foreign office minister who has a nine-year-old son with Down's syndrome, has described eugenic abortion as "grotesque". In April 2001 he condemned the use of amniocentesis tests to eliminate 95% of unborn children with Down's syndrome, a practice which meant that the few Down's syndrome children who were born alive did not have access to the quality of care which should be provided in a civilised society.[197]

1.4.5 The continuing threat of eugenics

The German Nazis are well known for their eugenic policies. In *Mein Kampf* (1923), Adolf Hitler exposed his anti-semitic and eugenicist views, and these were ruthlessly employed during the years of the third Reich (1933-1945). Six million Jews were killed, as well as Gypsies, homosexuals, the mentally or physically disabled and others. The disabled were the first victims of Nazi eugenics.

Marie Stopes (1880-1958) and Margaret Sanger (1879-1966) are heroines of the modern pro-abortion movement. Both were also committed eugenicists, a fact which demonstrates the connection between eugenics and abortion as parts of the same culture of death.

Marie Stopes was born in Edinburgh and gave her name to Marie Stopes International, which promotes and provides abortion throughout the world. She founded the UK's first family planning clinic in London in 1921, and in 1930 she helped to establish the National Birth Control Council, which later became the Family Planning Association. She was a constant advocate of contraception, a campaigner against mainstream Christian teaching on sex,[198] and had many extra-marital partners with the written consent of her husband.

Marie Stopes was also a supporter of the Eugenics Society. She called for compulsory sterilisation of the "lowest and worst members of the community" whose "stunted, warped and inferior infants" were burdensome to the "classes above them."[199]

Margaret Sanger was born Margaret Louise Higgins in New York and helped to found the International Planned Parenthood Federation, of which FPA Northern Ireland is a member. She began writing a column on sex education for the *New York Call* entitled "What every girl should know" in 1912, and thereafter became increasingly vociferous in her advocacy of birth control despite indictments and spells of imprisonment. Working with family planning advocates in Europe and Asia, she helped to found the International Planned Parenthood Federation in Bombay in 1952, and served as its president until 1959.

Eugenics was central to Margaret Sanger's creed. She argued that "the failure to segregate morons who are increasing and multiplying" demonstrated society's "extravagant sentimentalism" when such "human waste … should never have been born at all".[200] She viewed birth control as a means of achieving "a cleaner" race[201] and insisted that "there is only one reply to a request for a higher birthrate among the intelligent, and that is to ask the government to first take the burden of the insane and feeble-minded from your back".[202] Sanger's concern for smaller families even went as far as advocating infanticide: "The most merciful thing that a family does to one of its infant members is to kill it."[203]

Many sources also suggest that Margaret Sanger singled out Jews, negroes and other ethnic minorities, although pro-abortionists seek to deny these claims.[204]

The topic of eugenics has not gone away. Delegates to the International Association of Bioethics conference in London in 2000 heard calls for an open debate on the subject. Peter Singer, an Australian philosopher, argued that parents should be allowed to kill their children after birth in certain circumstances, and Dr Jan Hartman from Poland urged delegates to "take the risk of imagining what may be unavoidable in the next century - the eugenics society".[205]

German President Johannes Rau is one of the prominent public figures who have warned against the entrenchment of a eugenic mentality by way of abortion and pre-implantation genetic diagnosis. President Rau observed that such ideas were bound up with bad memories of Germany's Nazi past.[206] Article 3 of the European Charter of Fundamental Rights, which was signed by

196 The Scottish Social Attitudes Survey 2000; reported in *The Scotsman*, 27 June 2001
197 *Daily Telegraph*, 14 April 2001
198 On one occasion Marie Stopes chained a book about birth control to the font in Westminster Catholic cathedral. (Source: MSI website)
199 *People Count* newsletter, Committee on Population and the Economy, November 1990
200 Margaret Sanger, *The Pivot of Civilization*, 1922
201 Margaret Sanger, *Woman, morality, and birth control*, 1922
202 Margaret Sanger, *Birth Control Review*, October 1926
203 Margaret Sanger (ed.), *The Woman Rebel*, Vol.1, No.1; reprinted in *Woman and the New Race*, New York: Brentanos Publishers, 1922
204 Pro-life sources quote Margaret Sanger as writing that "Slavs, Latin and Hebrew immigrants are human weeds … a deadweight of human waste … Blacks, soldiers, and Jews are a menace to the race" in *Birth Control Review*, April 1933. Planned Parenthood claims that this and other similar quotes have been incorrectly attributed to Sanger.
205 *Catholic Herald*, 29 September 2000
206 *The Guardian*, 22 May 2001

European Union leaders in Biarritz, France, in October 2000, prohibits "eugenic practices, in particular, those whose objective is the selection of persons".[207] However, this charter is not binding.

207 Zenit news agency, 15 October 2000

Examination of pro-abortion arguments

1.5.1 The unwanted child

If a pregnant woman does not want to have her baby, it is better to abort the child, so the argument goes, than to bring him or her into the world unwanted and unloved, perhaps to face a miserable life.

This line of debate can focus either on the the mother (who does not want to be pregnant), or on the child (the unwanted one). If the argument focuses on the mother, the case being made is similar to the 'woman's right to choose' argument.[208] The thrust of the argument is that no-one should ever have to tolerate anything they don't want. If the argument focuses on the unwanted child, the force of it is very different. It is not the assertion of a personal right, but the (misplaced) compassion that would avoid at all costs seeing a child suffer—even at the cost of the unborn child's life.

There are several responses to this point.

- An unwanted pregnancy does not necessarily lead to the birth of an unwanted baby. Conversely, evidence suggests that most abused children are wanted before they are born. Professor Edward Lenoski of the University of Southern California studied a series of 674 cases of physical abuse of children. He found that in 91% of cases the parents of these children had wanted them before birth. This compared with 63% in a control group of children who were not abused.[209]
- Abused children were often, even usually, wanted before birth. There is very little evidence that being unwanted before birth is a disadvantage. One researcher has concluded: "There is a contention that unwanted conceptions tend to have undesirable effects … the direct evidence for such a relationship is almost completely lacking, except for a few fragments of retrospective evidence."[210]
- In reality, the attitudes of parents change. A mother's reaction of anger or frustration at learning of an unintended pregnancy is undoubtedly an indication of real distress, but it is not an indicator of how the baby will be treated after birth. Birth control proponents claim that a large proportion of babies born were never explicitly planned: this does not mean that they remain unwanted or unloved.
- No baby is ever universally unwanted: someone wants him or her even if the mother doesn't. The father, older siblings, grandparents, and others in the wider community may all have an interest in the unborn, even if the mother does not.[211]
- On the other hand, anyone can be designated "unwanted" by other people at any stage of development. This could apply to toddlers, adolescents, parents, or the elderly. Being wanted by others cannot be a condition for qualifying for the right to life, as this would make it a purely arbitrary right.
- The notion of unwanted pregnancy does not correspond to a simple and fixed attitude. It cannot be equated with an unplanned pregnancy, which may be very much wanted. Alternatively the woman might intend to become pregnant,

208 See section 2.2: "The dogma of choice"
209 E. F. Lenoski, *Heartbeat*, vol 3, no. 4, December 1980
210 E. Pohlman, "Unwanted Conception, Research on Undesirable Consequences", *Eugenics Quarterly*, vol. 14, 1967, p.143
211 See section 5.2: "The emotional aftermath"

but the father may then decide to leave, and the 'planned' baby could become an unwanted pregnancy.

While these and other points can be raised against the abortion of unwanted children, this argument continues to be used by many people—particularly women perhaps—to justify a pro-abortion position. From a pro-life perspective this prompts the question: why is such a weak argument so influential?

If a baby does remain unwanted, the denial of parental love can be seriously detrimental, more so perhaps than being disabled or deprived physically. For those who are emotionally sensitive but lacking any rigorous sense of justice, this concern may become overwhelming. 'Unwantedness' appears an intolerable burden, which the rejected child is powerless to deal with, and to those without a sense of hope, abortion seems the best option.

The challenge to the pro-life camp is not simply to propose an adequate answer to the point, but also to affirm the culture of life by demonstrating the possibilities of overcoming the emotional hurdles to loving the unwanted child. The pro-life movement achieves this most directly, perhaps, through its pregnancy support role, showing that it is committed to helping parents find the emotional capacity to give the child the love he or she needs.

1.5.2 Back-street abortion

One of the classic arguments for legalising abortion is that it is necessary to prevent women suffering death or injury by seeking abortion in non-medical settings. Such procedures are commonly called back-street abortions.

Today, pro-abortionists usually object that Northern Ireland is "exporting the problem" of women seeking abortions—"forcing" them to travel to Britain for abortions—rather than claiming that they are being "driven to the back-streets". However, the back-street scenario has been so frequently cited in the last three decades that it is still being echoed, even in the context of Northern Ireland, by some parties in the debate.

The back-street abortion argument ignores the following facts:

In developed countries, the number of women dying from abortion started to fall significantly in the decades before abortion laws were liberalised. Numbers in England and Wales fell from 96 deaths in 1950 to 56 deaths in 1960, and to 32 deaths in 1970.[212] Medical advances have been the most important factor in this trend.

After the British Abortion Act was implemented in 1968, the overall trend in the number of women dying from *all causes* in their main childbearing years continued the steady decrease already in evidence.[213] In other words, there was no sudden, marked decline in women's deaths which could be attributed to the working of the Abortion Act.

Pro-abortionists have repeatedly exaggerated several times over the probable number of illegal abortions in Britain before 1967. In 1966, the Council of the Royal College of Obstetricians and Gynaecologists (RCOG) showed that, in 1962, approximately 14,600 women in England and Wales had received hospital treatment for the consequences of criminal abortion. The RCOG Council commented: "It has been repeatedly stated that as many as 100,000 criminal abortions are induced in this country each year, and a more recent estimate is 250,000. These, and an earlier figure of 50,000, are without any secure factual foundation of which we are aware."[214]

The same pattern of exaggeration has characterised campaigns for legalised abortion all over the world. Former abortionist Dr Bernard Nathanson has admitted that he deceived people about the number of abortion deaths while campaigning for pro-abortion law in the United States.[215]

In Northern Ireland, *no* deaths from illegal abortion have been identified since the death of one woman in 1982.[216]

Every death from abortion, whether the child's death or the mother's, is an irreparable loss. The fact remains that no maternal deaths from illegal abortion have been known in Northern Ireland for 20 years.

The back-street abortion argument is challenged by these facts. Moreover, it fails in principle to justify changing the law. Abortion, wherever it takes place and whoever performs it, is always lethal for the unborn child. Protecting the lives of the innocent is a basic rea-

212 *World Health Statistics Report*, Vol.30, no.4, Geneva: World Health Organisation, 1977, p.322.; *World Health Statistics Annual 1970* , Geneva: WHO, 1973, vol.1, p.516. (These figures include deaths from both legal and illegal abortions, as well as natural miscarriages.)

213 cf. *Report on Confidential Enquiries into Maternal Deaths in the United Kingdom 1985-1987*, London: HMSO, 1991, p.6.

214 "Legalised Abortion: Report by the Council of the Royal College of Obstetricians and Gynaecologists", *British Medical Journal*, 1966; 1: 850-854. (Emphasis added.)

215 Bernard N. Nathanson (with Richard N. Ostling), *Aborting America*, Garden City, New York: Doubleday, 1979, p.193.

216 Letter from the General Register Office, Department of Health and Social Services, Belfast, 7 November 1991. The most recent *Report on Confidential Enquiries into Maternal Deaths in the United Kingdom*, for the period 1994-1996, (*Why Mothers Die*, London: The Stationery Office, 1998), stated: "This is the fifth successive Report in which no identified deaths from illegal abortion are reported" (p.73). The Report found, however, that there was one death in the UK following legal abortion (p.74).

son for the very existence of law and government. In addition, the passing of pro-abortion laws worsens the situation of expectant mothers, generating more pressures on women to undergo abortion, often to serve the convenience of others.

1.5.3 Exporting the problem

Pro-abortionists often argue that since the Abortion Act has been implemented in Britain, it is unjust that the same provision for abortion does not exist in Northern Ireland.

However, this could only be unjust if it amounted to unfair discrimination against people in Northern Ireland. In fact, to extend the Abortion Act would be to increase unjust discrimination – against the unborn children who would be killed as a result. It would also be offensive to the majority of people in Northern Ireland who oppose the introduction of the Act. Their opposition to the Act commands respect since the Act itself is basically unjust. Its purpose to permit the deliberate killing of innocent human beings is a violation of the right to life.

To speak of women being "forced to travel abroad" implies that the abortion is in some way necessary. This is false, and does a disservice to pregnant mothers. If an expectant mother feels pressurised, either by circumstances or by those around her, to abort her baby, she should receive help to relieve that pressure. Legalising abortion invites pregnant mothers to solve their difficulties by abortion, gives a licence to others to pressurise women towards abortion, and leaves health boards and social agencies free to promote the abortion option. Furthermore, liberal abortion leads society to tolerate these injustices.

Liberalising the abortion law in Northern Ireland would not address the social and personal problems which lead some women to travel to Britain for an abortion. It would only aggravate these problems by inviting officialdom, in the form of doctors, social workers and so on, to suggest abortion as the quick fix for social problems. This would generate a pro-abortion culture where killing the unborn is promoted as the solution to an unplanned or difficult pregnancy.

1.5.4 Child abuse

When the British Abortion Act was passed in 1967, there were expectations that this would lead to a decrease in child abuse. This view was summed up by the slogan "Every child a wanted child". This has been, and still is, a concept used internationally to promote legalised abortion.

However, the subsequent decades have seen the co-existence of both permissive abortion practice and disturbing indications of child abuse. For example, in England and Wales, the number of children on child protection registers who were taking part in NSPCC register research more than doubled between 1983 and 1987, and the rate per thousand children also doubled.[217] This happened despite abortion figures of between127,000 and 157,000 per year on England and Wales residents in the same period.[218]

In recent years, Northern Ireland has had the lowest incidence in the UK of infant deaths (under the age of one year) caused by homicide or by purposefully inflicted injury. World Health Organisation statistics published in 1998 show that in 1995, England and Wales had 5 such deaths among male infants (a rate of 1.5 per 100,000 live births), and 3 deaths among females (a rate of 0.9 per 100,000 live births). In Scotland, there was one such death among boys (a rate of 3.3 per 100,000 live births), and in Northern Ireland the incidence was nil for both boys and girls.[219]

There is, in fact, no universal statistical relationship between a country's abortion laws and its rate of infanticide. However, legalising the killing of children before birth is unlikely to encourage respect for them once they are born. This applies with particular force today, given the widespread and well-publicised use of technology to visualise the child in the womb. It is now clearer than ever that the unborn child is a developing human baby, the same individual who will be born when gestation is complete.

1.5.5 Abortion as medical treatment

The British Abortion Act assumes that abortion may be of medical benefit to the mother. In practice, nearly all women who seek abortions do so not because their

217 Susan J. Creighton and Philip Noyes, *Child Abuse Trends in England and Wales 1983-1987*, London: National Society for the Prevention of Cruelty to Children (NSPCC), 1989, p.4. The number of children on registers in this research rose from 1115 in 1983 to 2307 in 1987. Some 8274 children were registered during this period: 77 per cent had been abused (physically or sexually), and 23 per cent were thought to be at serious risk of abuse and in need of protection.

218 *Abortion Statistics 1999*, London: The Stationery Office, 2000, p.1. (Abortions on England and Wales residents stood at 127,375 in 1983, and 156,191 in 1987.)

219 *World Health Statistics Annual 1996*, Geneva: World Health Organisation, 1998, B-635 – B-647.

health is at risk, but in response to personal or social problems. That is not to say that their difficulties are not real. The expectant mother may need particular help to overcome these problems, and there exists a range of social, religious and other organisations offering such assistance. However, we cannot address social problems in the operating theatre, or justify taking human life as a solution.

Nevertheless, while some women do have serious medical conditions during pregnancy, the medical argument for abortion as a necessary treatment is becoming increasingly difficult to sustain.

It is crucial to distinguish between abortion – the intentional killing of the unborn child – and ethical treatments in which the death of an unborn child is foreseen, but not intended. For example, in an ectopic pregnancy, the embryo develops outside the womb, usually in the mother's fallopian tube. This condition is life-threatening for the mother. Without treatment, the tube will rupture, causing a severe haemorrhage. Surgeons are acting ethically if they remove part of the affected tube containing the embryo (with a view to repairing what remains of the tube), or, where appropriate, the entire tube. The embryo will not survive. However, these procedures treat the life-threatening condition, and are not aimed at killing the unborn child. They are morally justifiable.[220]

In 1992, Ireland's foremost obstetricians stated: "As obstetricians and gynaecologists, we affirm that there are no medical circumstances justifying direct abortion, that is, no circumstances in which the life of a mother may only be saved by directly terminating the life of her unborn child."[221] The experience of the Republic of Ireland demonstrates that a complete ban on abortion is entirely compatible with excellent maternal health care, with no maternal deaths at all in 1993, 1995 or 1997.[222] Doctors in the Republic treating expectant mothers for cancer have found that, without recourse to abortion, "necessary treatment can be given in these cases under very specialised management."[223]

The British Abortion Act assumes that abortion may be an appropriate treatment to prevent "grave permanent injury" to the mother's mental health (grounds B and G).[224] Mental health grounds for abortion were incorporated into the Act despite the fact that published research had already seriously challenged the alleged psychiatric justification for abortion in the early 1960s.

In a 12-year study involving 213 patients with psychosis after childbirth (puerperal psychosis), eight patients had a history of post-abortion psychosis. Four of these post-abortion psychoses followed natural miscarriage, and the other four followed induced abortion carried out by doctors. In the experience of those who carried out the research, post-abortion psychosis tended to be more malignant than puerperal psychosis. Puerperal psychosis carried a good prognosis: "Even those who were schizophrenic prior to pregnancy did not deteriorate, and in the vast majority of cases recovery was rapid." Moreover, puerperal psychosis could not be predicted on the basis of mental instability during pregnancy. The coroner for the same city (Birmingham, England) found no confirmed cases of pregnancy among women who had committed suicide in a seven-year period (January 1950 to November 1956). Among the study's conclusions, psychiatric care, rather than abortion, is recommended in response to threats of suicide or other manifestations of instability.[225]

Subsequent research has shown that women with previous psychiatric problems are particularly vulnerable to adverse reactions after abortion. Although most women having abortions do not experience "enduring, severe psychiatric disturbance", one study indicates that between five and 10 percent of women suffer such reactions: "Women especially at risk were those with a previous psychiatric or abnormal obstetric history or with physical grounds for abortion and those expressing ambivalence towards abortion".[226] In other words, those who were considered to have medical reasons justifying abortion were among those most at risk of serious adverse reactions to undergoing abortion.

1.5.6 Rape and sexual abuse

Abortion is often promoted as a response to pregnancy in difficult circumstances. It is therefore unsurprising that abortion is widely assumed to be the only solution when pregnancy results from rape or incest. Newspaper reports which mention abortion after rape often say that the unborn child's mother "had to have an abortion",

220 In some cases of ectopic pregnancy, there may be other treatment possibilities. However, it is at least arguable that some of these other procedures constitute a direct attack on the embryo, for example, the direct removal of the embryo from the tube, or the use of the drug methotrexate. cf. William May, "The Management of Ectopic Pregnancies: A Moral Analysis," in *The Fetal Tissue Issue: Medical And Ethical Aspects*, ed. J. Cataldo and A.S. Moraczewski, Braintree, MA: Pope John XXIII Medical Ethics Center, 1994, pp. 121-147.

221 John Bonner, Eamon O'Dwyer, David Jenkins, Kieran O'Driscoll, JuliaVaughan, 'Statement by Obstetricians', 1 April 1992.

222 *Demographic Yearbook 1988*, New York: United Nations, 2000, p.383.

223 Professor James Fennelly, letter in *The Irish Times*, 29 June 1992.

224 *The Abortion Regulations 1991* (Statutory Instruments 1991 No.499), London: HMSO, 1991, p.9.

225 Sim, M., "Abortion and the Psychiatrist," *British Medical Journal*, 1963; 2: 145-148.

226 Ashton, J.R., "The Psychosocial Outcome of Induced Abortion," *British Journal of Obstetrics and Gynaecology*, 1980; 87: 1115-1122. Ashton comments that "[w]hereas the findings of the study suggest that about 10 per cent of women experience serious psychiatric problems following abortion an adjusted figure for a geographically circumscribed area would probably be nearer 5 than 10 per cent." (p.1121)

implying that the abortion was necessary or inevitable. Advocates of abortion often allege that to oppose abortion in such cases is, at best, unrealistic, or at worst, demonstrates a lack of compassion for the pregnant victim of sexual assault.

However, one cannot address the matter justly without questioning the pro-abortion assumptions. It is highly questionable to assume that an abortion will necessarily alleviate the mother's distress. Not surprisingly, even where conception has occurred through consensual sex, rather than through rape, undergoing an abortion has been found to be "disturbing" for many women.[227] In a case of rape, the mother has already been the victim of a grave act of violence. To encourage abortion is to seek to make her a party to another violent act: the destruction of her unborn child. To represent the life of the unborn child as somehow pitted against the welfare of the mother is unwarranted and unjust. It is the rapist, not the baby, who is the guilty party.

It is difficult to know how frequently such pregnancies occur, although they are believed to be rare. A recent American study, based on a three-year telephone survey, acknowledged that such conceptions "may account only for a small portion" of unintended pregnancies, although the authors suggested that they occur with "significant frequency". However, in a discussion appended to the article, one gynaecologist pointed out the distinct possibility that many of the women in the survey had become pregnant through intercourse to which they had consented, rather than from a reported instance of sexual assault.[228]

Despite the study's significant limitations, it is noteworthy that just half (50%) of the pregnancies considered to be the result of sexual assault ended in induced abortion. 32.2% of the women chose instead to keep the baby, and 5.9% placed the child for adoption (11.8% said they miscarried naturally). In recent years a number of newspapers and magazines have published the stories of mothers who not only gave birth to, but decided to keep and bring up, the children they had conceived after being raped.[229]

Rape is particularly problematic as legal grounds for abortion, not least because it can give rise to false allegations of rape, or prejudice a future trial. Hence the British Abortion Act does not refer specifically to rape or incest. The gynaecologist Aleck Bourne, who performed an abortion on a 14-year-old alleged victim of rape in 1939, eventually became so dismayed by moves towards permissive abortion legislation that he became a founding member of the Society for the Protection of Unborn Children in 1967.

Pregnancy following rape or incest does not represent the typical abortion situation. That is not to minimise the distress of women and girls to whom it happens. Rather, their situation, like that of all expectant mothers facing difficulties, demands a compassionate response, and true compassion is incompatible with taking innocent human life.

1.5.7 The opponents of abortion

Some pro-abortion campaigners, and certain sections of the media, have sought to discredit the anti-abortion movement by portraying it as violent and fanatical.

Some pro-life organisations and individuals engage in prayer vigils, demonstrations and so-called pavement counselling outside abortion facilities. This movement has been most prominent in the USA and Canada. This is undoubtedly a courageous witness by those involved, many of whom have been abused, arrested and imprisoned for peaceful action.[230] Targeting abortion clinics in this way has not been part of the remit of the Society for the Protection of Unborn Children (SPUC). However, at the same time SPUC does not criticise groups which do engage in peaceful activism.

In the United States, isolated acts of violence towards the staff of abortion facilities have also occurred, including fatalities. SPUC, along with its pro-life colleagues on both sides of the Atlantic, has always condemned violence, whether directed against abortion providers or against unborn babies. While those responsible have on each occasion acted as individuals (not as agents of any pro-life group),[231] these actions have been used to try to discredit pro-life organisations in general. This is as much a travesty as it would be if the record of criminal acts which characterise some animal welfare protesters (including leading members of some groups) were used to discredit the arguments of the responsible elements of the animal welfare lobby.

227 Ashton (1980), p.1117.

228 Holmes, M.M., et al., "Rape-related pregnancy: Estimates and descriptive characteristics from a national sample of women," *American Journal of Obstetrics and Gynecology*, 1996; 175 (2): 320-325.

229 e.g. "I was raped and decided to keep the baby," *Marie Claire*, September 1993, pp.129-130; "How can I tell her that her dad is a rapist?", 14/11/1995, p.22; "Mum was raped...and so was I," *News of the World*, 22/2/1998, p.23; "It was 21 years before I could tell my Cheryl that her father had raped me," *The Mirror*, 4/8/1998, pp.16-17. In December 1996, *The Express* carried the story of a woman conceived after rape whose mother placed her for adoption; the two women met thirty-three years later ("Reunited: a mother and the child she could not keep", 19/12/1996, p.66).

230 cf. Bernard N. Nathanson, *The Hand of God*, Washington: Regnery, 1996, pp.191-3.

231 Nathanson, *The Hand of God*, pp.174-186.

Religious and philosophical perspectives

Religious perspectives

2.1.1 From early times till AD 1000

All three of the world's great monotheistic religions with their roots in the ancient faith of Israel[1] hold in common the belief that human life is sacred by virtue of its creator. The first chapter of the biblical book of Genesis establishes the fact that God is creator of all things.[2] In an act separate from the creation of the animals, God created man and woman in his own image,[3] setting them apart from, and over, the rest of creation.

The Jewish holy books, which Christians also accept as divinely inspired and know as the Old Testament, have many references to the sanctity of human life, based on the fact that every member of the human species without exception is made in God's image.[4] We may never usurp God's authority over any individual's life.[5]

It is clear in the Old Testament that unborn children are alive and growing and subject to God's providence. Their formation and growth are said to be in the hands of God[6] and God cares for each one individually[7]. The prophet Jeremiah[8] and the Servant in Isaiah[9] both received their calling from God before birth, while Samson's mother was told to take special precautions during her pregnancy because of her son's calling.[10]

Christians believe that the one God who created the world and the human species became incarnate as a human being himself in the person of Jesus of Nazareth.[11] Mainstream Christianity proposes that this event, known as the Incarnation, happened at a distinct moment in time and was as real as any other historical event. The Incarnation provides a further reason why Christians believe in the sanctity of human life, for not only are human beings created by God in his image, but God became man and lived among us.[12]

It is also clear from the Bible's New Testament that the eternal Word of God became incarnate not at his birth, but at the moment of his conception.[13] The Gospel of Luke describes how John the Baptist, as a foetus of six months' gestation, responded to the presence of Jesus when he was a tiny embryo of only some days' development.[14] The New Testament stresses that Jesus was fully human in every way apart from sharing in sin[15] and one can infer from this that Jesus's human life began at conception.

The Christian church clearly rejected abortion from the earliest years of its existence. The manuscript of *The Didache*, which probably dates from the latter half of the first century,[16] condemns abortion together

1 Judaism, Christianity and Islam.
2 "In the beginning when God created the heavens and the earth" *Genesis 1:1*
3 "So God created humankind in his image, in the image of God he created them; male and female he created them." *Genesis 1:27*
4 *cf* Genesis 5:1; all the descendants of Adam are made in God's likeness.
5 *cf* Genesis 9:6; Exodus 20:13
6 *cf* Job 10:8-11
7 *cf* Psalm 139:13-16
8 Jeremiah 1:5
9 Isaiah 49:1-5
10 Judges 13:7
11 *cf* John 1:14
12 *cf* Philippians 2:6-7
13 *cf* Matthew 1:20
14 Luke 1:39-44
15 *cf* Hebrews 4:15
16 *cf* Introduction to *The Didache* in *Early Christian Writings*, Penguin 1987; some say that *The Didache* was written earlier than some parts of the New Testament

with infanticide.[17] St Athenagoras[18] (c.133 - c.190), St Clement of Alexandria[19] (c.150 – c.215), Tertullian[20] (c.155 – c.225), St Basil the Great[21] (c.329 – 379), St Ambrose of Milan[22] (c.339 – 397), St John Chrysostom[23] (c.340 – 407) and St Jerome[24] (c.342 – 420) were among the first millennium Christian leaders, writers and apologists, from both east and west, who condemned abortion. The third general council of Constantinople, held in 680-1 and recognised today by both the Roman Catholic and Eastern Orthodox Churches as the sixth ecumenical council, stipulated that anyone who procured an abortion should bear the same penances as murderers.

2.1.2 The Roman Catholic position

The modern-day Roman Catholic Church, claiming continuity with the early church, condemns procured abortion in all circumstances, and considers that the procurement of abortion merits automatic excommunication.[25] The Catechism of the Catholic Church, first published in 1994 under the authority of Pope John Paul II, affirms that: "Since the first century the Church has affirmed the moral evil of every procured abortion. This teaching has not changed and remains unchangeable. Direct abortion, that is to say, abortion willed either as an end or a means, is gravely contrary to the moral law."[26]

For most of the second millennium, the process of ovulation and conception was not known about or understood. Indeed, the ovum was only discovered in 1827.[27] On account of this, St Thomas Aquinas (1225 – 1274) relied on Aristotle's understanding that human life came into being through a gradual process of generation. An unborn child was endowed at conception with only a vegetative soul, which was exchanged for an animal soul after a few days. Only when the embryo had become recognisably human was it considered to have acquired a rational or human soul, for the soul (or human life-principle) was "the substantial form of the body".[28] Again, going by Aristotle, Aquinas took this to be 40 days for boys and 80 days for girls.

St Thomas Aquinas excepted Jesus Christ from this understanding, insisting that Christ's body did not develop in the normal manner but was fully formed, and so fully human, from the moment of his miraculous conception.

Professor John Saward, an expert on Aquinas, writes: "Were he alive today, St Thomas would without doubt hold the doctrine of immediate animation. The fundamental principles of his philosophy of man are independent of his obsolete biology; indeed, when applied to modern knowledge, they provide formidable support for immediate animation."[29]

The belief of immediate animation has gained almost universal acceptance in the modern Roman Catholic Church. In 1974 the Vatican issued a document on abortion[30] which stated that "from the time that the ovum is fertilised, a life is begun which is neither that of the father nor of the mother; it is rather the life of a human being with its own growth. It would never be made human if it were not human already".[31] However, even if there was any doubt about the exact moment of animation the taking of life could never be justified because it would involve incurring the risk of killing a human person.[32]

Although the historic opposition of the Roman Catholic Church to abortion was already clear, the tribunal of the Holy Office declared both in 1884[33] and in 1889[34] that it could not be safely taught that it was lawful to perform "any surgical operation which is directly destructive of the life of the fetus or the mother". The prohibition on direct abortion for any reason was repeatedly reaffirmed, and in 1930 Pope Pius XI issued an encyclical letter[35] in which he wrote that abortion was never justified on any ground. It was, he said, "against the precept of God and the law of nature"[36] for both the life of the mother and the life of her unborn child were equally sacred.

The Second Vatican General Council (1962-5) declared that "abortion and infanticide are unspeakable crimes"[37] and described abortion together with other attacks on life as "infamies indeed" which "poison human society" and are "supreme dishonour to the Creator".[38] Then in 1968, Pope Paul VI affirmed: "We are obliged once more to declare that the direct interruption of the generative process already begun and, above all, all direct

17 *The Didache* 2:2
18 Legatio 35
19 Paedagogus 2
20 Apology 9:6
21 Letter 188:2
22 Hexameron
23 Homily 24 on *Romans*
24 Letter 22:13
25 Canon 1398 of the 1983 Code of Canon Law (of the Roman Catholic [latin rite] church) states: "A person who procures a successful abortion incurs an automatic (latae sententiae) excommunication."
26 Catechism of the Catholic Church, section 2271
27 *cf* Chapter 1, *The Redeemer in the Womb*, John Saward, Ignatius Press, 1993
28 As defined by the General Council of Vienne in 1312.
29 Chapter 1, *The Redeemer in the Womb*, John Saward, Ignatius Press, 1993
30 *De Abortu Procura*, Sacred Congregation for the Doctrine of the Faith, 28 June 1974
31 *ibid.*, section 12
32 *ibid.*, section 13
33 28 May 1884; cf *The Catholic Encyclopedia*, Vol.1, 1907
34 18 August 1889; *ibid.*
35 Encyclical letter *Casti Connubii*, Pope Pius XI, 1930
36 *ibid.*, section 64
37 Pastoral constitution *Gaudium et Spes*, section 51, 1965
38 *ibid.*, section 27

abortion, even for therapeutic reasons, are to be absolutely excluded…"[39] Pope John Paul II (1978 – present) has repeatedly denounced abortion, which he described as "a bleeding wound in my heart".[40] In his 1995 encyclical letter *Evangelium Vitae*, Pope John Paul II discussed "the sacred value of human life from its very beginning", upon the recognition of which "every human community and the political community itself are founded".[41] He wrote about the struggle between the "culture of life" and the "culture of death"[42] and insisted: "To claim the right to abortion, infanticide and euthanasia, and to recognize that right in law, means to attribute to human freedom a *perverse and evil significance:* that of an *absolute power over others and against others.* This is the death of true freedom."[43]

The Roman Catholic belief in the inherent sanctity of human life from the time of conception and the absolute prohibition on abortion extends to abortifacient methods of birth control such as the coil and the morning-after pill.[44] It also prohibits *in vitro* fertilisation treatment,[45] destructive research on human embryos for any purpose[46] (including on cloned embryos[47]) and any action which directly results in, or risks, the deprivation of human life from the moment of conception.[48] The Roman Catholic prohibition on artificial contraception, while forming part of the same doctrinal system, should not be confused with the prohibition on surgical abortion and other attacks on newly conceived human life. Artificial contraception is viewed as a corruption of the true meaning and purpose of human sexuality, whereas abortion constitutes killing and the destruction of human life itself.

The clear pro-life position of the Roman Catholic magisterium (teaching authority) was echoed by some of the best known and highly respected Catholics of the twentieth century. Saint Maximilian Kolbe (1894 – 1941) organised a campaign against abortion in the columns of his publication *Knight of the Immaculate* in 1938[49] and the Blessed Padre Pio of Pietrelcina (1887 – 1968) also insisted that abortion was a great sin.[50] Mother Teresa of Calcutta (1910 – 1997), foundress of the Missionaries of Charity and winner of the Nobel peace prize, said: "I feel that the greatest destroyer of peace today is abortion, because it is a war against the child, a direct killing of the innocent child, murder by the mother herself."[51]

2.1.3 Other pro-life Christians

Those churches of the East which, in common with the Roman Catholic Church, accept some or all of the doctrinal heritage of the first millennium are generally staunchly pro-life. These include those Orthodox churches in communion with the Ecumenical Patriarch of Constantinople[52] as well as the Coptic Orthodox Church of Egypt and the Apostolic Church of Armenia.

Generally speaking, the Orthodox churches affirm that abortion, as a premeditated termination of a human life, breaks the commandment which forbids killing.[53] This includes both surgical and chemical abortion at any stage of pregnancy, for human life begins at the moment of conception.[54] The only exception to this prohibition is when the mother would die unless her pregnancy is terminated.[55]

Timothy Ware, an English Greek Orthodox bishop and academic, is quite clear on how the Orthodox faith regards abortion. In his book on the Orthodox Church, he acknowledges that differences of opinion exist on the subject of contraception, but then states: "Abortion, on the other hand, is unambiguously condemned in Orthodox moral teaching. We do not have the right to destroy human life."[56]

In 1989, representatives of a number of Orthodox autocephalous churches with congregations in the United States[57] filed an *amicus curiae* with the US Supreme Court.[58] This brief affirmed that the court's 1973 judgement in the case of *Roe v Wade*, which declared that the constitutional right to privacy entailed a right to abor-

39 Encyclical letter *Humanae Vitae*, Pope Paul VI, section 14, 25 July 1968
40 Address to the new Austrian ambassador to the Vatican, 14 February 2001
41 Encyclical letter *Evangelium Vitae*, Pope John Paul II, section 2, 25 March 1995
42 *ibid.*, section 21
43 *ibid.*, section 20
44 *cf* Pontifical Academy for Life, *Statement on the so-called morning-after pill*, 31 October 2000
45 *cf* Catechism of the Catholic Church, para.2377: the Catholic Church condemns in vitro fertilisation treatment not only because it involves a disproportionate risk to early human lives, but also because it dissociates the sexual act from the procreative act.
46 Encyclical letter, *Evangelium Vitae*, Pope John Paul II, section 63, 25 March 1995
47 *cf* Pontifical Academy for Life, *Declaration on the production and the scientific and therapeutic use of human embryonic stem cells*, 25 August 2000
48 *e.g.* pre-implantation genetic diagnosis, so-called foetal reduction, amniocentesis tests, *etc.* The fundamental sanctity of all human life is absolute and cannot be compromised.
49 Mary Craig, *Blessed Maximilian Kolbe – Priest Hero of a Death Camp*, CTS, London
50 C Bernard Ruffin, *Padre Pio: The True Story*, Our Sunday Visitor Publishing Division, 1991
51 Mother Teresa of Calcutta, National Prayer Breakfast, Washington DC, USA, 3 February 1994
52 This includes the Greek, Russian, Ukrainian, Moldovan, Romanian, Serbian and Antiochian Orthodox churches, among others.
53 Depending on the Christian tradition, this is the fifth or sixth of the 10 commandments.
54 *cf.* Rev Stanley Harakas, Th.D, The Stand of the Orthodox Church on Controversial Issues : *http://www.goarch.org/access/Companion_to_Orthodox_Church/issues.html*
55 For example, the Ukrainian Orthodox Church of Canada teaches that "abortions are accepted as a worst-case scenario when the pregnancy threatens the life of the mother and no other therapeutic options are available" : *see http://www.uocc.ca/practices.html*
56 Timothy Ware, *The Orthodox Church (New Edition)*, Penguin 1997, p.296
57 The brief was filed with the blessings of the American Carpatho-Russian Orthodox, Antiochian Orthodox, Greek Orthodox, Russian Orthodox, Serbian Orthodox and Ukrainian Orthodox churches.
58 In the case of *Webster* v. *Reproductive Health Services,* 492 U. S. 490 (1989)

tion, was erroneous and stated: "The precepts of the Orthodox Christian faith mandate the protection of innocent human life, especially that of unborn children. The Church regards abortion as murder and, as such, takes a very active role in opposing legalized abortion… From its inception nearly two thousand years ago, it has never deviated from its condemnation of abortion, based on numerous scriptural references and the teaching of the Holy Fathers of the Church. The Church regards the *Roe v Wade* decision as a gruesome turn on the road of judicial activism, having resulted in a holocaust which has claimed at least twenty million innocent lives."[59]

Recent actions of various Orthodox churches testify to the pro-life position of the Orthodox communion as a whole. The Serbian Orthodox Church has recently directed its priests to refuse Holy Communion to doctors and midwives who are known to perform abortions because "abortion is a grievous sin before God, condemned by the Scriptures".[60] In November 2000, the Moldovan Orthodox Church announced that it would excommunicate any member of parliament who voted to legalise abortion,[61] and the Russian Orthodox Church also condemned abortion during 2000 in its document entitled *The Church and the Nation*.[62]

Many Protestant or Evangelical Christians, who belong to churches in the tradition of the European Reformation in the sixteenth century also condemn abortion. Indeed, the central figures of the European Reformation themselves condemned abortion. John Calvin, for example, wrote: "If it seems more disgraceful that a man be killed in his own home than in his field—since for every man his home is his sanctuary—how much more abominable is it to be considered to kill a foetus in the womb who has not yet been brought into the light?"[63]

Many leading Protestant figures have been outspoken defenders of the sanctity of human life. Dietrich Bonhoeffer, the Lutheran theologian who was put to death by the Nazis, said of the unborn child: "To raise the question whether we are here concerned already with a human being or not is merely to confuse the issue. The simple fact is that God certainly intended to create a human being."

The defence of unborn human life is a common concern which unites Catholics and Protestants in Northern Ireland. As the Monthly Record of the Free Church of Scotland observed in May 1974: "Though poles apart in vital doctrine from the Church of Rome, we yet join them in this biblical regard for human life, including that of the unborn babe."

This fact is very well demonstrated in Northern Ireland, where the Catholic and Protestant communities are united in their opposition to the extension of Britain's Abortion Act to their shores. As the Rev Ian Paisley of the Protestant Democratic Unionist Party said in 1990: "The overwhelming opposition is amazing, because it stretches from the unionist parties to the nationalist SDLP."[64]

It has been estimated that in the year 2000, 91.6 percent of Christians in the USA attended churches which had taken an official pro-life stance.[65] These included the Roman Catholics, Southern Baptists, Pentecostalists (Assemblies of God), Lutherans (Missouri Synod) and others.

2.1.4 Equivocal or pro-abortion Christians

Unfortunately, the pro-life witness of most Christians is not supported by all. Indeed, the American National Abortion Rights Action League (NARAL) has advised pro-abortion debaters that they should claim "that even among religious organizations only the Roman Catholic Church and small fundamentalist Jewish and Protestant groups oppose the right to abortion".[66] (NARAL's advice omits to mention the Eastern Orthodox Churches, or that the vast majority of Christians worldwide belong to churches which condemn abortion.)

During the second half of the twentieth century, Protestant Christians who might be termed liberal rather than Evangelical often tended towards a more equivocal position with regard to abortion. While maintaining that abortion is not positively desirable, such Christians have in many cases abandoned the defence of every person's life in favour of a relativist approach which accepts that abortion may be morally licit in certain circumstances. The biblical injunction against killing is thereby reserved in an absolute sense only to those of us who are born.[67]

The Church of England, for example, has stated that human life begins in the womb but also asserted the

59 *Amicus curiae* of the Holy Orthodox Church filed with the US Supreme Court, 21 February 1989
60 International Right to Life Federation newsletter, May 2000
61 CWNews/EWTN, 22 November 2000
62 ABC News, 18 May 2000
63 John Calvin. *Commentarius in Exodum*, pp.21-2, in *Opera*, edited by J.W. Braum (Brunswick, 1882), Volume XXIV, p.625.
64 House of Commons *Hansard*, 21 June 1990
65 Figures extrapolated from the HLI Pro-Life Activists' Encyclopedia, figure 42.1
66 *Organizing for Action*, prepared by Vicki Z. Kaplan for the National Abortion Rights Action League (NARAL) 1978, p.31, "Introduction to Debating."
67 Indeed, some liberal Christians have not even stopped here but have argued for the moral legitimacy of euthanasia, *e.g.* the late Lord Soper, former president of the British Methodist Conference.

moral legitimacy of abortion in certain circumstances. A Church statement in 1980 affirmed that "the foetus has the right to live and develop as a member of the human family" and described abortion as "a great moral evil".[68] A resolution of the Church of England's general synod then stated: "All human life, including life developing in the womb, is created by God in his own image and is, therefore, to be nurtured, supported and protected."[69] However, a resolution of the general synod in 1993 not only supported the availability of abortion when the continuation of pregnancy would threaten the life of the mother, but also in cases of severe foetal handicap. The same resolution urged "efforts to ensure that when abortion has to be undertaken, it is carried out as early in the pregnancy as possible" and expressed the view that the Abortion Act 1967 had been interpreted too liberally so that "the number of abortions carried out since the passage of the Abortion Act 1967 is unacceptably high".

The Salvation Army's official policy on abortion is also compromised in terms of so-called hard cases. Its official policy statement begins: "The Salvation Army believes in the sanctity of all human life from the moment of fertilisation," but then adds that abortion may be justified in cases of rape, incest or "foetal abnormality".[70]

Some of those Christians who have allowed exceptions to the sanctity of human life for such cases have gone significantly further and support the provision of abortifacient methods of birth control as well as destructive research on human embryos. The Methodist Church in Great Britain, for example, has given its official support to the distribution of morning-after pills in schools[71] while Rt Rev Tom Butler, Anglican bishop of Southwark, has argued that the morning-after pill should be seen as something good because "ends don't justify means but they are a consideration".[72]

With respect to embryology, the general assembly of the Church of Scotland has sanctioned both destructive research on spare IVF embryos and the creation of cloned human embryos for the purposes of destructive research. Rt Rev Richard Harries, Anglican bishop of Oxford, penned an article entitled "Why we need to clone" in which he argued that pre-implantation embryos should not be accorded the same rights as human persons and so could legitimately be treated as a means to an end.[73] The same bishop chaired the House of Lords select committee on human cloning in 2001.

Such dissenting voices among prominent Christians on the key issue of the sanctity of human life is deeply damaging to the Christian witness and has been seized on by opponents. For example, during the debate in the House of Commons on government proposals to legalise destructive research on cloned human embryos, Dr Evan Harris observed: "The religious arguments are not all on the other side. I do not claim to be an expert on religion, but I take advice from those who are. The hon. Member for Salisbury made it clear that opinion in the Church of England is, at worst, split. At best, it understands the ethical basis on which this kind of research can be carried out."[74]

2.1.5 Jews and Muslims

Jews and Muslims share the Christian belief that human life is sacred by virtue of the fact that God created it in his image. Taken together, the three major monotheistic world religions provide a powerful witness to the inherent sanctity and dignity of human life.

The Torah, or Jewish law (comprising the first five books of the Christian bible) clearly prohibits the taking of innocent life and stresses that every member of the human family is made in the image of God.[75] Accordingly, all Jews have traditionally taken a firmly pro-life stance. As the Talmud states: "To what can the child be compared inside his mother's womb… as with a candle perched on his head he perceives the world from one end to the other … the days when the Lord watched over me?"[76]

Maimonides, a twelfth century interpreter and codifier of Jewish law, asserted that the prohibition on killing in the Torah extended to the unborn and insisted: "A descendent of Noah who kills any human being, even a foetus in its mother's womb, is to be put to death."[77] The only exception to this rule in Maimonides' mind was when the pregnancy endangered the life of the mother.[78]

Many modern Jews accept this interpretation. Dr Immanuel Jakobovits, British chief rabbi between 1967 and 1991, stressed that "every human being has an identical worth and is identically worth saving".[79] Rabbi Marvin S Antelman, chief justice of the Supreme Rabbinical Court of America, said in 1978: "All major

68 Statement of the Church of England's Board of Social Responsibility, 1980
69 General Synod of the Church of England, 1983
70 As reported by Covenant News, 13 December 2000; the Salvation Army's statement can be found on their website (*www.salvationarmy.org*) and dates from 1990.
71 *Daily Telegraph*, 10 January 2001
72 *Thought for the Day*, BBC Radio 4, December 2000; reported in *The Tablet*, 16 December 2000
73 *The Tablet*, 16 December 2000
74 House of Commons *Hansard*, 19 December 2000, Column 253
75 See section 2.1.1
76 Nidah 30b
77 *Mishneh Torah*, Maimonides' interpretation of the Third Noahide Law
78 e.g. *Hilkhot Rozeah* 1:9
79 Quoted in "Jewish View" by Bill Moloney, *National Right to Life News*, June 1979

religions have their parochial and their universal aspects, and the problem of abortion is *NOT* a parochial one. It is of universal morality, and it is neither a Catholic problem, nor a Jewish problem, nor a Protestant problem. It involves the killing of a human being, an act forbidden by *universal* commandment."[80]

However, the Jewish witness to the sanctity of human life has been impaired in recent years by considerable dissension among prominent Jews, particularly in the United States. Some have been among the foremost supporters of abortion.[81]

Abortion law was liberalised in Israel in 1977. There are about 22,000 abortions performed legally in Israel each year, and perhaps almost as many performed illegally in private clinics. The RU-486 abortion drug was approved for use in 1999.[82] Whereas traditional Judaism condemns abortion, the Jewish community is not presently engaged with the pro-life movement.

By contrast, the pro-life teaching of Islam is reflected in the national laws of many predominantly Islamic countries, and in the witness of these countries to the sanctity of human life in international forums such as the United Nations. The Qur'an, or Islamic holy book, clearly affirms the sanctity of human life and prohibits killing except in the case of a punishment in accordance with Islamic law or in the case of a just war. It states: "Do not kill or take human life which God has declared to be sacred."[83] In another place it specifically prohibits the killing of a child.[84]

The Qur'an is also quite clear that human life begins at the moment of conception. In one place the Qur'an reads: "Verily We have created man from a drop of mingled fluids of both male and female."[85] In another place it observes: "And We cause whom We will to rest in wombs for an appointed time, then do We bring you out as babies."[86]

The only generally agreed exception to the absolute prohibition on abortion in Islam is when continuation of the pregnancy would threaten the mother's life. Dr Yusuf Al Qaradawi, chairman of the European Council of Fatwa and Research, has explained that this is because the unborn child's death would then be the lesser of two evils, a principle accepted in Islamic jurisprudence.

Almost all Islamic countries have restrictive abortion laws.[87] At the United Nations, Islamic countries have often supported the Holy See to resist anti-life and anti-family proposals, while some predominantly Roman Catholic countries side with pro-abortionists.[88]

2.1.6 Other religions

It is perhaps a telling and certainly a significant fact that almost all world religions recognise the intrinsic value or sanctity of human life and condemn abortion. Indeed, it is one of the few moral issues on which almost all are generally agreed.

Hinduism has always taught that abortion is wrong, except to save the life of the mother. Hindus believe that all life is sacred because all creatures are manifestations of the Supreme Being. Moreover, abortion thwarts a soul in its progress towards God. Hinduism regards unborn children as living, conscious beings who deserve protection.

Hindu scriptures refer to abortion as *garha-batta* (womb killing) and *bhroona hathya* (killing the undeveloped soul). The *Atharva Veda* observes that abortionists are among the greatest of sinners.[89] Mohandas Gandhi, arguably the most respected Hindu of the twentieth century, said: "It seems to me clear as daylight that abortion would be a crime."[90]

In Buddhism, abortion is generally viewed negatively. The first of the five Buddhist precepts prohibits the harming of living beings, and while life is regarded as beginning with consciousness, unborn children are considered to possess consciousness. The Buddha's rules for his community of monks specifically forbade the recommendation of abortion.

In Buddhism there is no overriding authority in ethical matters and each individual must make his or her own decision. It is not a religion which expresses itself in moral rules and this means that, although abortion is clearly the antithesis of the principle of the sacredness of life, Buddhism appears, to western eyes at least, to take a weak or equivocal line at the level of public policy. The general secretary of the Buddhist Society

80 Rabbi Marvin S Antelman, "Why Jews oppose abortion", *The Review of the News*, 1 May 1974

81 All four original organisers of the National Abortion Rights Action League in the United States were Jews. Other prominent pro-abortion Jews have included Dr Etienne-Emile Baulieu, inventor of the RU-486 abortion drug, Dr Alan Guttmacher, former president of the Planned Parenthood Federation of America and an advocate of social engineering through coerced abortion, and Dr Henry Morgentaler, the father of legal abortion in Canada.

82 Information from *The Jerusalem Post*, 18 February 2001

83 Qur'an, chapter 6, verse 151

84 *ibid.*, chapter 17, verse 31

85 *ibid.*, chapter 76, verse 2

86 *ibid.*, chapter 22, verse 5

87 Tunisia and Turkey are two noteable exceptions.

88 For example, pro-lifers won a significant victory at the UN in June 2000 when a right of access to abortion was omitted from the final document of the Beijing+5 conference. The Holy See was joined by Roman Catholic Nicaragua and the Islamic delegations of Libya, Algeria, Iran, Sudan and Pakistan. Most Western, African and South American countries took the other side.

89 *Arharva Veda*, 6.113.2

90 Mohandas Gandhi, *All Men Are Brothers, Autobiographical Reflections* (New York: Continuum, 1980), 150

explained this position thus: "Although abortion appears to, perhaps really does, abrogate the first principle, it might on balance, and in particular circumstances, yet be considered a necessity for compassionate reasons."[91]

Thus, the Dalai Lama, spiritual leader of Tibetan Buddhism, said in 1993: "Of course, abortion, from a Buddhist viewpoint, is an act of killing and is negative, generally speaking. But it depends on the circumstances. If the unborn child will be retarded or if the birth will create serious problems for the parent, these are cases where there can be an exception. I think abortion should be approved or disapproved according to each circumstance."[92]

Abortion is also generally unacceptable in Sikhism, Baha'i and Mormonism. Prohibition of abortion is not absolute in these religions[93] but the inherent value of human life, in and of itself, is affirmed.

2.1.7 Atheists and agnostics for life

Many people who are active in the pro-life campaign are motivated by their religious beliefs. However, concern over abortion is not confined to religious believers. Many atheists and agnostics hold firmly pro-life views, and see abortion as a fundamental human rights issue. Moreover, many religious people hold pro-life views on the basis of facts and arguments not explicitly connected to their religious beliefs.

One pro-life atheist, who once had an abortion herself, comments: "For the atheist who believes that when you die, your life is over, period, the taking of an unborn human's life should be a very serious matter. There will be no comforting of this being by a heavenly father, angels, or relatives after a torturous death; there will be no mere reincarnational transfer. Thousands of times each day unique, never-to-be-again, individual beings have their one and only chance at life terminated without even a trace of due process."[94]

In an article first published in *The New Republic* magazine,[95] Nat Hentoff described herself as "a Jewish, atheist, civil libertarian, left-wing pro-lifer". She observed that many people, both Christians and atheists, told her that it was impossible to be simultaneously an atheist and pro-life. However, she came to realise that respect for human life demanded opposition to abortion.

Doris Gordon, founder of Libertarians for Life and a member of the Atheist and Agnostic Pro-Life League in the United States, writes: "The purpose of abortion is not merely pregnancy termination; its purpose is to kill, to take the life of prenatal human offspring. Under justice, however, there is no such thing as a right to kill innocent people – no exceptions."[96]

The concept of human rights may be regarded as an attempt to express moral norms in universal terms, acceptable to believers and atheists. It is usually accepted that people without religious faith can be passionately against injustice, murder and violence, and can therefore also be passionately against abortion.

For some, a godless perspective on existence and the purpose of life demands that killing be opposed in all its forms. Abortion dehumanises and undermines civilised society, and thereby threatens the security of us all.

91 Quoted by Clive Erricker in *Buddhism*, Hodder & Stoughton, 1995 (page 119)

92 Source: *The New York Times*, 28 November 1993, interview by Claudia Dreifus

93 For example, when Mormon bishop John Osmond condemned abortion as "revolting and sinful" in Lowestoft in 1983, he added that there were exceptions in the cases of rape and a danger to the life or good health of the mother.

94 From an anonymous article on the Women and Children First website: *www.prolifeinfo.org/upl34.html*

95 *The New Republic*, 30 November 1992

96 From the Atheist and Agnostic Pro-Life League online library: *www.godlessprolifers.org/library/gordon1.html*

The dogma of choice

2.2.1 The rhetoric of choice

As abortion has become more and more widely practised in western democracies in the past 30 years, defenders of abortion have needed to find new arguments to justify it. The distraught rape victim and the dangerously ill mother of eight, the pitiable figures of earlier abortion rhetoric, would not carry the argument for widespread abortion purely on demand. The way the pro-abortion argument shifted was not surprising, coinciding with burgeoning consumerism, the sexual revolution, and a new feminism. Instead of the pregnant figure of pity, the assertive woman stepped forward, demanding her "right to choose". 'Choice' was the in-word. Pro-abortion was dropped, and 'Pro-Choice' was the label adopted.

As western societies turned their back on Christianity, and previously unknown personal freedoms became commonplace, a new secular 'religion' emerged, which some writers have described as the 'culture of self'. The autonomy of the individual was the central doctrine, and self was god. Freedom of choice became the creed of a new generation oriented not externally towards heaven, but internally towards the individual's personal rights and liberties. The important thing now was not what an individual could contribute to his country or community, but what he could get out of it to further his own interests.

However, as Dr Robert Bellah, an American sociologist, has observed: "If the self is defined by its ability to choose its own values, on what grounds are those choices themselves based?... There is simply no objectifiable criterion for choosing one value or course of action over another. One's own idiosyncratic preferences are their own justification, because they define the true self."[97] In such an atmosphere, abortion becomes just another means of achieving individual autonomy. As Professor F. LaGard Smith puts it: "Having elevated personal rights to the high altar of a national religion, it becomes surprisingly easy to offer upon that altar even one's own offspring as a sacrifice to the great god of Self."[98]

The self-designation of pro-abortionists as 'pro-choice' was a clever and effective strategy. 'Choice', as a word, has a tremendously positive resonance. The Oxford Concise Dictionary defines 'choice' as "power, right, faculty, of choosing".[99] Choice as a concept is thoroughly in tune with the modern secular age. It has connotations of freedom, of personal autonomy and independence, of liberty and sovereignty of self.

Conversely, the rhetoric of choice entails a stinging rebuff to those who are deemed "anti-choice". Denying choice is presented as denying personal freedom, of seeking to restrict other people's autonomy and of lording it over them. In today's democratic, egalitarian society, to be "anti-choice" is the worst sin. It is anathema to the secular religion of self.

Not all the connotations of choice are positive. A discriminating person chooses carefully, but one who is "discriminatory" chooses badly, to exclude someone or something unjustly. Discrimination against ethnic groups, women, disabled people or the poor is frowned upon, or even illegal. Discrimination against the unborn

97 Robert Bellah, *Habits of the heart*, 1985
98 F LaGard Smith, *When Choice becomes God*, USA: Harvest House Publishers, 1990, p.175
99 Second definition of "choice", *Oxford Concise Dictionary*, Oxford University Press, sixth edition, 1976

child (*fatal* discrimination too) far from being frowned upon, is elevated by the rhetoric of choice into a right.

Two further objections to "right to choose" language are these: firstly that the phrase is vacuous, empty. It begs the question: "the right to choose what?" It only has a meaning when the inference is made that the choice involved is an abortion.

The second is that if taken in a strict legal sense the phrase could apply to *liberties*, but not to *rights*, because in English common law, the concept of rights is alien, and only in the Human Rights Act 1998 were rights enshrined in an ordinary statute for the first time. The law acknowledges that the citizen is at *liberty* to make choices not otherwise prohibited – but then of course abortion is prohibited in general.

2.2.2 The fallacy of choice

One of the paradoxes of pro-choice rhetoric is that the so-called right to choose applies only to the pregnant woman. Her right to choose on her own denies any freedom of choice to the child facing death by abortion or to the child's father. Pro-abortionists define the woman's right to choose so narrowly that neither the unborn child nor anyone else is accorded any rights whatsoever. The child is denied the right to live and the father of the child is denied the chance to prevent his offspring from being aborted (or conversely to insist on an abortion taking place, which some pro-abortion men have suggested in these days of free liaisons and child support).

Yet the pregnant woman rarely has an entirely free and open choice. There are many factors which may influence or constrain her decision. She may be persuaded to have an abortion by pro-abortion counselling. As Ronald Butt wrote in *The Times* as long ago as 1975: "It is clear that abortion is not invariably the mother's unaided decision. Very often she arrives at it by the sort of counselling which indicates very clearly that it is the only decision a rational woman can be expected to make."[100] She may also be cajoled into an abortion by peer pressure or on the advice of friendly adults. Suzanne Moore, writing in *The Guardian*, observed: "I have also seen girls talked into having abortions, who only get pregnant again at the next available opportunity."[101]

The experience of pro-life pregnancy counsellors is that for many women the pressures are such that it takes a real act of heroism to reject abortion. Societal pressures on older women not to have children helps to explain why the Royal College of Physicians has admitted that "more than 40 percent of pregnancies in women over 35 years old are aborted for social reasons".[102]

Financial constraints are an important factor in the decision of many women to have an abortion. Whoopi Goldberg, the Oscar-winning American actress, had four abortions before her career took off and while struggling financially. Her daughter, when she became pregnant at the age of 15, insisted on keeping the baby and Ms Goldberg explained: "Having money takes a little of the pressure off."[103]

Cardinal Thomas Winning, archbishop of Glasgow from 1974 until his death in 2001, recognised that financial constraints are a factor in the decisions of many women to have abortions. In 1997 he set up the Pro-Life Initiative which offers essential baby equipment, intermediate housing assistance and benefit assistance to pregnant women who might otherwise have opted for abortions. The cardinal explained: "It's not just about financial help. To some women, it is equally important to feel that someone understands and can give them the moral support to see it through. Sometimes, when you are carrying a child, you can't see a way out of the wilderness."[104]

Germaine Greer, a feminist who supports the availability of abortion, praised Cardinal Winning in her book *The Whole Woman* for providing women with a genuine alternative to abortion. She wrote: "Feminism is pro-woman rather than pro-abortion; we have always argued for freedom of reproductive choice. But a choice is only possible if there are genuine alternatives."[105]

2.2.3 Feminist critiques of choice

Naomi Wolf, a prominent American feminist,[106] used to be a strenuous advocate of unrestricted access to abortion. She herself had an abortion, and took the morning-after pill. However, while maintaining that abortion should remain legal, she has now condemned the pro-choice rhetoric and fanaticism of her comrades, to their considerable consternation.[107] She has called for "a radical shift in the pro-choice movement's rhetoric and

100 Ronald Butt, "This awful silence hanging over abortion on demand", *The Times*, 23 January 1975
101 *The Guardian*, 16 July 1992
102 Royal College of Physicians, *Prenatal diagnosis and genetic screening: community and service implications*, September 1989
103 *News of the World*, 31 March 1991
104 *Daily Telegraph*, 10 March 1999
105 Germaine Greer, *The Whole Woman*, Doubleday, 1999
106 Naomi Wolf was named by *Time* magazine as one of the 50 most notable leaders under 40.
107 Such as Ann Furedi, director of communications for the British Pregnancy Advisory Service, who wrote in *Living Marxism* (no.85, December 1995) that she was "outraged" by Naomi Wolf's change of heart.

consciousness about abortion", and has done so within the context of her thorough-going feminism.

Writing in *The New Republic* magazine[108] in 1995, Naomi Wolf exposed the true nature and purpose of pro-choice rhetoric. She admitted that there had been a conscious attempt to use language to deny the humanity of the unborn, and that over the years this had "developed into a lexicon of dehumanization". However, emptying abortion of moral gravity is a denial of its reality, so Wolf continued: "Clinging to a rhetoric about abortion in which there is no life and no death, we entangle our beliefs in a series of self-delusions, fibs and evasions. And we risk becoming precisely what our critics charge us with being: callous, selfish and casually destructive men and women who share a cheapened view of human life."

Naomi Wolf insisted that true feminism must be based on what is simply true, and that "too often our rhetoric leads us to tell untruths". Furthermore, to hide the true nature of abortion from women is against the tenets of feminism, for "free women must be strong women, too: and strong women, presumably do not seek to cloak their most important decisions in euphemism."

In a remarkably candid and honest paragraph about why she took the morning-after pill, and which could be applied to later abortions as well, Wolf writes: "I chose to sidestep biology: I acted – and was free to act – as if I were in control of my destiny, the way men more often than women have let themselves act. I chose myself on my own terms over a possible someone else, for self-absorbed reasons." For Naomi Wolf, abortion is a matter of life and death, and to pretend otherwise is dishonest. She acknowledged that the pro-lifers incontrovertibly had truth on their side when they declared that abortion stopped a beating heart.

Naomi Wolf is certainly not the only feminist who has seen through pro-choice rhetoric. Germaine Greer, the feminist writer and academic, has adapted her views on abortion in recent years and now believes that the idea of a woman's right to choose an abortion is actually a male-instigated sham. In *The Whole Woman* Dr Greer pointed out that many of the heroes of a woman's right to choose before abortion was legalised were male, and feminists who saw abortion as an assault on women were frowned upon. Greer writes: "What women 'won' was the 'right' to undergo invasive procedures in order to terminate unwanted pregnancies, unwanted not just by them but by their parents, their sexual partners, the governments who would not support mothers, the employers who would not employ mothers, the landlords who would not accept tenants with children, the schools that would not accept students with children."

The "woman's right to choose" may also be championed by doctors, politicians and others anxious to make abortion available, but keen to salve their consciences by saying: "We are not telling anyone to have an abortion – it is up to the individual – it's her choice."

Dr Greer criticises the man who impregnates a woman and then leaves it to her to sort out the situation. Greer observes: "The crowning insult is that this ordeal is represented to her as some kind of privilege. Her sad and onerous duty is garbed in the rhetoric of a civil right."

Dr Greer also criticises the promotion of potentially abortifacient methods of birth control. She writes: "Whether you feel that the creation and wastage of so many embryos is an important issue or not, you must see that the cynical deception of millions of women by selling abortifacients as if they were contraceptives is incompatible with the respect due to women as human beings. You must also see that expecting women to be grateful for the opportunity to have inserted into their bodies instruments for sucking and scraping out the products of avoidable conception shows them as much contempt."

2.2.4 The truth about choice

When Pope John Paul II visited the USA in 1995, he said: "America has always wanted to be a land of the free. Today the challenge facing America is to find freedom's fulfilment in the truth: the truth that is intrinsic to human life created in God's image and likeness..."[109]

At the very heart of anti-life 'pro-choice' rhetoric lies a set of untruths. Self-styled pro-choicers claim that a woman has a right to control her own body. However, from the moment of conception an unborn child is a separate entity, both biologically and philosophically. The child is completely reliant on his or her mother for life, but this cannot mean that mother and child are one entity. Even for a number of years after birth, a child is completely reliant on the care of parents or other responsible adults to live. The mother of a four-year-old boy cannot choose to kill her son on the basis that he is completely reliant on her and would die were it not for her continued care. All of us are reliant on other people to some extent, and this becomes increasingly the case as we grow old. Surely no-one would suggest that a frail old man was merely part of his wife or son

108 Naomi Wolf, "Our bodies, our souls", *The New Republic*, 16 October 1995

109 Pope John Paul II, sermon in Baltimore, Maryland, 8 October 1995

on whom he had become totally dependent.

Pro-abortionists insist that an unborn child has no right to life or, if he or she does have such a right, the mother's right to choose to have an abortion supersedes it. This is clearly fallacious. The right to life is the fundamental human right on which all other rights are based. Taken in its wide and proper dimension, the fundamental right to life comprises the right of every human being not to be deprived of his life.

The so-called right to choose does not guarantee the liberation of women, as Germaine Greer has pointed out. Neither can abortion be viewed as a morally neutral act, as Naomi Wolf has acknowledged. Abortion is also far from a personal act, as pro-choice rhetoric suggests. It does not only affect the woman and her unborn baby. The choice made by a woman to have an abortion affects the unborn child's father, other family members, the doctors and other staff involved in the abortion, and society as a whole. Doctors who refuse to participate in abortions can face discrimination,[110] and doctors who perform abortions become hardened and alienated from the life-saving nature of their profession. Society becomes brutalised, and the value of human life itself is cheapened. This indirectly affects each and every one of us.

110 The Abortion Act 1967 includes a so-called conscience clause which allows doctors not "to participate in any treatment authorised by this Act to which he has a conscientious objection". However, in 2000 Dr Everett Julyan, a junior doctor, claimed that he was turned down for a job at a hospital in Glasgow, Scotland, because he refused to have anything to do with training which involved abortions. (BBC News online, 7 October 2000; *The Guardian*, 9 October 2000).

Legal and political situation

Legal situation

3.1.1 History of abortion law

The first recorded law on abortion was in Sumeria in the 18th century BC; punishments were recorded for causing an abortion both deliberately and accidentally. The Babylonians of the 16th century BC also left a record of punishment for causing an abortion, as did King Tiglath Pileser of Middle Assyria (who is mentioned in the Old Testament[1]). In the Old Testament itself, the book of Exodus (21:22) stipulates penalties for accidentally but culpably causing a miscarriage. Provision 53 of the Ancient Assyrian Code, dating from the 12th century BC, stipulated gruesome punishment for abortion. The oath of Hippocrates (460 – 382 BC) prohibited abortion and the Roman emperor Augustus (27 BC – AD 14) passed laws against abortion because larger families were considered desirable.

It is generally accepted that abortion has always been a crime in English law.[2] Henry of Bracton (1216 – 1272), known as the father of English common law, wrote: "If one strikes a pregnant woman or gives her a poison in order to procure an abortion, if the foetus is already formed or quickened, especially if it is quickened, he commits homicide."[3] Fleta, Bracton's commentator, added some 40 years later: "A woman also commits homicide if, by a potion or the like, she destroys a quickened child in her womb."[4]

Bracton and Fleta equate abortion with homicide only once the child is quickened (around 18 weeks) or formed (some weeks or months earlier). Some believe they condoned earlier abortion but this is hard to prove. They simply did not equate it with homicide, because they could not be certain whether the embryo was alive.

Abortion remained a crime in common law[5] and in 1803 it became prohibited by statute when the Lord Ellenborough Act (named after the lord chief justice) made it a felony.[6] The provisions of this law were extended by Lord Lansdowne's Act of 1828.[7]

The Offences Against the Person Act 1837 laid the basis for abortion law as it stands presently in the UK, Ireland and other jurisdictions then under British rule. In 1861, the Offences Against the Person Act was slightly revised, and the maximum penalty for abortion was changed to life imprisonment. The law, which is still in force today, outlawed both the administering of drugs or the use of instruments to procure a miscarriage (section 58), and also actions intended to procure a miscarriage, whether the woman was actually pregnant or not (section 59). The act applies in Britain and Northern Ireland, as well as the Republic, under British rule at that time.

The 1861 Act uses the term *miscarriage*. Miscarriage is a broad term extending back to the earliest stages of pregnancy, and it avoids the difficulty of proving that the embryo or foetus was alive and of providing his/her remains in evidence. These difficulties could have prevented the law from being effective (especially early in pregnancy) if it had referred more

1 2 Kings 16
2 John Keown, *Abortion, doctors and the law*, Cambridge University Press, 1988, chapter 1. Cyril C Means Jr has cited two fourteenth century English cases to contend that there was no common law prohibition on abortion, although John Keown rejects his argument.
3 Henry of Bracton, *De Legibus et Consuetudinibus Angliae*, c.1250
4 *Fleta*, c.1290, Vol.2, Book 1, Ch.23
5 As evidenced by a number of court cases cited by John Keown in *Abortion, doctors and the law*, Cambridge University Press, 1988, pp.5-12
6 John Keown, *op.cit.*
7 This Act prohibited instrumental abortion after quickening. Capital punishment for post-quickening abortion was repealed by the Offences Against the Person Act 1837, which also abrogated the long-standing distinction between abortions before and after "quickening" (see John Keown, *op.cit.*, pp.26-27).

explicitly to the killing of an unborn child.

While it was considered murder to kill a person who had been born, and a felony to kill (or intend to kill) a child in the womb, there was no law to cover the killing of a child who was in the process of being born. This gap was filled in England by the Infant Life (Preservation) Act 1929 which created the offence of "child destruction". The Act made it illegal to kill a child capable of being born alive, and so not only protected babies who were in the process of being born, but also those who could be born alive.

The 1929 Act did not use the word "viability", but said that any baby of 28 weeks gestation was to be considered capable of being born alive. (Today babies can be viable by 22 weeks in some cases, and may be capable of being born alive at a much younger age.)[8] The only exception allowed under the Act was when abortion was considered necessary to save the life of the mother.[9] The Infant Life Preservation Act 1929 was extended to Northern Ireland in 1945 by way of the Criminal Justice (Northern Ireland) Act.

In 1938, a London gynaecologist named Aleck Bourne tested the laws by performing an abortion on a 14-year-old girl who had apparently been raped by several soldiers. He gave himself up to police, was charged with an illegal abortion, and pleaded not guilty on the basis that the girl's mental health would have been adversely affected by giving birth. Bourne was acquitted after the judge, Mr Justice Macnaughten, told the jury that the proviso permitting an abortion to save the life of the mother included in the Infant Life (Preservation) Act 1929 should be read back into the Offences Against the Person Act 1861. Then, controversially, he invited the jury to decide whether Dr Bourne's declared intention amounted to "preserving the life" of the young woman. The jury acquitted him and the case was never appealed.

The effect of the Bourne case was to authorise abortion to prevent damage to a woman's physical or mental health, a test which became interpreted more and more liberally. The influence of the judge's comments extended far afield, to Commonwealth countries such as Australia. Aleck Bourne eventually became appalled at the results of his case and became a founder member of the Society for the Protection of Unborn Children.

The bill which became the Abortion Act 1967 was introduced by David Steel as a private member's bill in 1966. During debate on the bill in the House of Commons, David Steel claimed that it was "not the intention of the promoters of the bill to leave a wide open door for abortion on request"[10] although opponents warned that it seemed to allow abortion in a wide range of scenarios and at the doctor's discretion.[11] The Abortion Act was passed in a half-empty House of Commons on Friday 14 July 1967 after an all-night sitting by 167 votes to 83. It received Royal Assent on 27 October 1967 and came into force on 27 April 1968. It did not extend to Northern Ireland.

The Abortion Act 1967 was amended by the Human Fertilisation and Embryology Act 1990 so as to introduce a new time-limit of 24 weeks' gestation for abortions performed on the grounds of risk to the physical or mental health of the pregnant woman or any existing children in her family. Abortions on all other grounds could henceforth be performed up to birth. Various other amendments facilitating new abortion techniques were also brought in.

3.1.2 Current legal situation in Great Britain

Abortion law in Great Britain today is based mainly on the 1861 Offences Against the Person Act and on the 1967 Abortion Act as amended by the 1990 Human Fertilisation and Embryology Act.

The Abortion Act 1967 did not simply decriminalise abortion; neither did it affect the provisions of either the Offences Against the Person Act 1861 or the Infant Life (Preservation) Act 1929. It merely ensured immunity from prosecution under the 1861 Act as long as certain statutory conditions were met. These included that two doctors certified that one of the statutory grounds for abortion applied,[12] that the abortion was carried out in a place approved for the purpose,[13] and that proper records of abortions be made.[14] The 1967 Act added that "anything done with intent to procure the miscarriage of a woman is unlawfully done" unless the conditions laid down in the Act were adhered to.[15]

The 1967 Act was amended in certain respects by

8 Section 5 (1) of the Abortion Act 1967 stated: "Nothing in this Act shall affect the provisions of the Infant Life (Preservation) Act 1929 (protecting the life of the viable foetus)." This last phrase in brackets wrongly suggested that the 1929 Act used the term 'viable', rather than 'capable of being born alive.' The Human Fertilisation and Embryology Act 1990 amended the Abortion Act to delete this reference to the 1929 Act and introduce a new 24 week limit for some grounds, leaving other grounds without time limit.

9 The Infant Life (Preservation) Act stated: "…no person shall be found guilty of an offence … unless it is proved that the act which caused the death of the child was not done in good faith for the purpose of preserving the life of the mother."

10 House of Commons *Hansard*, vol.732, col.1075, 22 July 1966

11 Section 1 (1) (a) of the Abortion Act 1967 allowed abortion when continuance of the pregnancy "would involve risk … of injury to the physical or mental health of the pregnant woman or any existing children of her family".

12 Abortion Act 1967, section 1 (1)

13 *ibid.*, section 1 (3)

14 *ibid.*, section 2 (1)

15 *ibid.*, section 5 (2)

Section 37 of the Human Fertilisation and Embryology Act 1990. The 1990 Act provided a new and revised list of statutory grounds for abortion. These were:

(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.[16]

(The above designations (a) to (d) do not correspond to the designations A to G used in published abortion statistics.)

Furthermore, the clause in the 1967 Act stating that the Infant Life (Preservation) Act 1929 still applied was replaced by a clause which stated that no offence under the 1929 Act would be committed if the conditions of the Abortion Act were met. This was significant because it gave doctors immunity from the crime of child destruction as long as the revised grounds for abortion were met. As only the first ground had a gestational time limit of 24 weeks, abortion was legalised up to birth for grounds (b), (c) and (d).

Interpretation of the statutory grounds for abortion is left up to the doctors who certify that at least one ground has been met. This includes the judgement about which "physical or mental abnormalities" are deemed to render the child "seriously handicapped". Since 1990, doctors have cited spina bifida, cleft palates and hare lips among those 'serious abnormalities' deserving of late-term abortions.

Abortion (and embryology) law throughout Great Britain and Northern Ireland remains the responsibility of the United Kingdom parliament in Westminster, despite devolution of certain other powers to the Scottish parliament, Welsh assembly and Northern Ireland assembly. The statute which set up the Scottish parliament in 1998 explicitly included abortion legislation among those powers which were reserved to Westminster.[17]

From time to time, certain legal precedents clarify or develop aspects of the abortion law. One example is the rights of fathers. Legal precedents have established that a man has no right whatsoever to stop the abortion of his unborn child, regardless of whether he is married to the mother. Neither does he have any right to force the mother of his unborn child to have an abortion. The first reported case in the UK establishing this precedent dates from 1978. In *Paton v Trustees of BPAS*, a steelworker living in Liverpool failed to prevent his estranged wife obtaining an abortion. The European Court of Human Rights then turned down his application for a hearing. In 1987, in a case known as *C v S*, Mr C, a 24-year-old student at Oxford University, failed to gain an injunction against his girlfriend's aborting their child (although she subsequently relented). The High Court and the Court of Appeal refused to grant him an injunction, and the House of Lords declined to hear the case.[18] Significantly, Mr C had to argue that the abortion was unlawful because of the advanced stage of pregnancy; he had no legal right to object simply as the baby's father.

In 2001, Mr Stephen Hone from Coventry could not claim any rights over his unborn child whom he was trying to save, and so attempted to prove in court that the requirements of the Abortion Act had not been met. However, before he could do this, the baby was aborted without his knowledge.[19]

3.1.3 Current legal situation in Northern Ireland

As neither the Abortion Act 1967, nor section 37 of the Human Fertilisation and Embryology Act 1990 (relating to abortion) apply to Northern Ireland, the legal situation now is the same as it was when the Criminal Justice (Northern Ireland) Act extended the terms of the Infant Life Preservation Act to the six counties in 1945.

This fact was demonstrated recently by the first conviction in Northern Ireland for 'child destruction' under the Criminal Justice (Northern Ireland) Act. Colin McDonald (35), a fast food shop owner in Bangor, Co. Down, was found guilty of stabbing his girlfriend, Michelle Kerr (22), 47 times with a screwdriver and a kitchen knife in Bangor in November 1997. Michelle survived, but her unborn child was born dead the next day. Mr McDonald was sentenced to 22 years in prison for the crime of child destruction, as well as for the attempted rape and murder of Michelle. In June 2001,

16 Text taken from the Human Fertilisation and Embryology Act 1990, section 37 (1), HMSO, © Crown Copyright 1990

17 Scotland Act 1998: Schedule 5 (Reserved matters), Part 2 (Specific reservations), Head J (Health and Medicines)

18 David Nolan, "Abortion: Should men have a say?", *Abortion Law and Politics Today*, ed. Ellie Lee, 1998

19 BBC News online, 20 March 2001; *The Guardian*, 31 March 2001

20 *The Irish Times*, 28 April 2001; *Irish Independent*, 9 June 2001

the Belfast Court of Appeals dismissed his appeal and refused him leave to take his case to the House of Lords.[20]

The words of Judge Macnaughten in the Bourne case of 1938 may also contribute to abortion law in Northern Ireland, as they did in England before the Abortion Act was passed. In the light of this case, the private secretary to the secretary of state for Northern Ireland summed up the present situation when he wrote in 1987: "Therapeutic termination of pregnancy may, however, be carried out in hospitals in Northern Ireland within current legislative provisions, but only in circumstances where the life of the mother is threatened by the pregnancy, or where continuance of the pregnancy is likely to cause grave danger to her physical or mental health. The decision to terminate a pregnancy in such circumstances is a matter for the professional judgement of at least two clinicians and the full and informed consent of the woman must be obtained."[21]

A common ploy of the pro-abortion lobby is to claim that abortion law in jurisdictions where abortion is restricted is unclear and in need of clarification. The drafters of Britain's 1967 Abortion Act described it as a clarification of the law,[22] and Mo Mowlam, when she was secretary of state for Northern Ireland, said that "there may be a case for clarifying inconsistencies in the legal and medical positions".[23]

However, "clarification" would mean more permissive abortion legislation. Mo Mowlam has revealed her regret that during her time as secretary of state for Northern Ireland she had failed to find an appropriate moment to extend the Abortion Act to the six counties.[24]

Referring to Mo Mowlam's desire to clarify the law, David Trimble, leader of the Ulster Unionist Party, wrote in 1998: "I have noted [Mo Mowlam's] comment on so-called clarification—it is not needed. We shall keep an eye on this..."[25]

There are many other jurisdictions around the world with restrictive abortion law similar to that of Northern Ireland. One example is Kenya, which inherited its abortion law from Britain. Dr Margaret Ogola, a practising Kenyan paediatrician, writes: "There are very restrictive abortion laws in Kenya, as there are in the vast majority of African countries. Our abortion laws are actually based on the legal situation inherited from Britain before our independence. This certainly does not mean that the law is in need of any clarification; indeed far from it. The law is quite clear, and its implications are undisputed."[26]

At the the time of writing (February 2002), the Family Planning Association in Northern Ireland was seeking to liberalise the provision of abortion in Northern Ireland by bringing a judicial review of the decision by ministers not to issue guidance as to when abortions could legally carried out. SPUC was intervening in the case to argue that there was no need for such guidance because the legal situation with regard to abortion in Northern Ireland was very clear.

3.1.4 Current legal situation in the Irish Republic

The Offences Against the Person Act 1861, passed by the UK parliament in London, formed the basis of abortion law in what later became the Irish Republic for the next 122 years. It was never modified by other statutes or legal judgements as in Britain, and the 1938 *R. v Bourne* judgement did not have any effect in the Republic of Ireland.

There were fears that the protection afforded to the unborn by the 1861 Act would not survive constitutional challenge, or that it could be interpreted by the courts to allow for some abortions, as had happened in Britain. On 7 September 1983, the eighth amendment to the Irish constitution was passed on a 67 percent vote in a referendum. This amended Article 40.3.3 of the constitution to read as follows: "The State acknowledges the right to life of the unborn and, with due regard to the equal right to life of the mother, guarantees in its laws to respect, and, as far as practicable, by its laws to defend and vindicate that right."

Between 1986 and 1991, there were a number of legal cases which tested whether the pro-life constitutional amendment barred abortion counselling and the provision of information about abortion facilities in Britain. In a case brought by SPUC (Ireland) in 1986, Justice Hamilton ruled that the provision of abortion information was in breach of Article 40.3.3, and in 1988 the Irish Supreme Court confirmed his decision. In 1989 when SPUC (Ireland) attempted to enforce the ban on some student unions, a judge referred the matter to the European Court of Justice (ECJ) in Luxembourg, and although SPUC (Ireland) won the case, the judgement

21 Letter of 2 June 1987

22 The preamble to the 1967 Abortion Act states: "An Act to amend and *clarify* the law relating to termination or pregnancy by registered medical practitioners." (Emphasis added)

23 House of Commons *Hansard*, 20 July 1998, col.815

24 Jim Wells, Northern Ireland Legislative Assembly Hansard,

25 Letter from Rt Hon David Trimble MP to Phyllis Bowman, political director of SPUC, 23 July 1998

26 Letter from Dr Margaret Ogola to John Smeaton, national director of SPUC, 2 July 2001. As well as working as a paediatrician, Dr Ogola is also the medical director of a hospice for HIV-positive orphans and executive director of the Family Life Counselling Association of Kenya.

indicated future problems.

In the light of the ECJ ruling, and as a result of pro-life representations, in December 1991 the Irish government negotiated Protocol 17 to the Maastricht treaty which ensured that: "Nothing in the Treaty on European Union or in the Treaties establishing the European Communities or in the Treaties or Acts modifying or supplementing those Treaties, shall affect the application in Ireland of Article 40.3.3 of the Constitution of Ireland."

Then in March 1992 the so-called X-case (*Attorney General v X and Others*) arose. In December 1991, X, a young girl aged 14, had non-consensual sex with the father of one of her school friends. She became pregnant and, in January 1992, her parents decided to take her to England for an abortion. They informed the police, and suggested that tissue could be taken from the aborted child to be used as evidence in a criminal prosecution against the father. The director of public prosecutions ruled that such evidence would not be admissible in the Irish courts, and an injunction was served to stop the abortion going ahead.

The attorney general then sought orders in the High Court to prevent X from travelling abroad or arranging an abortion in Ireland until the baby had been born, in accordance with Article 40.3.3 of the constitution. Lawyers for the family argued that X had been deeply distraught when she learned about her pregnancy and had confided to her mother that she had wanted to kill herself by throwing herself down the stairs. The court sided with the attorney general and concluded that "the right acknowledged in the Eighth Amendment is clear and unambiguous and the court's duty to protect it is imperative…" Referring to the equal right to life of both mother and unborn child in the constitution, the judge, Costello J., granted that there was a risk that X might commit suicide, but that this risk was much less and of a different order of magnitude than the certainty that the life of the unborn child would be terminated if the injunction were not granted.

However, the case was then appealed to the Irish Supreme Court, and a majority of justices ruled that the orders made in the High Court should be set aside. They deemed that there was a real and substantial risk to the life of X if she had to continue with her pregnancy, and that therefore her right to life was being infringed. Egan J, one of the consenting justices, said that it was irrelevant that the risk to X's life in this case was self-destruction, and cited the British case *R v Bourne* (1938) to demonstrate that not every abortion should be regarded as unlawful.

As a result of the X case, abortion was now legal when there was a real and substantial threat to the life of the mother, and this included her own threat to kill herself. It was still forbidden for other women to travel abroad to procure an abortion, or to provide abortion information or referrals. (In the so-called C case in 1997, a thirteen-year-old member of the travelling community was allowed to go to England for an abortion on the basis of the precedent set in X case.)

In November 1992, the Irish government placed three referenda before the people. One would have allowed direct abortion if the birth endangered the mother's life while deleting the threat of suicide as a ground; one would have allowed travel to Britain for an abortion; and one would have allowed the provision of information on abortion services available in other EU countries but not abortion referral. It was a most confused campaign taking place at the same time as a general election which meant that little media time was dedicated to the issue. On 25 November, the people rejected the main proposal but voted to authorise travel for abortions and the provision of abortion information.

The amendment on abortion information was legislated for in 1995. For some people the effect of legal approval for *de facto* abortion referral was to lend it moral approval. Since 1995, abortions in Britain on women from the Irish Republic have increased by 40 percent.

According to the present state of the law (at the time of writing), abortion can take place in Ireland if there is a real and substantial risk to the life of the mother, including a threat of suicide. However, the Irish Medical Council, the doctors' governing body, has maintained its opposition to abortion. The Hippocratic tradition, which precludes doctors' performing abortions, has been maintained, though this is now being challenged.

A woman can freely travel for an abortion to any EU country and can receive information on the names and addresses of clinics abroad. The counsellor cannot advocate abortion or recommend it, and cannot send the woman to a specific clinic or make arrangements for her.

3.1.5 Other legal issues

SPUC upholds the right to life from the time of conception and therefore opposes the morning-after pill and other methods of birth control which interfere with the early embryo, termed abortifacients.

In December 2000, the British government tabled an order[27] in parliament to make the abortifacient

27 The Prescription Only Medicines (Human Use) Amendment (No.3) Order 2000

Levonelle-2 morning-after pill available throughout the UK from pharmacists without prescription to women over 16. The order itself was a negative statutory instrument tabled under the Medicines Act 1968, and no vote was required for its passage. The order came into effect on New Year's Day, 2001.

On 2 May 2001, the Society for the Protection of Unborn Children (SPUC) was granted permission in the High Court in London to bring a full judicial review of the secretary of state's decision to lay this order. Mr Richard Gordon QC, counsel for SPUC, told Mr Justice Scott Baker that the morning-after pill should only be prescribed under the terms of the Abortion Act 1967 because its principal mode of action was to impede implantation of a newly conceived human. If the conditions of the Abortion Act were not met, then the supply of the morning-after pill was a criminal offence under the Offences Against the Person Act 1861—which forbade the supply or use of any "poison or other noxious thing … with intent to procure the miscarriage of any woman, whether she be or be not with child".[28]

SPUC argued that the meaning of the term "miscarriage" in the 1861 Act entailed the expulsion of an embryo from a woman's body at any stage from the moment of conception onwards, and not only to post-implantation embryos. This conflicted with the attorney general's statement to parliament on 10 May 1983 in which he said that "the phrase 'procure a miscarriage' cannot be construed to include the prevention of implantation". However, Dr John Keown effectively countered this view in an article published in the *Criminal Law Review* in 1984, and Mr Justice Scott Baker described Dr Keown's argument as "strongly reasoned" and added that he had not seen any answer to it.

SPUC argued that the secretary of state was acting *ultra vires* (beyond his competence) in bringing the order before parliament, because its effect would be to promote criminal offences under the terms of the 1861 Act. The full judicial review hearing was due to commence on 12 February 2002 as this publication was going to print.

There are many other legal issues which have a bearing on the sanctity of human life. There are legal issues relating to the scope of conscientious objection by doctors, medical staff and pharmacists.[29] There are also issues concerned with the rights of fathers over their unborn children, and of parents when a child under the age of 16 requests an abortion.

The right to life and equality is enshrined in a number of international documents, such as the 1948 Universal Declaration of Human Rights which begins: "Whereas recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world," and affirms in Article 3: "Everyone has the right to life…"[30]

Article 2 of the European Convention for the Protection of Human Rights and Fundamental Freedoms, dating from 1950, states: "Everyone's right to life shall be protected by law. No one shall be deprived of his life intentionally save in the execution of a sentence of a court following his conviction of a crime for which this penalty is provided by law."[31] Both the United Kingdom and the Republic of Ireland were among the original signatories of the convention on 4 November 1950, which came into force following its ratification by 10 countries on 3 September 1953. By way of the Human Rights Act 1998, the United Kingdom incorporated certain aspects of the convention, including the right to life, into domestic law with effect from 2 October 2000.

However, the Human Rights Act stipulates that UK courts must "take into account"[32] previous judgements or opinions of the European Court of Justice (ECJ) or the European Commission of Human Rights (ECHR). These have argued that the health of the mother can override the right to life of the unborn child in early pregnancy. In *Paton v United Kingdom* [1981],[33] the commission said that there had been no breach of Article 2 in a case involving a 10-week old foetus, although it left open the question of whether this was because unborn babies were not protected by Article 2 or because the right was not absolute in the light of the mother's rights under Article 8 (right to respect for private and family life). The ECJ reiterated this position in 1992.[34]

28 Offences Against the Person Act 1861, section 58

29 Section 4 of the Abortion Act 1967 stipulates that no person is under a legal obligation to participate in abortion if they have a conscientious objection, unless the abortion is necessary "to prevent grave permanent injury to the physical or mental health of a pregnant woman". Article 9 of the European Convention on Human Rights, which was incorporated into UK law by the Human Rights Act 1998, affirms a right to freedom of conscience.

30 Text of the *Universal Declaration of Human Rights*, adopted and proclaimed by United Nations General Assembly resolution 217 A (III) of 10 December 1948

31 Text taken from the Council of Europe's website

32 Human Rights Act 1998, section 2 (1)

33 *Paton v United Kingdom* [1981] 3 EHRR 408 EcomHR

34 *Open Door and Dublin Well Woman v Ireland* [1992] 15 EHRR 244

Political situation

3.2.1 Position of the UK government

3.2.1.1 Prime Minister Tony Blair

Tony Blair has voted consistently with the pro-abortion lobby since becoming an MP in 1983. During the votes on abortion during the passage of the Human Fertilisation and Embryology Act 1990, Tony Blair voted for an amendment to extend the Abortion Act 1967 to Northern Ireland. This amendment was solidly defeated by 267 votes to 131.[35]

3.2.1.2 Northern Ireland ministers since the election of the Blair government

Dr Marjorie (Mo) Mowlam was made Secretary of State for Northern Ireland in Tony Blair's first Cabinet. Like Tony Blair, she voted in 1990 to extend the Abortion Act 1967 to Northern Ireland.

In a parliamentary answer, Dr Mowlam said: "The question of abortion will be a reserved [to Westminster] power and therefore remains part of provisions with which the House [of Commons] will continue to deal. We are considering talking to groups about the issue, about which many in the House feel strongly. As my hon. Friend [Brian Sedgemore MP] knows, no party in Northern Ireland would support the 1967 Act.[36] At this time of transition, however, there may be a case for clarifying inconsistencies in the legal and medical positions. Due to the universal view that the [Abortion] Act [1967] should not apply in Northern Ireland, with which I disagree, we would need careful consultation with the parties."[37] After she was replaced by Peter Mandelson as Secretary of State, she expressed regret about "...not finding a suitable moment to introduce a review of abortion law in Northern Ireland...Progress is hampered by lack of support across the parties in Northern Ireland for change in this area – big impediment – as it's called democracy."[38]

In January 1998, Tony Worthington, the then Parliamentary Under-Secretary of State for Northern Ireland, said: "We have no plans to extend the Abortion Act 1967 to Northern Ireland. However, legal experts, including High Court judges, have criticised the current state of law in Northern Ireland as unclear. It is important, especially for doctors and women, that the present uncertainty over the law in Northern Ireland is dispelled. As everyone knows, this is a controversial and sensitive issue and Ministers will wish to take a considered view before any decision on future action is taken."[39]

Peter Mandelson was Secretary of State for Northern Ireland from October 1999 until his resignation in January 2001. Mr Mandelson was not an MP during the last votes on abortion in 1990 and his personal views on abortion are unknown.

Dr John Reid replaced Peter Mandelson in late January 2001. Although Dr Reid did not vote in 1990 on exten-

35 Many pro-abortion Tories opposed the amendment for tactical reasons. In Opposition these MPs can be expected to vote for such a move.

36 However, please refer to the paragraph on Sinn Fein in the next sub-section 3.2.2 Position of Northern Ireland's political parties.

37 *Hansard*, 20 July 1998, columns 815-816.

38 *Belfast Telegraph*, 13 October 1999.

39 House of Commons Northern Ireland Grand Committee, 29 January 1998.

sion of the Abortion Act to Northern Ireland, he has frequently voted with the pro-life lobby on abortion and other pro-life issues.

Jane Kennedy MP was appointed as Minister of State at the Northern Ireland Office on 11 June 2001 with responsibility for Security, Policing and Prisons. She was not an MP during the last votes on abortion in 1990 and what her personal views on abortion are is unclear. However, in a letter[40] to a constituent she has written: "I can confirm that the Government have no plans to extend the Abortion Act 1967 to Northern Ireland. Both before and since the [1997] General Election we have made it clear that abortion is a highly controversial and sensitive issue. It is important, especially for doctors and women, that the present uncertainty over the [abortion] law in Northern Ireland is dispelled."

Des Browne was appointed Parliamentary Under Secretary of State at the Northern Ireland Office on June 11 2001 with responsibility for Criminal Justice, Victims and Human Rights. He was not an MP during the last votes on abortion in 1990. However, he has committed himself to vote against any proposed legislation to liberalise the abortion law. In a letter[41] to a constituent, he has written: "I have a deep belief in the sanctity of human life. That belief informs all of my political decisions. I have never made any secret of my pro-life stance." Mr Browne also wrote: "I am assured that the Government has no intention to extend the Abortion Act 1967 to Northern Ireland."

3.2.2 Position of Northern Ireland's political parties

The following political parties oppose the extension of the 1967 Act to Northern Ireland:

- Democratic Unionist Party
- Northern Ireland Unionist Party
- Social Democratic and Labour Party
- Ulster Unionist Party

3.2.2.1 Quotations showing elected representatives' consistent opposition to abortion:

- "The vast majority of people in the Province, be they Catholic or Protestant, are implacably opposed to the extension of the 1967 Act to Northern Ireland ... My own experience is that the vast majority would not consider abortion."[42]
- "No issue which came before the assembly aroused so much public reaction. I got hundreds of letters on the matter. If the British Government do give in to British Medical Association pressure and try to extend the Act here, it will be vigorously opposed in the assembly and on the streets of Northern Ireland."[43]
- "Let me state clearly and unequivocally that the greater number of people, of all traditions, in Northern Ireland are totally opposed to abortion and would view with dismay any further promotion of the deadly abortion culture."[44]
- "There is enormous cross-party support to keep the law as it stands and prevent transfer of the killing machine from Britain to Northern Ireland. It is a misconception to say that women here are being denied a right. It is not a right for anyone to take a life."[45]
- A DUP statement said it was unfortunate that motherhood had been devalued by the Standing Advisory Commission on Human Rights and urged that Protestants and Catholics must unite to stop any attempt to legalise abortion on demand in Northern Ireland. The document adds that abortion cannot be justified medically, cannot be justified ethically and cannot be justified morally because "abortion is always murder."[46]
- "The Northern Ireland Unionist Party is committed to [the] biblical principle of the sanctity of human life. The understanding that human life is sacred is the basis of Christian morality. This understanding is also the bulwark of a civilised society. The Northern Ireland Unionist Party is therefore opposed to abortion and to the extension of the 1967 Abortion Act to Northern Ireland. Under the provisions of this Act 4,600,000 abortions have taken place in the United Kingdom since 1967. This is killing on a massive scale. The so-called "pro-choice" position is that it is a woman's right to kill her unborn child. There is no moral basis for such a claim. The "pro-choice" mentality is a corrosive influence on civilised standards. The Northern Ireland Unionist Party is pledged to protect the life of the unborn child."[47]

40 5 March 1998.
41 24 April 1998.
42 Dr Joe Hendron SDLP health spokesman and Belfast GP, current chairman of the health committee of the new Northern Ireland Assembly.
43 Sean Neeson current leader of the Alliance Party speaking following the 1984 assembly debate.
44 South Belfast MP Rev. Martin Smyth, health spokesman for the UUP, quoted by *Irish Independent* 7 March 1995.
45 South Down MP Eddie McGrady quoted in *Belfast Telegraph* 29 March 1995.
46 *Irish News* 17 May 1995.

By contrast, Sinn Fein is the only significant political party in Northern Ireland which supports abortion. Its policy document *Women in Ireland* (March 1999) endorses the International Planned Parenthood Federation (IPPF)'s Charter of Sexual and Reproductive Rights. The Charter calls for legal access to abortion on demand and for campaigns to be established in favour of such legislation in whatever states laws restricting abortion are in place. Sinn Fein's document also states that any doctor who has a conscientious objection should declare their opposition openly on a register, which suggests a blacklist of such doctors to be used in future pro-abortion campaigns.

Sinn Fein recognise that the overwhelming "majority of our community are opposed to the concept of abortion on demand and to the current practice in Britain of the creative interpretation of sections of the existing legislation, which achieves the same outcome",[48] but goes on say that it is their policy to "accept the need for abortion if the woman's life or mental health is at risk, or in grave danger, and also in cases of rape or sexual abuse".[49] This explicit statement is much more restrictive on face value than Sinn Fein's support for IPPF's Charter would suggest. However, abortion for health risks in Britain means abortion virtually on demand. Within a few years of the Abortion Act's operation the Royal College of Obstetricians and Gynaecologists (to which most British abortion-providers belong) stated that although the majority of terminations in Britain were carried out under the clause relating to the physical or mental health of the woman, no such danger of injury was present in the majority of cases.[50]

Sinn Fein also voted for the pro-abortion delaying amendment, supported by a number of pro-abortion speakers, to the pro-life motion at the Northern Ireland Assembly on 20th June 2000.

3.2.3 Role of the Northern Ireland Assembly

In 1998, the Northern Ireland Assembly was created under the Good Friday Agreement. It met for the first time on 1 July 1998 at Stormont. Certain powers over public services previously held by the Westminster Parliament were devolved to the new Assembly, taking effect on 2 December 1999. However, the power to make laws on abortion were not devolved, but reserved to Westminster.

Those wanting to extend the Abortion Act to Northern Ireland have opposed abortion law being devolved to the Northern Ireland Assembly,[51] arguing that the law on abortion should be the same throughout the United Kingdom. This position was contradicted by Tony Blair: "Scotland and Northern Ireland need not necessarily be treated in the same way across the various programmes for devolution. One of the points of devolution is that what happens in Northern Ireland or in Scotland is a matter of debate and can be decided in different ways."[52]

Alex Salmond MP has said: "There is no uniformity throughout the United Kingdom. The reason is well known: it was considered injudicious not to have abortion legislation devolved to Northern Ireland because, at various times, it was thought that the position in Northern Ireland, across its political representation, was different from that on the mainland of Great Britain. If that was the case, that devolution took place with the expectation that a different position might have arisen in Northern Ireland compared with Great Britain.... Even after the 1967 Act, the legislation was administered differently north and south of the [Scottish] border, and in various areas in Scotland and south of the border, because of the legal basis....The law in Northern Ireland is very different, because it is a special case."[53]

The late Donald Dewar MP[54] said: "... it is clear that we have made a distinction [in abortion law] in Northern Ireland and the rest of the United Kingdom for a multiplicity of pressing political and other reasons."[55]

The people of Northern Ireland and their elected representatives do not want the Abortion Act to be extended to Northern Ireland. It should not be imposed upon them and there is every indication that they will continue to reject abortion.

3.2.4 State of the debate

On 29 February 1984 the then Northern Ireland Assembly voted by 20 to 1 against the introduction of the Abortion Act or any like legislation to Northern

47 Cedric Wilson MLA Leader Northern Ireland Unionist Party, press statement, 29 September 1999.
48 Mitchell McLaughlin, Official Report, Northern Ireland Assembly 20 June 2000 page 215, debate on Abortion.
49 *op.cit.* page 216
50 Royal College of Obstetricians and Gynaecologists, 1972.
51 In a letter to the *Guardian,* 14 July 1998, pro-abortion MP Brian Sedgemore had complained that devolving responsibility for abortion to the Northern Ireland Assembly would "ensure that abortion will remain forever illegal in Northern Ireland."
52 *Hansard*, 4 March 1998; Vol. 307, c. 1056.
53 *Hansard*, 31 March 1998, columns 1101, 1101 and 1109.
54 then Secretary of State for Scotland.
55 *Hansard*, 31 March 1998, column 1108.

Ireland. 18 of the 19 local authorities which debated the issue also voted to oppose such a move.

The proposal to impose the 1967 Act on Northern Ireland with an amendment to the Human Fertilisation and Embryology Act in 1990 provoked thousands of personal letters opposing the amendment to ministers of the then Conservative government. The government issued a whip and many Conservative MPs who might otherwise have supported the amendment voted against it. The amendment was easily defeated by 267 votes to 131.

On Tuesday 20 June 2000 the new Northern Ireland Assembly debated a motion reiterating the stance of the previous Assembly against abortion on demand and the extension of the Abortion Act 1967. The motion's author, Jim Wells (DUP) said: "The main purpose of my motion is to ensure that this legalised carnage is not permitted in Northern Ireland by way of an extension of the 1967 Act to this part of the United Kingdom, and I am moving it today in support of the right to life of the unborn child, and knowing that both communities are perhaps more united on this issue, than on any other."[56] The Assembly rejected an amendment to refer the matter to the Assembly's health committee by 43 votes to 15. There was insufficient opposition to the motion to force a count and the motion was carried by acclaim.

In the debate, speakers confirmed the cross-party and cross-denominational consensus in Northern Ireland against the extension of the Abortion Act 1967 to the province:

- Seamus Close (Alliance Party): "No human problem in society, whether in Northern Ireland or anywhere else, can be solved by killing another human being. Abortion is violent. Abortion is negative. It rests on the dangerous principle that the small and the weak are inferior and that some human beings are disposable."[57]
- Norman Boyd (Northern Ireland Unionist Party): "I am confident that my view on abortion is one that is held by the vast majority of people in Northern Ireland. The case against an extension of the 1967 Abortion Act is overwhelming, and the vast majority of people in Northern Ireland would oppose it. Once the sanctity of life is denied, the value of every human life is in question. The growing pressure for euthanasia is witness to this. It is essential, therefore, to maintain the sanctity of life as a first priority. The people of Northern Ireland are hoping and praying for a new era of peace, but we must not let our desire for peace blind us to the death threat to our unborn babies. After over 30 years of terror and violence, the last thing Northern Ireland needs is legislation that will shed infinitely more lives than even the worst terrorist atrocities."[58]
- Ivan Davis (Ulster Unionist Party): "Of course, keeping the Abortion Act 1967 off the Northern Ireland statute book will not prevent women from seeking abortions across the water, but it is a major deterrent. The number of women recorded as having travelled to England for abortions has fallen."[59]
- Danny O'Connor of the SDLP: " I believe that abortion is fundamentally wrong and against all the principles in which I believe.... We have had calls for clarification of the abortion law from the former Ministers, Mo Mowlam and John McFall. Clarification of the abortion law will mean permissive abortion in Northern Ireland. That is quite clearly what it means."[60]
- Maurice Morrow (Democratic Unionist Party): "If every unborn child could be asked, before it is to be aborted, 'Do you wish to live or die?' could we as an Assembly assume what the overwhelmingly response would be? I have no doubt that the answer would be a resounding 'Yes, we want to live.'"[61]

3.2.5 The Northern Ireland Human Rights Commission

The Northern Ireland Human Rights Commission is a statutory body established by the Northern Ireland Act 1998, in compliance with the Good Friday Agreement. The Commission may recommend changes to legislation and apply to the courts for review of laws relating to human rights. Despite the broadly held opposition to abortion described above, there is a danger that the Commission may pressure for liberalisation of the laws relating to abortion in Northern Ireland. SPUC has urged the Commission to include protection for the unborn in the bill of rights which the commission is preparing.[62]

The commitment to fundamental human values, expressed in the 20th century as inviolable human rights,

56 Official Report, Northern Ireland Assembly 20 June 2000, debate on Abortion.
57 *ibid.*
58 *ibid.*
59 *ibid.*
60 *ibid.*
61 *ibid.*
62 SPUC's submission to the Northern Ireland Human Rights Commission on this issue forms sections 6.2 to 6.4 of this publication

has been a feature of all the major world religious traditions. In codes of medical ethics which have emanated from various cultural and religious traditions, there has always been an insistence on a profound respect for human life, so that killing patients, including the unborn, is excluded as gravely immoral.[63] Since the 1948 Universal Declaration of Human Rights, drawn up in the aftermath of Nazi genocide, the concept that every human being possesses fundamental rights has generally been accepted. Such rights recognise the equality of everyone, and so protect the vulnerable and marginalised. These facts are recognised by the Commission's draft strategic plan, which refers to consultation with 'the most marginalised and disadvantaged people in Northern Ireland' as well as to the rights of victims, of children, and of persons with disabilities. All of these references can properly be taken to refer to the unborn.

There are some rights which the state has authority to confer (such as citizenship) but there are also fundamental rights of human beings. Fundamental rights, including the right to life, are inherent to, and derive from, the fundamental dignity of the human person – and, in a Christian perspective, ultimately from God the Creator. These rights are not bestowed by governments but must be recognised by them and protected in law. Fundamental rights may find expression in rights recognised and defined by courts and the legislature, though those same organs of the state may circumscribe them. The Commission's draft strategic plan does not distinguish fundamental rights from those that the state may confer.

The International Theological Commission has suggested a hierarchy of human rights. For some, religious liberty is the most foundational of rights, while for others, the equality of all persons is pre-eminent.[64] Whatever view one takes on this, all rights inhere in all members of the human family and are all predicated upon the right to life. Without life other rights become meaningless.

The Commission's draft strategic plan rightly refers to "equality" as a "core value". The recognition of such equality should mean that every member of the human family in Northern Ireland, from the unborn[65] to the frail elderly, would be treated equally, particularly before the law.

The UN Convention on the Rights of the Child (1958) refers to the necessity of the state to protect children before as well as after birth,[66] precisely because of their completely vulnerable condition. In any proposal for a bill of rights, this protection, recognised by international instruments,[67] must be paramount.

Abortion is a blatant denial of human rights.[68] It is essential that the new bill of rights protects everyone's right to life, including the unborn baby.

63 *cf.* chapter 2.1 Religious perspectives; cf.*The Daily Prayer of a Physician* (1793) [Jewish]; *Kholasah Al Hekmah* (1770) [Islamic Persia]; *Seventeen Rules of Enjuin* (C16 AD) [Japan]; *Liber Regius* (Kamel Al Sanaah al Tibbia) (C10) [Persia]; *The Oath of Asaph* (C3-7 AD) [Hebrew]; *Caraka Samhita* (C1 AD) [India]; *The 10 Commandments* (Exodus 20) (C13-15 BC).

64 International Theological Commission, *Propositions on the Dignity and Rights of the Human Person*, 1983, in *International Theological Commission: Texts and Documents, 1969-1985*, (ed. M. Sharkey) (San Francisco: Ignatius Press, 1989) 251-66; see especially Section 1.2, "The Hierarchy of Human Rights." Logically, these rights are predicated on the right to life.

65 "The human rights of an unborn child are as important as the rights of any one of us". Danny O'Connor MLA, Official Report, Northern Ireland Assembly 20 June 2000, debate on Abortion.

66 Every child, by reason of his physical and mental immaturity, needs special safeguards and care, including appropriate legal protection before as well as after birth (Convention on the Rights of the Child Preamble, paragraph 7).

67 *cf* the protection given to the unborn child in the forbidding of the execution of a pregnant woman, International Covenant on Civil and Political Rights Article 6(5), International Covenant on Economic, Social, and Cultural Rights Article 10.

68 "Is it not a contradiction for some to champion the cause of civil and human rights 99% of the time and then, conveniently, switch to defend the denial of life to a human yet unborn?", P J Bradley MLA, Official Report, Northern Ireland Assembly 20 June 2000, debate on Abortion.

Abortion in the world today

The international establishment

4.1.1 The United Nations

The United Nations was established on 24 October 1945 by 51 countries, including the United kingdom. There are now 189 member states—nearly every country in the world.

In the preamble to the United Nations Charter, the founding document of the UN which was signed on 26 June 1945, the member states committed themselves to four main aims. These were: "...to save succeeding generations from the scourge of war, ... to reaffirm faith in fundamental human rights, in the dignity and worth of the human person, ... to establish conditions under which justice and respect for the obligations arising from treaties and other sources of international law can be maintained, and to promote social progress and better standards of life in larger freedom."[1]

However, it is clear that commitments to such ideas as "fundamental human rights", "social progress" and "larger freedom" are open to interpretation according to certain agendas. Those who set the agenda at the United Nations are those countries which contribute the most money, such as the United States and European Union countries,[2] and these countries have used the United Nations to promote wider access to abortion throughout the world.

This policy has been described as cultural or abortion imperialism.[3] For example, at the close of the 'PrepCom3' meeting which set the agenda for the 1994 Cairo UN conference on population, a group of 12 US religious leaders sent an open letter to President Clinton urging him to rescind a state department cable directing all diplomatic and consular posts to pressurise foreign governments into supporting a commitment to greater abortion availability in the conference's plan of action. The church leaders called the cable "an unprecedented misuse of our diplomatic corps for political ends" and said that the countries which the US state department was "pressuring to embrace liberalized abortion policies, often in violation of their own laws, deeply resent what they regard as cultural imperialism".[4]

The fact that the United States has seen the UN as a means of promoting abortion and population control around the world was illustrated by the so-called Kissinger population memorandum of 1974. US National Security Study Memorandum 200, written by Henry Kissinger, suggested that it was necessary for US strategic, economic, and military interests to limit the growing populations of third world countries. To this end, the report proposed a plan to reduce the average family size across the world to two children by about the year 2000, although the US would avoid direct responsibility for such a project by ensuring that the UN and international financial institutions adopted population control policies as a condition of American aid. The report even suggested that "mandatory programs" might be necessary. This report became an official guide to US foreign policy on 26 November 1975, and has not been replaced since.[5]

1 Preamble to the Charter of the United Nations; see *www.un.org/aboutun/charter/index.html*

2 The level of each country's financial contribution to the regular budget of the UN is determined by its gross national product, with a number of adjustments. Accordingly, in 1999 the United States was required to pay 25 percent ($304.4 million) of the UN's regular budget. The top ten contributors in 1999 (including the UK, five other EU countries, Japan, Canada and Russia) were required to pay 79.56 percent of the regular budget. (UN website)

3 The International Right to Life Federation described the UN's and the US administration's policy at the 1994 UN conference on population held in Cairo as "pro-abortion imperialism".

4 *The New American*, Vol.10, No.13, 27 June 1994

5 *The Interim*, Canada, January 1999

4.1.2 United Nations conferences

The pro-abortion agendas of many western countries can be seen most clearly at large-scale United Nations conferences, such as the Cairo population conference in 1994, the Beijing conference on women in 1995, the Cairo+5 conference in 1999 and the Beijing+5 conference in 2000. Such conferences are awash with various accredited NGOs (non-governmental organisations) which seek to lobby delegates to support a particular line. The abortion issue is invariably raised in one way or another, regardless of the main issues being discussed.

Pro-life delegates and lobbyists at UN conferences often find themselves fighting an up-hill battle because, while many of the richer countries are pushing their pro-abortion agenda, the poorer countries are anxious not to jeopardise aid packages. The Vatican, or Holy See, which holds permanent observer status at the UN, plays a major part in negotiations. Votes are often held after gruelling all-night sessions.

Prior to 1994, negotiations at international UN conferences were conducted by consensus. This meant that if more than two or three countries opposed any clause, it would not be included in the final document. However, these rules were changed at the Cairo conference on population in 1994, when pro-abortion language was included in the final document despite the objections of 30 or 40 countries. This was in no small part due to the powerful influence of President Bill Clinton's US delegation, and the fact that the conference was chaired by the head of the pro-abortion International Planned Parenthood Federation (IPPF). The new rules were maintained at the Beijing conference on women a year later, but at the meeting to review the Beijing conference in 2000 (Beijing +5), there was a return to the old rules.

The effect of this was to move the pro-abortion agenda on significantly, because the text of previous UN conference documents establishes the basis of consensus for subsequent conferences. There is, therefore, a creeping pro-abortionism which can take pro-life delegates unawares.

One of the problems encountered by pro-life lobbyists at the UN is the weakness of traditionally pro-life countries. For example, despite the fact that all South American countries have pro-life constitutions, many South American delegates have in recent years adopted a pro-abortion stance in negotiations.[6]

Furthermore, pro-life countries within the European Union such as Ireland do not have an independent voice in UN negotiations because the EU countries negotiate as a bloc. At the UN conference on HIV/AIDS held in New York in June 2001, the EU, including Ireland, recommended the legalisation of "safe and legal" abortions. Recognising that this ran counter to the pro-life Irish constitution, Mr Tom Hanny, a spokesman for the Irish department of foreign affairs, explained: "We weren't endorsing the guidelines. There were elements of the guidelines Ireland might have problems with. However, it was *á la carte*; you could look through them and take out what you want..." Mr David Quinn, editor of the *Irish Catholic*, has pointed out that Ireland voiced no objections to the EU recommendations, and that Ireland is mistaken in believing that they could have no impact on the Irish domestic situation. He argues that if the EU succeeds in establishing pro-abortion language in international law, the EU courts will be able to cite this language as an international norm and make it binding on all EU member states.[7]

There are many encouraging signs that pro-life forces at the United Nations are currently in the ascendancy. The Beijing+5 conference in 2000 constituted a major victory insofar as the Holy See and its allies succeeded in blocking language which would have enshrined a right of access to abortion, and there is now greater awareness among many nations of the pro-abortion agenda at play. However, there is no room for complacency. The way in which UN conference documents are negotiated is inherently unjust. There is no official record of proceedings, and individual delegates can, and often do, go against the policies of their own governments. Pro-life lobbyists at the UN have to be constantly vigilant during negotiations, both day and night.

4.1.3 Manipulative use of language

The wording of the final documents and resolutions which arise out of international United Nations conferences are very important. Recent conferences have been battlegrounds between pro-life and pro-abortion groupings. Peter Smith, chief UN lobbyist for SPUC, says: "It's a deadly word game, more deadly than the bullets and the missiles because hundreds of millions of unborn lives are at stake."

Even though the documents which result from international UN conferences technically constitute what is known as soft international law and are, at least in theory, non-enforceable, they are nevertheless

6 At the Beijing +5 conference in 2000, the only Latin American country to support the Holy See's pro-life stance was Nicaragua.

7 Catholic Family and Human Rights Institute, *Friday Fax*, Vol.4, No.30, 13 July 2001

immensely significant. They establish what might be called an international political correctness which poorer countries must implement if they are to receive funding from UN bodies and major world powers.

Furthermore, Richard Wilkins, professor of law at Brigham Young University and a regular participant at UN conferences, has demonstrated that soft international law can readily become hard international law when it is reiterated a number of times. He comments: "Such conference documents can be seen as restatements of binding customary international law. Conference documents can also significantly alter local law, both through voluntary compliance and by directing the development of domestic law."[8]

No other term better demonstrates the importance of the wording in UN conference documents than the seemingly innocuous phrase "reproductive health". Despite the fact that the final document of the 1984 UN international population conference in Mexico stated that "in no case shall abortion be promoted as a method of family planning", the definition of "reproductive health services" adopted by the World Health Organisation (WHO) includes access to abortion,[9] and there have been concerted attempts by pro-abortion delegates and lobbyists at UN conferences to define reproductive healthcare, and thus access to abortion, as a fundamental human right.

This fact was demonstrated very clearly on 12 June 2001 when a pro-abortion Canadian delegate admitted that the phrase "sexual and reproductive health services" contained within the draft text of the UN Convention on the Rights of the Child included access to abortion. In answer to a question put by an American delegate, the Canadian replied: "...of course—and I hate to use the word—but in 'services' is included abortion." The US delegate then insisted that the phrase be put in brackets to mark it for later negotiation, and other delegates expressed their opposition to the language. The Holy See's delegate said that he was "shocked" and insisted that the whole document would have to be re-examined.[10]

This admission by the Canadian delegate was particularly surprising because pro-abortionists at the UN have consistently attempted to maintain the ambiguity of terms such as "reproductive health". If such a term were to be explicitly defined at a conference as entailing access to abortion, many African and Muslim nations would immediately oppose it.

A lawsuit currently progressing through the US courts demonstrates very well the danger of the manipulation of language. The pro-abortion Center for Reproductive Law and Policy (CRLP) is claiming that UN conference documents have established a right to abortion in international customary law.

The CRLP claims that the so-called Mexico City policy reinstated by President George W Bush, which blocks US federal aid to any group which either promotes or provides abortions abroad, is contrary to UN documents. The CRLP suit asserts: "...generally recognized international legal norms may, if endorsed and accepted by the vast majority of nations, become part of customary international law and thus binding on the US even if it does not ratify or endorse those norms." Thus the CRLP is preparing for the possibility that *Roe v Wade* (the 1973 Supreme Court decision that declared a constitutional right to abortion) may one day be overturned.[11]

In July 2001, a district judge in New York state dismissed the case in *CRLP v Bush*, but the CRLP then appealed the decision to the US Court of Appeals for the Second Circuit.[12]

4.1.4 United Nations bodies

The United Nations is more than a grouping of 189 countries. It also operates a number of specialised agencies, programmes and funds, each with particular mandates, which are co-ordinated through one of the principal organs of the UN. Many of these bodies have an overtly pro-abortion agenda, including the UN population fund (UNFPA), the UN children's fund (UNICEF), the office of the UN high commissioner for refugees (UNHCR), the World Health Organisation (WHO) and the World Bank.[13]

UNICEF, UNFPA, WHO, the World Bank and the UN Development Programme were among the organisations which, together with IPPF (the world's largest abortion provider), committed themselves to promoting access to abortion during an international conference[14] in Kenya in 1987. The participants agreed that "legal, good quality abortion services should be made accessible to all women".

In 1992, an 'interagency partnership' comprised of UNICEF, the World Bank, the UN Development

8 Professor Richard Wilkins, address to the UN conference on human settlements, Istanbul, 1996
9 *Progress in Human Reproduction Research*, no.45, 1998
10 WorldNetDaily, Focus on the Family and Pro-Life Infonet, 12 June 2001
11 Catholic Family and Human Rights Institute, *Friday Fax*, Vol.4, No.27, 22 June 2001
12 Center for Reproductive Law and Policy press release, 31 July 2001
13 The UNFPA, UNHCR and UNICEF are funds which come under both the UN General Assembly and the UN Economic and Social Council. The WHO and the World bank group are autonomous specialised agencies co-ordinated through the machinery of the Economic and Social Council.
14 The International Conference on Better Health for Women and Children through Family Planning.

Programme, WHO, UNFPA, IPPF and the Population Council proposed a 'safe motherhood initiative' centred on the legalisation of abortion within all public and private maternal and health programmes in developing countries. Within the partnership, the World Bank was intended to provide the economic compulsion and guaranteed funds.[15]

UNICEF, despite its supposed concern for the rights of children, is emphatically in favour of population control programmes. Richard Jolly, deputy executive director of UNICEF in New York, said, "UNICEF has long argued that actions to reduce child mortality help directly to lower fertility, but never that this is a sufficient condition. Rather, the specific need for birth spacing and family planning has been recognised since the early '80s … we think it ethically obscene for countries not to pursue both child survival and family planning at the same time, when the know-how is available."[16]

UNICEF allows its networks to act as major vehicles for abortifacient drugs, abortion services and sterilisations promoted by the UN Population Fund (UNFPA), the World Health Organisation (WHO), the World Bank and the International Planned Parenthood Federation (IPPF).[17] UNICEF has itself distributed millions of IUDs, and in 1996 it announced its intention to distribute "contraceptives and drugs to terminate pregnancies" to "a million starving refugees" on the border between Rwanda and Zaïre.[18]

The UNFPA, or United Nations Population Fund, promotes population control programmes in developing countries. Despite the UNFPA's assurances that it does not promote abortion,[19] it admits to distributing abortifacient morning-after pills and intra-uterine devices. During the conflict in Bosnia, the UNFPA distributed kits to refugees containing abortion apparatus and abortifacient drugs.[20] The UNFPA's reaction to the earthquakes which devastated El Salvador in early 2001 was to fly in so-called reproductive health kits containing morning-after pills and IUDs, violating El Salvador's pro-life constitution.[21]

The UNHCR promotes a radical population control and abortion agenda in refugee settlements. A manual for use in refugee camps produced jointly by the UNHCR and UNFPA and revised in 1999 states that if a "refugee settlement has a population of over 10,000, then there should be a facility for uterine evacuation within its boundaries to deal with the complications of unsafe abortion."[22]

The World Health Organisation (WHO) also encourages the provision of abortion facilities in refugee camps. A document produced by the WHO states that camps should "provide elective abortion services by vacuum aspiration" and "establish referral service for later stages" where abortion is legal.[23] The WHO has carried out tests on both the abortifacient morning-after pill[24] and the RU-486 abortion drug.[25]

Pressure by the pro-abortion lobby to define access to abortion (or "safe abortion" as they prefer to present it) as a human right has resulted in additional pressure being exerted by the UN on countries with restrictive abortion laws. In July 2001, for example, the UN Human Rights Committee at the conclusion of its 72nd session directed Guatemala to guarantee women legal access to abortion and to provide pregnant women with "the information and the means necessary to guarantee these rights". This was despite the fact that Article 3 of Guatemala's constitution "guarantees and protects human life from the time of conception".[26]

4.1.5 Other international pressures

The world's largest non-governmental organisation which promotes and provides abortion is the International Planned Parenthood Federation (IPPF).[27] IPPF is an international federation of autonomous Family Planning Associations in over 180 countries, including the UK Family Planning Association and FPA Northern Ireland. It was founded in Bombay in 1952 and its international headquarters are now in London. It is a registered charity in the UK.

Among the stated aims of IPPF[28] is the promotion of "sexual and reproductive health for all". The IPPF char-

15 *Population Research Institute Review*, May/June 1992
16 *The Lancet*, 13 December 1990
17 N Sadik (ed.), *Population and the UNFPA experience*, NY University Press, NY and London, 1984
18 Zenit news agency, 22 October 2000
19 The UNFPA website insists: "The Programme of Action of the International Conference on Population and Development held in Cairo, Egypt, in 1994 states that abortion should not be promoted as a method of family planning. UNFPA fully subscribes to this and does not provide support for abortion services. We work to prevent abortion through family planning, and to help countries provide services for women suffering from the complications of unsafe abortion."
20 LifeSite, Canada, 25 July 2000
21 Population Research Institute, 16 March 2001
22 WHO, UNHCR and UNFPA, *An Inter-Agency Field Manual: Reproductive Health in Refugee Situations*, p.55
23 WHO, *Reproductive Health Services in Conflict and Displacement*, table 5.1, p.60
24 The WHO trial study into the safety of the morning-after pill has often been cited, despite the fact that it only used a sample of 100 women each of whom took the drug only once. Source: *The Lancet*, vol.357, no.9263, 14 April 2001
25 National Right to Life News (4 February 1992) reported that "under grants from the WHO, the Chinese Government … are planning to test the abortifacient (RU-486) in four major cities".
26 Reported by Zenit news agency, 2 August 2001; with information from LifeSite, Canada
27 Many sources, including Zenit news agency, 2 August 2001
28 IPPF website, "What is IPPF?"

ter of sexual and reproductive rights[29] makes very clear that this entails easy access to abortion. IPPF has stated that "where legal, good quality abortion services should be made easily available to all women".[30] However, they do not stop at advocating legal abortion. In a 1984 leaflet, IPPF stated: "Family Planning Associations ... should not use the absence of law or the existence of an unfavourable [i.e. pro-life] law as an excuse for inaction; action outside the law, and even in violation of it, is part of the process of stimulating change." [31]

IPPF has been a major contributor to the Chinese government's one-child family population control policy. IPPF's funding of the Chinese Family Planning Association has increased throughout the years in which knowledge of the human rights abuses inherent in the policy (*e.g.* forced abortions, deliberate killing of newborn babies, forced sterilisations, etc.) has become widespread.

IPPF works closely with the pro-abortion United Nations agencies. In March 2001, Ms Thoraya Obaid, executive director of the UNFPA, and Mrs Ingar Brueggemann, director-general of IPPF, met in London and afterwards issued a joint statement which mentioned "the complementary work" of the two organisations.[32]

The British government has been one of the biggest financial supporters of IPPF. In 1993 it gave the organisation £7.5m, and in 1997 the UK was the third largest contributor to IPPF.[33]

Another major worldwide provider and promoter of abortion based in the UK is Marie Stopes International (MSI). MSI actively campaigns for wider and easier access to abortion, and is a member of the Voice for Choice coalition which is campaigning for a further liberalisation of Britain's abortion laws and their extension to Northern Ireland.

Dr Marie Stopes opened the world's first full-time independent family planning clinic in London on 17 March 1921, and today MSI UK is the largest private provider of so-called family planning services in Britain. These services include abortion and the provision of abortifacient methods of birth control. MSI International also admits to providing abortions in Albania, India, Romania, South Africa and Vietnam.[34] MSI offers birth control services in many other countries, and these include abortifacient intra-uterine devices as well as abortifacient so-called emergency contraception.

As well as large, multi-national organisations, prominent and famous individuals also contribute to international pro-abortion pressures. In the United States, for example, Hillary Clinton, the former first lady and now a US senator, has offered to use her position to support the campaign to liberalise abortion laws in Brazil.[35] In May 2000, she commented: "I intend to be a voice and a vote and an advocate for women's rights on behalf of a woman's right to choose [an abortion]."[36]

Geri Halliwell, a former member of the Spice Girls and now a successful solo artist, is another example. She was appointed a good-will ambassador for the UNFPA in 1998 to promote the need for so-called reproductive healthcare around the world. She was assigned to MSI and has toured MSI programmes in the Philippines among other projects. One of her most recent projects was to launch a website aimed at youngsters under the age of 16 which provided information on abortion.[37]

4.1.6 International population control

To a large extent the philosophy of population control has its roots in a text written 200 years ago by the economist T R Malthus (1766-1834) entitled *Essay on Population* (1798). In his work, Malthus maintained that the human race tends to reproduce in geometrical progression (2, 4, 8...) while food supplies can only grow arithmetically (1, 2, 3...). Thus as population grew, there would be a fall in average output of food per head of population, which would generate growing misery and eventually could only be resolved by famine or war.

Despite the fact that Malthus's mathematical models which he used to represent population growth and food production have proved to be false, and the fact that in later editions of his *Essay* Malthus repudiated his original simplistic theory, population controllers have persisted in promulgating Malthus's earlier views and other equally unqualified predictions.[38]

Modern-day Malthusians make a series of unsubstantiated claims about the consequences of population growth, such as that it will lead, if unchecked, to starvation, environmental catastrophe and the exhaustion of scarce natural resources.

29 IPPF website; the first right in the charter is the right to life, which applies to mothers "whose lives are currently endangered by pregnancy".
30 Statement on abortion by the IPPF International Medical Advisory Panel, October 1983. Approved by the IPPF Central Council, November 1983.
31 IPPF, *The Human Right to Family Planning*, 1984
32 Reported by LifeSite, Canada, 13 March 2001
33 Population Action International, 1999
34 MSI website: *www.mariestopes.org.uk/abortion.html*
35 EWTN News, 30 August 2000
36 CNN, 25 May 2000
37 MSI media release, 22 October 2001
38 In 1970, Paul Ehrlich, one of the founding fathers of the modern population control movement, wrote: "If I were a gambler, I would take even money that England will not exist in the year 2000." Quoted in B Dixon, *What is science for?*, Harper, New York, 1973

However, worldwide food production is outstripping population growth,[39] and leading experts have claimed that the increases in food production in recent decades have barely scratched the surface of available food-raising resources. Colin Clark, former director of the Agricultural Economic Institute at Oxford University, found that if farmers were to use the best methods available to them, enough food could be produced to provide a US-style diet for 35.1 billion people,[40] more than six times the present population of the world. Roger Revelle, former director of the Harvard Center for Population Studies, estimated that world agricultural resources are capable of providing an adequate diet (2,500 kilo calories per day), as well as fibre, rubber, tobacco and beverages for 40 billion people.[41] Even the United Nations has been forced to admit that the dire predictions of food shortages are not accurate. In 2000 the UN Food and Agriculture Organisation published a report which conceded that world food production would continue to outstrip population growth and that the projected world population of 8 billion in 2030 would be better fed than ever before.[42]

As for predictions of environmental catastrophe, it is those countries which are near or below population replacement levels which are the greatest consumers of non-renewable resources.[43] The argument that an increasing world population would result in greater levels of greenhouse gases and global warming has not been proven, and there are very many other factors to take into account.

Some population controllers also claim that population growth will lead to the exhaustion of scarce natural resources. However, they do so against a background of conventional economic theory and common experience which adopts a contrary position. Human beings are ingenious at finding substitutes for scarce (and therefore more expensive) materials in order to make goods more affordable. In addition, new finds of valuable natural resources are being discovered all the time.

The real motive of the population controllers is to maintain the existing balance of power. This was demonstrated clearly by Henry Kissinger's *National Security Study Memorandum 200* in 1974,[44] and further elucidated by Dr Charles Ravenholt, director of the population office of the US federal aid agency (USAID), in 1979: "Population control is needed to maintain the normal operation of the United States' commercial interests around the world. Without our trying to help those countries with their economic and social development, the world could rebel against the strong United States commercial presence. The self-interest thing is a compelling element. If the population explosion proceeds unchecked, it will cause such terrible economic conditions abroad that revolutions will ensue. And revolutions are scarcely ever beneficial to the interests of the United States."[45]

Abortion is a principal tool of population controllers. After the 1973 US supreme court decisions which declared a constitutional right to abortion, one of the acquiescing justices described abortion as "one reasonable solution to population control".[46] The United Nations Population Fund (UNFPA) is one of the foremost promoters of surgical and chemical abortions in the developing world.[47]

Another vital tool of population control programmes is an element of coercion. Many of the founding fathers of modern population control were quite explicit in their support for government control over the reproductive process. Paul Ehrlich,[48] for example, advocated compulsory methods of population control if voluntary methods failed, and Garret Hardin[49] said that "freedom to breed is intolerable". Kingsley Davis[50] wrote: "It can be argued that over reproduction—that is, the bearing of more than four children—is a worse crime than most and should be outlawed." China's one-child population control policy entails forced abortions, compulsory and widespread use of abortifacient devices, and a system of severe financial penalties for transgressors.

Julia Alvarez, ambassador of the Dominican Republic to the United Nations, exposed the true nature of population control when she delivered the keynote address to the 1998 population consultation of the United Nations NGO committee on population and development. Introduced as a feminist heroine, the UN veteran shocked the representatives of more than 30 elite NGOs[51] involved in the promotion of population control programmes when she sharply criticised their work and warned that their schemes were racially motivated and damaging to elderly women. Explaining how UN involvement in population control had begun in

39 T Hewitt and I Smyth, "Is the world overpopulated?", in Allen and Thomas (eds.), *Poverty and Development in the 1990s*, Oxford University Press, 1992

40 C Clark, *Population Growth: The Advantages*, Santa Ana: R L Sassone, 1972, p.44

41 R Revelle, "The resources available for agriculture", *Scientific American*, vol.235, no.3, September 1976, p.168

42 Reported in LifeSite Daily News, 25 July 2000, from a UN press release.

43 T Hewitt and I Smyth, *op.cit.*

44 See section 4.1.1 - "The United Nations"

45 Dr Charles Ravenholt, quoted in "Population control of third world planned", *Dublin Evening Press*, 12 May 1979

46 Justice Potter Stewart in *The Washington Times*

47 See section 4.1.4 - "United Nations bodies"

48 Paul R Ehrlich, *The Population Bomb*, New York: Ballantine, prologue, 1968

49 S T Reid and D L Lyon (eds.), *Population crisis - an interdisciplinary perspective*, 1972

50 Kingsley Davis, in R Eliot et al., "US population growth and family planning: a review of the literature", in *The American population debated*, Daniel Callahan, New York: Anchor Books, 1968

51 These groups included Zero Population Growth, the International Planned Parenthood Federation, Population Communications International, the Population Resource Center, the UN Population Fund (UNFPA) and the Rockefeller Foundation.

1974 with the first world conference on population, and how from the very beginning it had been deliberately targeted at poor and darker-skinned countries such as her own, Ambassador Alvarez said that the policy had placed terrible burdens on elderly women in third world countries who could no longer rely on the support of their adult children as had been the custom before.[52]

52 Austin Ruse, *PRI Review*, May/June 1998

Culture of death in the UK

4.2.1 Creeping abortionism

As described in section 2.2 ("The dogma of choice"), the slogan "a woman's right to choose" has become the rallying cry of the pro-abortion lobby. Although the "right" to choose an abortion is neither given to women by British law[53] nor supported by public opinion,[54] abortion on demand has been widely adopted by the medical profession in Britain.

In 1966, the founder members of SPUC recognised that the Medical Termination of Pregnancy Bill (which became the Abortion Act 1967) then before Parliament would drastically change the law, leading to abortion on demand. SPUC was formed to oppose the Bill. Aleck Bourne, the gynaecologist who had instigated the landmark court case of 1938, had become increasingly appalled that his case was being used to justify the new legislation, and became a founder member of SPUC. During a House of Commons debate on what became the Abortion Act 1967, David Steel MP claimed that it was "not the intention of the promoters of the bill to leave a wide open door for abortion on request".[55]

However, the door to abortion on demand had indeed been opened, as pro-abortion MP Emma Nicholson MP admitted in 1990: "[the 1967 Act does] provide abortion on request…General practitioners in my constituency and elsewhere tell me it is virtually impossible for a doctor to refuse an abortion under the workings of the 1967 Act."[56]

The proposed liberalisation of the abortion law was originally opposed by the British Medical Association and the Royal College of Obstetricians and Gynaecologists, bodies which only later became dominated by a more permissive approach to abortion.

Royal College of Obstetricians and Gynaecologists (RCOG)

The 1967 Abortion Act requires doctors to assert that the pregnancy poses a threat to the mother's health before an abortion can be performed. In 1972, a report by the Royal College of Obstetricians and Gynaecologists (RCOG) stated: "…there is no such danger of injury [to the physical or mental health of the pregnant woman] in the vast majority of cases [of women seeking abortion], as the 'indication' is purely a social one."

By 2000, the RCOG's position had become the exact opposite: "Over 98% of induced abortions in Britain are undertaken because the pregnancy threatens the mental or physical health of the woman or her children….induced abortion [is] a healthcare need".[57]

British Medical Association (BMA)

In 1947, the British Medical Association stated: "The greatest crime [is] co-operation in the destruction of life by murder, suicide and abortion." However, by 1978 the BMA had adopted a policy of "deplor[ing] the persistent attacks on the 1967 Abortion Act and reaffirm[ing] its belief that it is a practical and humane piece of legislation." In 1984, the BMA resolved "actively to pursue its policy of support for the extension of

53 see section 3.1.2
54 A Gallup poll on the 30th anniversary of the passing of the Abortion Act found that only 21% of women were in favour of abortion on demand.
55 House of Commons *Hansard*, vol.732, col.1075, 22 July 1966
56 Hansard, 24.4.1990, cols 249/50.
57 *The care of women seeking induced abortions*, RCOG guidelines, 2000: available on RCOG's website

the 1967 Abortion Act to Northern Ireland."

In its current policy document on abortion[58], the BMA states that it "does not consider that abortion is unethical....The decision to terminate a pregnancy, within the broad framework accepted by society, rests with the woman and her doctors." However, it also states that the BMA "recommends that doctors should not be encouraged to stretch practice to the boundaries of what is legally permissible" and "supports the right of doctors to have a conscientious objection to termination of pregnancy and believes that such doctors should not be marginalised." The same document also holds selective foeticide (the killing of one child during a multiple pregnancy) and sex-selective abortion to be justifiable on certain grounds.

The BMA's most recent annual representative meeting approved a motion in favour of the abortifacient morning-after pill to be provided free of charge by pharmacists.[59]

While some people feel that abortion should be permitted on limited grounds, British experience (which is also reflected in many other jurisdictions) is that once the right to life of the unborn child is undermined for a few cases, it is virtually impossible to prevent abortion being practised for almost any reason.

4.2.2 Brook advisory centres

Brook was established in London in 1964, with the aim of providing birth control for the unmarried. Its founder Helen Brook (1907-1997), a Family Planning Association worker and later a fellow of the Eugenics Society, established the first advisory centre in a London house given by the Eugenics Society.[60] Helen Brook pioneered the provision of contraception and abortion to the young, including those under the legal age of consent to sexual intercourse.[61]

Brook receives government funding for its advisory centres and advertises its role in referring women for abortions. It is a member of Voice for Choice, a coalition of British and Irish abortion providers and pressure groups which campaigns for a further liberalisation of Britain's abortion laws and the introduction of easily available abortion to Northern Ireland.

In 1992 Brook established its only advisory centre in Northern Ireland in Belfast. Dr Marjorie (Mo) Mowlam, whilst Secretary of State for Northern Ireland,[62] praised Brook for providing information about abortion and contraception to children under the age of consent, saying: "Prevention is infinitely preferable to dealing with the difficulty of an unplanned pregnancy at age 14 or 15."[63]

However, the propriety of Brook's activities have been challenged. Mrs Nuala Scarisbrick of Life, the British pro-life pregnancy counselling charity, has complained to the obscene publications unit after Brook published an updated edition of an explicit booklet about sex aimed at 14 and 15-year-olds. Mrs Scarisbrick claimed that the book promoted unlawful sex with girls under sixteen.[64]

Brook's position in Northern Ireland has also been seriously questioned. Mr Nigel Dodds, currently a member of the Northern Ireland Assembly, said in 1991 when mayor of Belfast: "I utterly condemn the latest attempt by the Health and Social Services Boards in Northern Ireland to stifle debate about the opening of a Brook Centre in the province. First the authorities invited the Brook organisation to set up here without any consultation with the public at all. Then they promised to fund the clinic out of public funds without any discussion or feedback from the local community. Now there is a blatant attempt to stamp out further debate about the issue which only came to light when concerned parents and the organisation the Society for the Protection of Unborn Children lobbied public representatives. The response I have received to my total opposition to this Brook organisation has been overwhelming right across both sections of the community in Northern Ireland. Yet the Health Board and its officials say the time has come to end the 'public wrangling' on the issue. This is typical of an unelected, unaccountable body which thinks it knows better than anyone else including parents."[65]

The Free Presbyterian Church, which opposes the extension of the Abortion Act to Northern Ireland, also issued a statement in 1991: "Brook Advisory Centres have encouraged young people to become involved in immoral and criminal activities and have helped to undermine the bond of family life in mainland Britain...in areas where their influence has been most widely felt illegitimacy and abortion rates have soared...they show contempt for the right of parents and a complete disregard for the Word of God. Their involvement in sex education is another most unwelcome and unwholesome aspect of their work."[66]

58 The law and ethics of abortion, BMA views, March 1997, revised December 1999
59 Reported by BBC News Online, 2 July 2001
60 Victoria Gillick, Catholic Medical Quarterly, August 1999.
61 "Ten Years of Brook", *Family Planning News*, July 1974.
62 q.v. section 3.2 Political situation for Dr Mowlam's support for extending the Abortion Act to Northern Ireland.
63 Northern Ireland Office information service, 16 August 1999.
64 The *Times*, 8 August 2000.
65 "The abortion threat to Northern Ireland intensified: Protecting our young from Brook Advisory Centres", SPUC, Belfast, 1991.
66 *The abortion threat to Northern Ireland intensified: protecting our young from Brook Advisory Centres*, SPUC, Belfast, 1991.

The establishment of Brook in Northern Ireland was also condemned by a number of christian churches and local councils.

Since Brook opened its centre in Belfast in 1992, the number of births to girls under 17 (the legal age of consent) in Northern Ireland has risen by over 44 percent.[67] In the last five years, the number of girls under 17 who have been given the abortifacient morning-after pill at the Belfast centre has more than doubled.[68]

At the same time, the percentage of children born to single mothers in Northern Ireland has leapt from 20.3% in 1991 to 30.3% in 1999. During the same period, the number of sexually transmitted infections diagnosed annually in Northern Ireland has almost doubled. Cases of gonorrhoeal infection, often taken as a key indicator of sexual promiscuity, increased by 182 percent between 1995 and 2001.[69]

Brook has no place in Northern Ireland. Its anti-life agenda for access to abortion and abortifacients, and its approach to sexual activity among teenagers, are offensive to the overwhelming majority of the people of Northern Ireland. The UK government should cease funding Brook and cease treating the youth of Northern Ireland with such contempt.

4.2.3 Pro-abortion sex education

One of the most sinister ways in which a pro-abortion culture is permeating our society is through sex education in our schools. A generation ago, sex education was introduced at secondary school, in the context of biology. Nowadays, children who have not even left primary school can be subjected to explicit sex education which includes information promoting abortion.

Over the same period, the teenage pregnancy and abortion rates have risen, incidence of sexually transmitted diseases have rocketed,[70] and the average age of first sexual intercourse has dropped.[71]

In 1999, the UK government asked the Social Exclusion Unit (SEU) to develop a strategy to cut the rate of teenage pregnancy in Britain.[72] The report recommended greater participation from teachers and nurses in sex and relationship education as well as involving the NHS in contraception advice and provision of contraception (including the morning-after pill) within schools and youth services. The report also recommended the appointment of 'pregnancy advisors' who would be involved in the counselling of pregnant girls under the age of eighteen to help them "make a positive choice between continuing with the pregnancy, adoption and abortion."[73]

The policy of school based sex education allied to the free and widely available provision of contraceptives for young people has failed to reduce Britain's high rates of teenage pregnancy, abortion and sexually transmitted infections. In fact, rates of abortion for teenagers have risen dramatically in England and Wales since the law was changed to allow them easier access to contraception in the early 1970s.[74] The increased promotion and use of post-coital birth control in the 1990s[75] may account for a slight dip in the reported rates of teenage pregnancy between 1990 and 1995.[76] However, among other factors, the rate of teenage pregnancy during the early 1990s fails to take account of the number of early abortions caused by post-coital birth control such as the morning-after pill. Therefore, the *true* rate of pregnancy would be expected to be higher than the one recorded in the official statistics.

An unintended, but predictable, side effect of the greater reliance on emergency contraception may be the increase in the rate of sexually transmitted infections (STIs) in the late 1990s. The increased rate of morning-after pill usage that occurred during the mid-to-late 1990s would appear to mirror the rise in incidences of STIs recorded over the same period.[77]

Contraceptive user-failure rates are higher in teenagers[78]

67 Statistics from Northern Ireland Statistics and Research Agency: In 1990 there were 154 births to girls aged 12 to 16 in Northern Ireland. In 2000 there were 222 births to girls in the same age range.

68 Health Action North & West Belfast, *A Strategy to promote sexual health and wellbeing of young people in North and West Belfast*: A Consultation Document, September 2001

69 *ibid.*

70 Between 1995 and 2000, diagnoses of gonorrhoea in England, Wales and Northern Ireland rose by 102 percent, while diagnoses of chlamydia rose by 107 percent. Source: Public Health Laboratory Service, *Sexually Transmitted Infections in the UK (1995-2000)*

71 According to the National Survey of Sexual Attitudes and Lifestyles, the average age of first sexual intercourse for both boys and girls is now 16.

72 *Teenage Pregnancy* : Report by the social Exclusion Unit, published by the Stationery Office London, June 1999.

73 Ibid. pp. 93-101.

74 There were 43 per ent more under-15 abortions in 1999 than there were in 1975, and 50 pe cent more abortions were carried out on 16-19 year olds during the same period. Abortions on 15 year-olds increased by 9 percent. Source: *Abortion Statistics series AB nos.24 and 26,* ONS.

75 In 1989 post-coital birth control was issued to 35, 032 teenage girls; by 1997 that figure had risen to 198,700. Source: Department of Health *Annual Summary of Family Planning Services*. It was predicted that 1 million courses of the morning-after pill would be taken in 2001. This figure does not include girls aged under-16. [*Daily Mail*, 30 June 2001]

76 The conception rate reported for under-16s was 9.5 per 1,000 girls in 1990. This fell as low as 8.1 conceptions per 1,000 girls in 1993 before rising to 9.5 again in 1996. A similar pattern can be seen in the rates of conception in girls aged 16, 17, 18, and 19 during the same 5 year period. Source: Office for National Statistics, *Teenage conceptions - England and Wales*

77 British government figures released in December 2000 showed that the numbers of visits to genitourinary clinics had reached a 10-year high. Since 1995, diagnoses of genital chlamydia, gonorrhoea, syphilis and genital warts had increased by 77 per cent, 57 per cent, 56 per cent and 22 per cent respectively. Source: BBC News online, 15 December 2000

78 The International Planned Parenthood Federation's own research shows user failure rates in females under 18 to be: Oral contraceptive pill 11%, condom 18% and diaphragm 32%. Source: Grady W., Hayward M., Yagi J. "Contraceptive failure in the United States", *Family Planning Perspectives*, 1986, 18. 204.

than they are in adults and this could explain the steady rise in teenage abortions in England and Wales.[79] One recent study shows that one in two teenage girls who had become pregnant had been prescribed the oral contraceptive pill.[80] Another study revealed that the UK has the one of the highest rates of teenage pregnancy[81] despite having the second highest use of contraception in the world.[82]

4.2.4 Pro-abortion charities

There are 180,000 registered charities in England and Wales alone.[83] A number of these openly promote or provide abortion. These include Marie Stopes International, the British Pregnancy Advisory Service, the Family Planning Association, the Abortion Law Reform Association, the National Abortion Campaign and others. However, many other charities have become implicated in the pro-death culture through their activities either in the UK or abroad while many of their donors are unaware that this is the case.

It is impossible to list all the charities which have funded either the provision or promotion of abortions, or destructive research on human embryos here. SPUC provides information on many charities from a pro-life perspective in its Charities Bulletin.[84] A small number of charities will be cited by way of example.

Oxfam believes "that all women should have access to comprehensive reproductive health services, and that these services should include where appropriate the provision of safe and legal abortions… Oxfam does not promote abortion, but some Oxfam-funded health projects may provide safe abortions."[85]

The National Lottery has given a number of grants to international abortion providers. On 2 June 1997 it gave £75,000 to Marie Stopes International (MSI) for "family planning" in Zimbabwe,[86] and in 1999 the International Planned Parenthood Association (IPPF) revealed that it had received £48,000.[87] (IPPF is the world's largest abortion provider and has contributed to China's population control policy which entails coercive abortions.) A list of National Lottery charities board grants in 1998 indicated that 10 percent (over £2.6 million) went to so-called reproductive health projects, and a further 9.3 percent (£2.3 million) went to population control bodies.[88]

Comic Relief has donated many thousands of pounds to abortion providers. Comic Relief is itself not a charity but a fund-raising company which covenants all its profits to a registered charity called Charity Projects. In the year to June 1994, Charity Projects/Comic Relief paid £61,363 to IPPF and allocated them £102,112. They also gave £25,003 to MSI and £10,000 to the Brook Advisory Centre in London. In 1992 they donated £193,813 to IPPF and £75,181 to MSI.

The Imperial Cancer Research Fund (ICRF) is in favour of destructive research on human embryos. While ICRF does not have a policy on abortion as such, it has used tissue from aborted babies obtained from the Medical Research Council's tissue bank to create tissue cultures.[89] ICRF has supported the Progress organisation which campaigns in favour of human embryo research.

SPUC has drawn up a list which reflects the stated or known stance and activities of certain charities and other organisations. The purpose of this list is to promote a shift towards pro-life policies and away from abortion, embryo experimentation, euthanasia, population control and pre-natal screening/diagnosis. It is important that pro-life donors to charities ensure that their contributions are not being used to fund the abortion of unborn children, and that the charities are aware of their pro-life donors' concerns.

There are cases in which the pro-life concerns of donors seem to have had an effect on the policies of particular charities, at least in as much as the charity has clarified its position. For example, concerns were raised in 2000 that Amnesty International had officially adopted a policy of regarding access to abortion as a fundamental human right within its remit to promote after the charity attacked the stance of the Holy See at the United

79 This is also the belief of Judy Bury, a former director of the pro-abortion Brook Advisory Centre in Edinburgh: "There is overwhelming evidence that, contrary to what you might expect, the provision of contraception leads to an increase in the abortion rate". [*The Scotsman*, June 29 1981]. Another Brook Advisory Centre director, Jean Malcolm, has reportedly said that, "It's partly because of a greater availability of contraception that there are more pregnancies. I suppose it's almost inevitable". [*Edinburgh and Lothian Post*, January 11 1992].

80 This study by a team from the University of Nottingham was published in the *British Medical Journal (BMJ)* Source: BBC News online. It was also reported that another study published in the same issue of the *BMJ* had said that women were incapable of remembering to take a pill at the same time everyday- an important requirement if pregnancy is to be avoided. (19 February, 2001)

81 Assertions that the UK has the highest teenage pregnancy rate in Europe (see Teenage Pregnancy, TSO, London, 1999, Foreword by Tony Blair p.4.) take no account of the procedure known as Menstrual Extraction (ME) which is commonly practised in the Netherlands. ME, which induces abortion if a woman is pregnant, and post-coital birth control such as the morning-after pill and the copper IUD, can likewise cause embryo loss.

82 *A World of Difference: Sexual Health and Risks,* Population Action International, March 2001; reported by BBC News online, 8 March 2001

83 Source: The Charity Commission for England and Wales

84 This can be accessed through SPUC's website at *www.spuc.org.uk/charities/index.htm*

85 Personal letter from Paula Browning, Oxfam Supporter Services, 24 May 1996

86 Marie Stopes International press release, 2 June 1997

87 Reported in *Catholic Times*, 17 October 1999

88 National Lottery charities board international grants programme, 11 June 1998

89 Personal letters: 2 October 1996, 23 October 1995, 27 November 1995

Nations Beijing+5 conference on women. Amnesty's stance was reported in the *Catholic Herald* newspaper as an attack on the Vatican's opposition to abortion.[90]

Reacting to the concerns which had been raised on the part of Amnesty International's supporters, and anxious to maintain the charity's good name, Kate Allen, director of Amnesty International UK, then wrote an article in the *Catholic Herald* a few weeks later in which she unequivocally rejected the claims. She explained that Amnesty International had opposed the Vatican's stance on a number of other issues affecting women, but had not and did not take any position on abortion.

90 *Catholic Herald*, 16 June 2000

The international establishment

4.3.1 History of abortion practice

The fact that abortion has been practised since ancient times is evidenced by the shown of laws to prevent it. The first known such law was made in Sumeria in the 18th century BC, and similar laws existed in ancient Babylon and Middle Assyria.[91]

It is known that abortion induced either by herbs or manipulation was practised in ancient Egypt, Greece and Rome. Plato (427-347 BC) approved of abortion, as did Aristotle (384-322 BC) who recommended the inducement of miscarriage to limit family size.[92] However, Hippocrates (460-377 BC) prohibited abortion in his oath, Plutarch (AD c.45-119) blamed abortion for the devastating rate of depopulation,[93] and the Roman emperor Augustus (27 BC - AD 14) passed laws against abortion because larger families were considered more profitable.[94]

Minucius Felix, a Christian apologist of the second or third century, condemned "women who, by the use of medical portions, destroy the unborn life in their wombs, and murder the child before they bring it forth,"[95] and it is clear that abortion was widely practised at this time because the majority of ancient medical textbooks gave information on how to procure abortions.[96] It is also clear that some abortions continued to be performed, in England at least, during the centuries in which common law prohibited them. The preamble to Lord Ellenborough's Act of 1803, which prohibited abortion by statute, observed that abortion was an offence which had been "of late frequently committed".[97] John Burns, a Glasgow surgeon, wrote in 1799 that "drastic purges" for the purposes of procuring an abortion were "too frequently employed",[98] and Dr Samuel Farr observed in 1788 that the crime of abortion was "practised generally by the most abandoned" although it usually went unpunished.[99] Prior to the passing of the Abortion Act in 1967, the illegal backstreet abortionist was usually portrayed as a disreputable figure on the fringes of medicine.[100]

In the twentieth century, the USSR became the first country to legalise abortion when the Russian communists, prompted by the writings of Frederick Engels and Karl Marx, relaxed abortion law in 1920.[101] (The USSR made abortion illegal again in 1936, only to relax the law once more in 1954.) After the second world war, most of those European countries which found themselves behind the Iron Curtain under Soviet influence followed the Soviet lead and liberalised abortion laws. Although many of these countries have tightened abortion laws since the collapse of the Iron Curtain in 1989, abortion rates in many parts of Eastern Europe remain very high.[102] The only former eastern-bloc country to reverse its permissive Communist-era abortion law has been Poland.[103]

The Scandinavian countries began to liberalise abortion laws in the 1930s, and Japan became the first non-

91 See section 3.1.1 - "History of abortion law"
92 Moses Moissedes, "*Contribution a L'Etude de L'Avortement dans L'Antiquite Grècque.*" *Janus*, 26, 1922.
93 Plutarch, *Pulibus*, Volume 37
94 Musonius, Fragment 15a
95 Minucius Felix, *Octavius*
96 Moses Moissedes, *op.cit.*, quoted in the *Pro-Life Activist's Encyclopedia*, HLI 2001, chapter 52
97 John Keown, *Abortion doctors and the law*, Cambridge University Press, 1988, p.21
98 *The Anatomy of the Gravid Uterus*, Glasgow, 1799
99 Samuel Farr, quoted by John Keown, *op.cit.*, p.21
100 Evidenced by a well-known drawing by George Cruickshank, the caricaturist, who depicted the abortionist as 'Brandy Bull'.
101 Paul Marx, OSB, PhD, *Abortion International*, 1978
102 See section 4.3.2 - "Worldwide abortion law and practice"
103 World Health Organisation report, detailed in *International Herald Tribune*, 16 February 2001

communist country to legalise abortion on demand in 1948.[104] Britain was the first European country to legalise abortion effectively on demand in 1967 (effective from April 1968), after which many commonwealth countries followed Britain's lead. Also in 1967, Colorado became the first American state to legalise abortion, and abortion became legal in all 50 US states in 1973. During the 1970s and 1980s, various other western countries legalised abortion (such as Denmark in 1973, Italy in 1978 and Spain in 1985). Belgium legalised abortion in 1990, but only after King Boudewijn abdicated for a day so that he would not have to sign the act. (King Boudewijn's pro-life views are not shared by his brother, the present King Albert, who approved the RU-486 abortion drug in May 2000 with a royal decree).

4.3.2 Worldwide abortion law and practice

Abortion law and practice varies between countries and many surveys which attempt to categorise national abortion laws are misleading.[105]

Some organisations with a pro-abortion agenda publish surveys which suggest large numbers of illegal abortions in an attempt to make the case for legalisation of abortion or a liberalisation of the laws.[106] Pro-abortionists have both exaggerated the number of illegal abortions[107] and created a misleading picture of the law related to abortion.[108]

Bearing in mind these provisos, it is nevertheless informative to take a guarded look at figures relating to abortion around the world published by the United Nations. In 1999, according to the population division of the United Nations Secretariat,[109] 189 out of a worldwide total of 193 countries permitted abortion at least to save the life of the mother.[110] 122 countries (63%) permitted abortion to preserve the mother's physical health, and 120 countries permitted abortion also to preserve the mother's mental health. This means that 73 countries allowed abortion only to save the mother's life, and it is debatable whether such procedures should properly be termed abortions.[111]

83 countries (43%) permitted abortion in cases of rape or incest, while 76 countries (39%) allowed abortion in cases of foetal anomalies. 63 countries (33%) permitted abortion for economic or social reasons, and 52 out of 193 countries (27%) allowed abortion on request.[112] These statistics do not take into account statutory gestational time limits, which vary between countries.

There were contrasts between continents, and between countries of different religions and/or levels of development.

The only countries in Africa which allowed abortion on request were Cape Verde, South Africa and Tunisia. In central and south America only Guyana and Belize (both former British colonies) allowed abortion for economic or social reasons. In the Caribbean only Barbados, Cuba, and Saint Vincent and the Grenadines had permissive abortion laws. In Asia (apart from former Soviet republics) the only countries to allow abortion on request were Bahrain, Cambodia, China, Mongolia, North Korea, Singapore, Turkey and Vietnam. In Australasia and Oceania, only Australia was listed as having abortion on request. The only country among the 14 sovereign Pacific states to allow abortion other than to preserve a woman's life or health was Fiji, where abortion was permitted for economic or social reasons.

In north America, both the USA and Canada had abortion on request. Most countries in Western Europe allowed abortion for economic or social reasons or on request. The exceptions were Andorra, Ireland, Liechtenstein, Malta, Monaco, Portugal, San Marino, Spain, Switzerland and Vatican City. In eastern Europe the only country which did not allow abortion on request was Poland.

With the exception of Poland, the picture in the former

104 Paul Marx, OSB, PhD, claims that the Japanese Diet legalised abortion on demand unwittingly when it passed its Eugenics Protection Law: *op.cit.*, p.5

105 Abortion law is a poor guide to abortion practice. In Switzerland, for example, abortion is technically illegal but widely tolerated. According to the UN data, abortion is not legal in Britain for rape or incest. In practice, pregnancies resulting from rape or incest in the UK can be terminated legally on the grounds that continuance of the pregnancy would damage the mother's mental health.

106 For example, a pro-abortion group in Lagos called the Campaign Against Unwanted Pregnancy made the unsubstantiated claim in 2000 that there were 610,000 induced abortions in the country each year, and that 60 percent of abortions were performed by non-experts. (Lagos Guardian online, 11 July 2000)

107 For example, in Portugal it was claimed in 1982 that illegal abortions caused the deaths of 2,000 women a year (*The Times*, 9 November 1982). However, according to World Health Organisation statistics, only 1,887 women in their main childbearing years (15-44) died *from all causes* in Portugal in 1982. Clearly the figure of 2,000 was pure fantasy plucked from the air.

108 There are many examples of attempts by pro-abortionists to argue that restrictive abortion laws are in need of 'clarification', or that abortion laws are more restrictive than they are in practice.

109 UN Secretariat population division, *World Abortion Policies 1999*

110 The four countries in which abortion was banned in all circumstances according to the UN survey were Chile, El Salvador, Malta and Vatican City.

111 Countries such as Ireland were listed as allowing abortion to save the life of the mother. However, an operation to prevent the mother dying, and not intended or geared to kill the child, is not generally termed abortion. In the UK, operations of this nature for ectopic pregnancy are not termed (or registered as) abortions.

112 A country is considered in this UN survey to permit abortion on request if a child can be aborted on any grounds up to a certain legal gestational time-limit as long as this limit does not vary according to the grounds. It does not necessarily mean that all babies can be aborted on request up to birth.

communist eastern European countries is not good. A report published by the World Health Organisation claimed that, in 2000, Russian women registered 1,696 abortions for every 1,000 births, compared with 1,971 abortions per 1,000 births in 1990. Elsewhere in central and eastern Europe, the report indicated that abortion rates continued to be higher than in the west. Hungary had seen an increase in its abortion rate from 544 per 1,000 births in 1980 to 697 abortions per 1,000 births in 1999. The report suggested that Russia and central-eastern Europe, which have about 10% of the world's population, account for up to a third of all abortions worldwide.[113]

The countries with the highest abortion rates[114] (abortions per 1,000 women) in 1996 were Vietnam (83.3),[115] Uzbekistan (also 83.3), Romania (78.0), Cuba (77.7) and Russia (68.4).[116] The countries with the highest abortion ratios (abortions per 100 known pregnancies) in 1996 were Romania (63.0), Russia (62.6),[117] Belarus (61.9) and Cuba (58.6). The corresponding rate for England and Wales in 1996 was 15.6 per 1,000 women, and the ratio was 20.5 abortions per 100 known pregnancies.

4.3.3 The United States of America

There can be few countries in which the abortion issue is more widely debated than the United States of America. By virtue of its powerful position on the world stage – economically, politically and culturally – many pro-lifers in other countries look towards the United States in the hope that a move to restrict legal abortion there would lead to an international climate which was more conducive to the restriction of abortion everywhere.[118]

The British North American colonies inherited English common law which forbade abortion,[119] and one by one in the 19th century the individual states of the USA passed their own statutes against abortion. By 1860, 85% of the US population lived in states where abortion from the moment of conception was prohibited by statute, in line with the UK's Offences Against the Person Act.[120]

In 1967 California and Colorado legalised abortion. By the time that New York became the first to introduce abortion on demand up to 24 weeks' gestation in June 1970, 16 states had legalised abortion to some extent. The tide then began to turn. The legislatures of 33 other states debated the issue and voted against the legalisation of abortion except to save a woman's life. In April 1972, the New York legislature repealed its permissive abortion law. Governor Nelson Rockefeller vetoed the repeal, and state legislators were unable to override the veto before the US Supreme Court intervened in January 1973.[121]

On 22 January 1973, the US Supreme Court announced its judgements in the cases of *Roe v Wade* and *Doe v Bolton*. Abortion was permitted in all 50 US states at all stages of pregnancy. The judgements could only be reversed by the Supreme Court itself (a majority of whose members still support them) or a constitutional amendment.

In *Roe v Wade*, the better known of the two cases, the Supreme Court justices declared that the constitutional right to privacy, which had itself been declared by the Supreme Court eight years before,[122] extended to a right of access to abortion. The justices dictated that states could regulate abortions from the second trimester of pregnancy onwards in the interests of maternal health, but had no right to limit access to abortion in either the first or second trimester. States could, if they chose, regulate or even proscribe abortions once the unborn child could be born alive, except when doctors believed that an abortion was necessary to preserve the mother's physical or mental health.

Doe v Bolton, which accompanied *Roe v Wade* and whose judgement was released on the same day, overturned Georgia's already permissive abortion law. It served to expand the definition of physical or mental health with respect to third trimester abortions so that an abortionist could use his discretion to carry out an abortion for virtually any reason at any stage of pregnancy. The court stated: "...the medical judgement may be exercised in the light of all factors—physical, emotional, psychological, familial, and the woman's age—relevant to the well-being of the patient. All these factors may relate to health. This allows the attending physician the room he needs..."[123]

President Ronald Reagan, an opponent of abortion, said of the 1973 Supreme Court decisions: "Our

113 *International Herald Tribune*, 16 February 2001
114 From S. Henshaw and others, 'Incidence of Abortion Worldwide', *International Family Planning Perspectives*, *1999*, vol. 25, supplement
115 Figure excludes private sector abortions
116 Figure is for 1995
117 Figure is for 1995
118 SPUC in the UK issued a media statement to this effect on 3 November 2000, warning that the result of the US presidential election "could have huge worldwide implications for the rights of unborn children".
119 See section 3.1.1 - "History of abortion law"
120 Dr and Mrs J C Willke, *Why not love them both? Questions and answers about abortion*, Hayes Publishing Company, 1997, p.28
121 *ibid*., pp. 30-32
122 US Supreme Court, judgement in the case of *Griswold v Connecticut*, 381 U.S. 479 (1965)
123 US Supreme Court, judgement in the case of Doe v Bolton, 410 U.S. 479 (1973)

nationwide policy of abortion-on-demand through all nine months of pregnancy was neither voted on by our people nor enacted by our legislators."[124] Commenting on *Roe v Wade*, Fr Paul Marx, OSB, the American founder of Human Life International, wrote: "This infamous, incredible decision was a tragedy for the rest of the world...if the British particularly influenced the Commonwealth of Nations, barbaric Americans are influencing the world."[125]

It remains the official policy of the Republican party in the United States to pass a constitutional amendment overruling *Roe v Wade* and *Doe v Bolton*.[126] Neither of the women in the 1973 judgements (Jane Roe in *Roe v Wade* was Norma McCorvey and Mary Doe in *Doe v Bolton* was Sandra Kay Race Bensing) had their abortions, and both have since become supporters of the pro-life movement.

4.3.4 Recent developments

Life-related issues figure widely in international news, reflecting the concerns and activity of both pro-life and anti-life bodies.

One recent example of this is the worldwide move to make abortifacient morning-after pills more readily available. Over the same period that the UK's Medicines Controls Agency was considering whether to recommend the reclassification of the *Levonelle-2* morning-after pill as a drug available from pharmacists without a doctor's prescription, similar moves were also underway in the USA and a number of other countries. The US Food and Drug Administration has not recommended the reclassification of the drug, but in 2000 and 2001, the morning-after pill was authorised for use or made more easily available in at least the following places: UK, Portugal,[127] Spain,[128] France,[129] Italy,[130] South Africa,[131] Uganda[132] and British Columbia[133] as well as other Canadian provinces.

Another recent development of major concern has been that of human cloning. The birth of Dolly, the world's first cloned mammal, in 1996, and the increasing likelihood since of the technology being used to create cloned human babies has led to moves to prohibit reproductive human cloning in many countries. These include Japan,[134] South Korea,[135] Australia,[136] and France.[137] The US House of Representatives has voted to ban all human cloning, both for reproductive and research purposes.[138]

At the same time there is a worldwide debate underway on whether researchers should be allowed to clone human beings purely for research purposes. At the time of writing, only the UK has legislated to allow destructive research on cloned human embryos. World leaders such as Chancellor Gerhard Schröder of Germany have voiced their support for research on cloned embryos but others, such as German president Johannes Rau, have objected to it.[139] The European parliament has condemned British moves to sanction cloning, as have religious leaders both in the UK and across Europe. The Vatican has described the vote in the British parliament to authorise destructive research on cloned embryos as a "criminal act, catastrophic for the future of humanity".[140]

The issue of euthanasia has also become a very prominent international issue. The Dutch decision to legalise euthanasia in April 2001 (with effect from 1 January 2002) made the Netherlands the first country whose national legislature had voted to legalise the practice, but similar legislation has now been tabled in Belgium[141] and moves are afoot to legalise euthanasia or assisted suicide in a number of other places.[142] In the UK in 2001, Mrs Dianne Pretty, who suffered from motor neurone disease, claimed that she had a right to be assisted in committing suicide under the European Convention of Human Rights and the UK's Human Rights Act.[143] Her case was rejected by the high court and the House of Lords, but the high court in London has already decided that the right to life enshrined in the (and incorporated into UK law by) the Human Rights Act 1998 does not prohibit doctors from killing severely incapacitated patients by

124 R Reagan, *Abortion and the Conscience of the Nation*, Thomas Nelson Publishers, 1984, p.15
125 *op.cit.*, pp 6-7
126 The Republican platform (policy) adopted at the party's national convention on 12 August 2000 stated: "We say the unborn child has a fundamental right to life. We support a human life amendment to the Constitution and we endorse legislation that the 14th Amendment's protections apply to unborn children. Our purpose is to have legislative and judicial protection of that right against those who perform abortions. We oppose using public revenues for abortion and will not fund organizations which advocate it. We support the appointment of judges who respect the sanctity of innocent human life."
127 Zenit news agency, 16 March 2001
128 Zenit news agency, 12 May 2001
129 Catholic World News, 5 October 2000
130 BBC News online, 2 November 2000
131 News 24, South Africa, 24 January 2001
132 Zenit news agency, 30 March 2001
133 *The Vancouver Province*, 23 November 2000
134 BBC News online, 14 April 2000
135 *Nando Times*, 20 May 2001
136 CNN, 8 June 2001
137 EWTN news, 21 June 2001
138 *The Independent*, 2 August 2001
139 *The Guardian*, 22 May 2001
140 Bishop Elio Sgreccia, vice-president of the Pontifical Academy for Life; Zenit news agency, 21 December 2000
141 Zenit news agency, 15 January 2001, etc.
142 Including Israel (*The Jerusalem Post*, 19 April 2001), France (ABC News, 16 April 2001) and New South Wales (*The Australian*, 22 June 2001)
143 *Metro*, 21 August 2001

dehydration and starvation.[144]

The rise of a culture of abortion and contraceptive culture in many countries since the 1960s has been accompanied by alarming falls in fertility rates and a consequent shortfall in the number of skilled workers.[145] The fertility rate in England and Wales has sunk to the lowest level ever recorded. Figures released by the Office for National Statistics have indicated that there were 2.8 percent fewer births in 2000 than in 1999. The average fertility [birth] rate for 2000 is expected to be 1.66 children per woman, down from 1.7 in 1999 and 1.72 in 1998.[146]

144 On Friday 6 October 2000, Dame Elizabeth Butler-Sloss, president of the family division of the high court in London, decided that the Human Rights Act 1998, which had come into force five days earlier, did not prevent the withdrawal of hydration and nutrition from two patients considered to be in permanent vegetative states. Accordingly, she judged that the precedent set by the case of Tony Bland in 1993 still stood.

145 See section 5.3.4 - "The under-population crisis"

146 *Daily Telegraph*, 11 May 2001

Consequences of abortion

Health dangers

5.1.1 Immediate physical health dangers

Abortion is never safe because it almost invariably causes the death of an unborn child. However, neither is it safe for the unborn child's mother. As Dr Warren Hern, an American abortionist, noted: "In medical practice, there are few surgical procedures given so little attention and so underrated in its potential hazards as abortion. It is a commonly held view that complications are inevitable."[1]

A number of large-scale studies from around the world have confirmed that abortion carries the risk of serious physical consequences for the woman. A British survey of 6,105 women having abortions in the 1980s found that 10 percent returned to their doctors within 21 days suffering from complications.[2] Of these, 2.1 percent were described as major and included haemorrhages requiring a blood transfusion, uterine perforation, complications necessitating laparotomy, salpingitis (inflammation of one or both of the fallopian tubes caused by a bacterial infection), pulmonary embolisms (blood clots breaking off and moving to the lungs), strokes, deep vein thrombosis of legs and psychosis.

A Danish study of 5,851 abortions carried out between 1980 and 1985 showed that 6.1 percent of the women developed complications which required hospital admissions. The complication rate was highest in women under 25 who were having their first abortion.[3]

Abortion is particularly dangerous for women who have chlamydia, the world's most common bacterial sexually transmitted infection. Chlamydia has been increasing markedly in the UK in recent years, especially among young women in the age group in which they are also most likely to have abortions.[4] Chlamydia infects the neck of the womb but is often symptomless, meaning that infected women may be unaware of their condition for years. The effect of an abortion is to carry the infection, via the abortionist's instruments, into the womb where the raw tissue and blood left behind from the abortion provide the ideal environment for the organism to flourish and infect the fallopian tubes. This is called pelvic inflammatory disease.

Various studies have shown that between 10 and 40 percent of women who request an abortion have chlamydia, and of these 10 to 25 percent will develop post-abortion pelvic infection.[5] In other words, between one and 10 percent of all women having abortions will be affected in this way. According to the *British Medical Journal*, pelvic inflammatory disease carries a 17 percent chance of tubal infertility, a 20 percent chance of chronic pelvic pain, a 40 percent chance of deep dyspareunia (painful intercourse) and an 80 percent chance of menstrual disturbance. There is also a sevenfold increase in the risk of ectopic pregnancy.[6]

As with all surgical procedures, there is a small risk of

1 Dr Warren Hern, *Abortion Practice*, Boulder, Colorado: Alpenglo Graphics (2nd Edition), 1990. p.101

2 P I Frank et al., "Induced abortion operations and their early sequelae", *Journal of the Royal College of General Practitioners* (1985), 35: pp.175-80

3 L Heisterberg and M Kringelbach, "Early complications after induced first trimester abortion", *Acta Obstetrica et Gynaecologica Scandinavica* (1987), 66(3): pp.201-4

4 Reported by BBC News online, 14 February 2001; diagnoses of genital chlamydia in the UK have soared from 32,371 in 1995 to 56,855 in 1999. Four out of five cases of infection are contracted by women under the age of 25.

5 F E Skjeldestad, "Induced abortion: chlamydia trachomatis and postabortal complications. A cost benefit analysis", *Acta Obstetrica et Gynaecologica Scandinavica* (1988); 67(6), pp.525-9; and S J Duthie et al., "Morbidity after termination of pregnancy in first trimester", *Genitourinary Medicine* (1987), 63, pp.182-7

6 J Malcolm Pearce, "Pelvic Inflammatory Disease", *British Medical Journal* (1990), vol.300, pp.1090-91

death for women who have abortions. 159 women died as a result of an abortion in England and Wales between 1968 and 1985.[7] Between 1986 and 1989 a further three deaths were recorded by the Office of Population, Censuses and Surveys. However, the toll is almost certainly greater because many women attend clinics which do not treat complications after patients are discharged and therefore subsequent deaths may not be officially recorded as following on from a legal abortion. Furthermore, no statistics are available for those women who travel to Britain from abroad for abortions.

The UK's department of health acknowledged the risk of death entailed in abortion when it warned: "Ideally, all women should undergo ultrasound examination before termination of pregnancy to establish gestational age, viability, and site. Laparoscopy, and/or laparotomy, is essential if perforation of the uterus occurs during suction termination of pregnancy, because of the risk of bowel damage and life-threatening sequelae."[8]

A tragic example of the dangers involved in surgical abortions is the case of Sharon Bagg. In June 2001, an inquest in England heard how Ms Bagg, aged 28, had gone into a coma following an abortion at the British Pregnancy Advisory Service clinic in Bournemouth, Dorset, and died two weeks later. Ms Bagg had been 14 weeks' pregnant at the time, and was undergoing her second abortion in six months. The inquest heard accusations that the anaesthetist had been poorly qualified, but the coroner recorded a verdict of accidental death.[9]

It has been estimated that over 1,000 women have been killed in the USA in so-called safe and legal abortions since 1973.[10] Official US statistics[11] indicated that there were 34 verified maternal abortion deaths in 1989 alone, although an analysis of the figures by a major pro-life organisation revealed that the total could have been as many as 61.[12]

5.1.2 Long-term physical health dangers

As well as the immediate health dangers of abortion arising from the procedure itself, there are also long-term dangers. Many researchers believe that one of these dangers is breast cancer, although no conclusive proof of a direct causative link exists and it remains unacknowledged by the abortion industry.

A possible link between breast cancer and abortion was first identified in 1957, although no such link has been identified between miscarriage and breast cancer. Many doctors agree that hormones produced during pregnancy have a protective effect, while induced abortion causes a sudden hormonal change which can affect breast cells and cause cancer.

A study by Professor Joel Brind of City University, New York, based on 28 surveys of hundreds of thousands of women suggested that abortion increased the risk of breast cancer by 30 percent. Professor Brind concluded that 24,500 cases of breast cancer in the USA were linked to abortions.[13] Other published studies have suggested that first trimester abortions of first pregnancies lead to an increased risk of breast cancer of 140 percent among women under 32,[14] that the risk of breast cancer could be increased by as much as 285 percent if a woman aborts her first pregnancy and then does not give birth to a baby later,[15] and that those at greatest risk of breast cancer are women who had an abortion before the age of 18.[16]

A paper published by the Royal Statistical Society has claimed that high abortion rates in Britain will lead to a significant long-term rise in the incidence of breast cancer. Patrick Carroll, the author of the paper, claimed that the rise in abortion rates and a decline in fertility rates would lead to an increase by 1.6 percent per year in the incidence of breast cancer over the next 30 years. He suggested that the annual number of diagnoses would rise to 50,000 by 2030, from the present total of 30,000. Mr Carroll pointed out that the trend in Britain was for women to have abortions younger and give birth to children later than in the rest of Europe, where abortions are more often obtained by women who have already had children.[17]

In 2000 Dr Thomas Stuttaford, a top British medical columnist, assured women that there was no evidence of a causative link between abortion and breast cancer and that abortion was "a safe procedure". However, in an article for *The Times* newspaper in May 2001, Dr Stuttaford announced a change of mind. He wrote: "Breast cancer is diagnosed in 33,000 women in the UK

7 Written parliamentary answer, *Hansard*, 27 November 1986
8 Department of Health, *Confidential enquiries into maternal deaths: Executive summary*, 1999
9 Reported by BBC News online, 19 June 2001
10 Human Life International, *Pro-Life Activists' Encyclopedia*, 2000, chapter 59
11 From the annual abortion statistics produced by the Abortion Surveillance Unit of the Centers for Disease Control.
12 Human Life International, *loc.cit.*; according to the data provided in *Family Planning Perspectives*, the official government numbers are under-reported by a factor of 1.784.
13 See *Journal of Epidemiology and Community Health*, Vol 50, 481-496. Reported in *The Times*, London, 14 August 2000
14 M C Pike et al., "Oral contraceptive use and early abortion as risk factors for breast cancer in young women", *British Journal of Cancer*, 43: 72-76, 1981
15 Ewertz and Duffy, "Risk of breast cancer in relation to reproductive factors in Denmark", *British Journal of Cancer*, 58: 99-104, 1988
16 J R Daling et al., "Risk of breast cancer among young women: Relationship to induced abortion", *Journal of the National Cancer Institute*, 86/21: 1584-1592, 1994
17 Patrick Carroll, *Legally Induced Abortion, Fertility and Age at First Birth as Risk Factors in Female Breast Cancer*, Royal Statistical Society, 2001

each year; of these, an unusually high proportion had an abortion before eventually starting a family. Such women are up to four times more likely to develop breast cancer."[18]

Abortion has now become so widespread in Britain that, if the studies cited above are correct, it now accounts for around 600 new cases of breast cancer in women under 50 each year, more than 10 percent of the total in that age group.[19]

Having an abortion can also significantly increase the risk of complications in subsequent pregnancies. A study of 9,283 deliveries in the USA between August 1977 and March 1980 showed that women who had had one abortion were more likely to suffer bleeding in the first third of pregnancy, premature rupture of membranes, breech or other abnormal position of the baby, low birth weight or premature birth. The likelihoods of such complications were further increased in women who had had two abortions.[20]

Ectopic pregnancies occur when the unborn child lodges and implants in the fallopian tube rather than in the uterus. They are a significant cause of maternal deaths[21] because the thin fallopian tube cannot support the child and soon ruptures, causing internal bleeding and necessitating emergency surgery. Both surgical abortions and early chemical abortions procured by the morning-after pill increase the risk of ectopic pregnancy.[22]

The link between abortion and ectopic pregnancy is clear. In the 20 years after abortion was legalised throughout the United States in 1973, the incidence of ectopic pregnancy increased by 600 percent.[23] A study in 1981 indicated that among women who had aborted their first pregnancy, there was a 500 percent increase in subsequent ectopic pregnancies.[24] Another study found that the risk of ectopic pregnancy increased 30 percent after one abortion and 160 percent after two or more abortions.[25]

Abortion can cause ectopic pregnancies later on because an abortionist's curette may scrape or cut too deeply across the opening of the tubes, causing scar formation and a partial blockage. The microscopic sperm can pass through to fertilise the ovum, but the resulting zygote (newly conceived unborn child) is too large to pass back through and into the uterus and therefore implants in the fallopian tube instead.[26]

Induced abortion can cause, in subsequent pregnancies, an increased risk of miscarriage[27] or premature birth.[28] Abortions can also cause sterility on account of scarring and infection.[29] The example of Russia, which has one of the highest abortion rates in the world, demonstrates this risk. There are more than two million abortions performed in Russia every year, 10 percent of which are said to leave the women unable to bear children. Infertility, abortions and miscarriages have resulted in there being 750,000 fewer babies being born each year in Russia than are needed to maintain a stable population rate.[30] 70 percent of all pregnancies in Russia since 1994 are said to have ended in abortion, and one in five Russian couples are now infertile.[31]

Other complications which can arise in pregnancies after an earlier abortion include uterine rupture (which occurs in almost one percent of cases when women have had earlier first trimester abortions), Rh sensitisation (caused by foetal-maternal haemorrhaging) and placenta previa (when the placenta covers all or part of the cervix, necessitating a Caesarean section).[32]

5.1.3 Mental health dangers

The evidence that abortion can affect the mental health of women has been accumulating for some time. In 1975 all admissions to psychiatric hospitals in Denmark were monitored in order to compare the number of women who had had an abortion within the previous three months with the number who had given birth within the previous three months.[33] The differences were found to be striking. The rate of hospitalisation

18 *The Times*, London, 17 May 2001; also LifeSite, Canada, 21 June 2001

19 Figures for 1990 show a total of 5,606 new cases of breast cancer among women aged 20 to 49. Assuming that 25 percent of women have an abortion at some point in their childbearing years, then if abortion increases the likelihood of breast cancer by the age of 50 by 50 percent (*cf.* Dr K Daling, *op.sit.*) one would expect that out of 5,606 cases, 1,869 would be in women who had had abortions and 623 would not have contracted the disease had they not had an abortion.

20 S Linn et al., "The relationship between induced abortion and outcome of subsequent pregnancies", *American Journal of Obstetrics and Gynecology*, 15 May 1983, 146(2), pp.136-140

21 *Triennial Reports on Confidential Enquiries into Maternal Deaths*, HMSO/The Stationery Office, United Kingdom

22 The summary of product characteristics for Schering's Levonelle 2 morning-after pill states that patients who have used this type of pill and who nevertheless become pregnant should be evaluated for ectopic pregnancy.

23 US Center for Disease Control, AP / *New York Times*, 27 January 1995

24 Chung et al., *Effects of induced abortion complications on subsequent reproductive function*, University of Hawaii, Honolulu, 1981

25 *American Journal of Public Health* (1982) 72, pp.253-6

26 Dr and Mrs J C Willke, *Love them both*, Hayes Publishing Company, 1997, pp.143-145

27 Many sources, *e.g.*: "There was a tenfold increase in the number of second trimester miscarriages in pregnancies which followed a vaginal abortion": Wright et al., "Second trimester abortion after vaginal termination of pregnancy", *The Lancet*, 10 June 1972

28 I Haas, et al., "Spontaneous preterm birth: a case-control study", *American Journal of Obstetrics and Gynecology*, 1991, 165: 1290-6

29 D Trichopoulos et al., "Induced abortion and secondary infertility", *British Journal of Obstetrics and Gynaecology*, vol.83, August 1976, pp.645-650

30 The figures were cited at a meeting between state Duma security committee chairman Alexander Gurov and specialists of Moscow's center of obstetrics, gynecology and perinatology on 16 March 2001; reported by Zenit news agency, 18 March 2001

31 Dr Murray Feshback of Georgetown University, USA, commenting on figures released by the Russian state statistics committee; reported by ABC News, 18 May 2000

32 See Dr and Mrs J C Willke, *op.cit.*, pp.140-143

33 *Giba Foundation Symposium* (1985), vol.115, pp.150-61

per 10,000 women of childbearing age in the population for women who had had abortions was 18.4, compared to 12.0 for those who had given birth and 7.5 for others. Moreover, the rates for younger women (up to 29 years) were almost double for those who had had abortions than for those who had given birth. A review in the *British Journal of Psychiatry* in 1992[34] found that approximately 10 percent of women having an abortion will suffer marked, severe or persistent psychological or psychiatric disturbances.

Post-traumatic stress disorder is recognised as an illness by the American Psychiatric Association.[35] The *Oxford Concise Medical Dictionary* defines it as "an anxiety disorder caused by the major personal stress of a serious or frightening event" and observes: "The reaction may be immediate or delayed for months. The sufferer experiences the persistent recurrence of images or memories of the event, together with nightmares, insomnia, a sense of isolation, guilt, irritability, and loss of concentration."[36]

The 1980s witnessed an increasing interest among mental health professionals in the possibility of identifying symptoms of post-traumatic stress disorder which could be linked to abortion. The phenomenon of post abortion syndrome (PAS) had been increasingly discussed in professional journals and studies[37] and within professional organisations. Doctors writing in *The Lancet* medical journal described the symptoms of PAS in one patient thus: "Severe anxiety, depression, recurrent intrusive thoughts and images related to abortion and suction, insomnia, recurrent nightmares...".[38]

Abortions procured chemically using the RU-486 abortion drug can also cause severe adverse psychological affects. One study has shown that feelings of guilt and regret after RU-486 abortions are even more pronounced than after surgical abortions.[39] The chairman of Roussel Uclaf, the drug's producer, admitted: "As abortifacient procedures go, RU-486 is not at all easy to use... True, no anaesthetic is required. But a woman who wants to end her pregnancy has to 'live' with her abortion for at least a week using this technique. It's an appalling psychological ordeal."[40]

Various studies have shown that abortion can lead to self-destructive or suicidal tendencies. The Royal College of General Practitioners and the Royal College of Obstetricians and Gynaecologists published a joint study on attitudes to abortion in 1990 which found that women obtaining abortions were nearly two-thirds as likely to develop self-destructive behaviour, such as taking drug-overdoses, as those who decided not to abort. They also had a 10 percent increased chance of problems such as anxiety or neurosis.[41]

An American study which analysed data on 700 women aged 24 to 44 concluded that each year in the United States alone there are at least 150,000 new cases of abortion-related solvent abuse.[42] Another study carried out in Finland showed that women who had abortions were six times more likely to commit suicide and four times more likely to die in an accident.[43] It is clear that abortion is far less safe than childbirth.[44]

34 G Zolese and C V R Blacker, "The Psychological Complications of Therapeutic Abortion", *British Journal of Psychiatry*, vol.160 (1992), pp.742-9

35 American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, 4th ed., 2000

36 *Oxford Concise Medical Dictionary*, fourth edition, Oxford University Press, 1994

37 *e.g.* E de Carvalho and A Monteiro, "Rematrixing an experience with abortion", *Journal of Group Psychotherapy, Psychodrama and Sociometry* (1990), 43, pp.19-26; L De Verber et al., "Post-abortion grief; psychological sequelae of induced abortion", *Humane Medicine* (1991), 7, pp.203-9; T Steinberg, "Abortion counselling to benefit maternal health", *American Journal of Law and Medicine* (1987), 15, pp.483-517; C Barnard, *The long term psychological effect of abortion*, Portsmouth, New Hampshire, Institute for Abortion Recovery and Research (1990).

38 *The Lancet*, 9 December 1989

39 *Pharmaceutical Journal*, 4 November 1989

40 Quoted in *Guardian Weekly*, 19 August 1990

41 Dr Philip Hannaford, RCGP/RCOG Attitudes to Pregnancy Study, 1990; reported in *Pulse,* 17 November 1990

42 Dr David Reardon and Dr Philip Ney, reported in Cincinnati Right to Life newsletter, June/July 2000

43 Cited in David C. Reardon, Ph.D., "Abortion is four times deadlier than childbirth", *The Post-Abortion Review,* 8(2), April-June 2000

44 Dr Reardon (*op.cit.*) claims that abortion is four times more dangerous than childbirth for the cited psychological reasons.

The emotional aftermath

5.2.1 Guilt and denial

Abortion leaves many women emotionally and/or physically scarred for years to come.[45] It is only a short-term solution to an immediate perceived problem. A study[46] of teenage girls who had abortions showed that 49% of them deliberately became pregnant within a year of their abortion, even though their circumstances had not changed, and that this was in order to dispel the sense of emptiness which they had since the abortion.

Eileen Brydon of British Victims of Abortion,[47] a group which provides counselling to women who have had abortions, commented on this finding: "I have found this to be very true in my day-to-day counselling experiences. Whilst the same emptiness and longings for another child are found in older women as well as in teenagers, more mature women instinctively know that an 'atonement baby' would not solve their present problems. I have also counselled women who have unsuccessfully tried every means possible to conceive, regretting bitterly the abortion they had years earlier of the only baby they would ever carry in their womb."

An American survey[48] of 192 women who became pregnant through rape or incest and who either had an abortion or carried the resulting child to term has suggested that abortion only adds to the pain and trauma. None of the women in the survey who had given birth regretted having done so, and many observed that keeping the child had brought peace and healing to their lives. Dr David Reardon, a member of the team that compiled the information, explained: "Abortion increases the sense of isolation and shame by allowing others to pretend the problem doesn't exist."[49] Many women report that their abortions felt like a brutal form of medical rape.[50]

Those who seek to downplay the emotional effect of abortion on women also downplay the gravity of the act. However, conscience can be a very powerful force, both for those who have strong religious beliefs and for those who do not. Drawing on her own experience of post-abortion counselling, Eileen Brydon believes that the role of individual conscience is highly important. She writes: "Individuals and institutions have long since tried to rationalise abortion by reference to conscience. They have claimed that, if a woman chooses to abort it is a matter between her, her doctor, her conscience and her God. This reference to conscience is proposed as a freedom for the woman but, sadly, the truth is that her conscience will be one of her biggest problems in the aftermath of her abortion experience. Many claims are made about how women do not take this decision lightly and agonise over it. It is also said that the majority of women express feelings of guilt after an abortion. In my experience, the very fact that they agonise over the decision indicates that their conscience is alerting them to the gravity of abortion—and after the abortion, their conscience is so violated and denied that it becomes the source of bitter feelings of remorse, regret and guilt. Indeed, the personal guilt, remorse and regret are always a sign of a denied and violated conscience. The drive to fill the void left by abortion by having another baby is also an indication that the girls and women are trying in some way to atone."

45 See section 5.1 – "Health dangers"
46 J K Russell, *Teenage Pregnancies*
47 British Victims of Abortion is a project of the SPUC Educational Research Trust.
48 *Victims and Victors*, ed. David C. Reardon, Julie Makimaa and Amy Sobie, Elliot Institute, 2000
49 Quoted in the *Washington Times*, 30 May 2000
50 Francke, *The Ambivalence of Abortion*, Random House, 1978, 84-95, 167.; Reardon, *Aborted Women – Silent No More*, Loyola University Press, 1987, 51, 126.

5.2.2 The toll on fathers

Abortion is generally presented as a women's issue and the thoughts and feelings of men are generally ignored or sidelined.[51] However, abortion has a profound effect on men as well as on women, and an ever-increasing number of men are seeking help after a child of theirs has been aborted.[52]

Men have reported a large number of problems which they see as a direct result of their abortion experience. These include broken relationships, sexual dysfunction, substance abuse, self-hate, risk taking and suicidal behaviour, increasing feelings of grief over time, feelings of helplessness, guilt, depression, greater tendencies towards becoming angry and violent, and feelings connected to a sense of lost manhood.[53]

In a study[54] by Arthur Shosak, the sociologist, on the effect of abortion on men, three out of four respondents said they had a difficult time with their abortion experience. A sizeable minority reported persistent day and night dreams about the child, as well as considerable guilt, remorse and sadness. Shosak's study found that abortion was far more stressful for men than people might suppose.

Once the abortion has taken place, men may require as much emotional support as women. For either sex, the loss of a child is a loss like no other. Guilt and grief can be tenacious, and they cannot be willed away. Dr Vincent Rue states: "Typical male grief responses include remaining silent and grieving alone... Some become depressed and/or anxious, others compulsive, controlling, demanding and directing. A guilt ridden, tormented male does not easily love or accept love."[55]

Men also grieve after a spontaneous miscarriage. A study carried out by researchers at the Macquairie university in Sydney, Australia, has suggested that the grief experienced by both parents after a miscarriage is often underestimated, and that the experience can sometimes be more traumatic for the father than for the mother. The study found that nearly 90% of both men and women felt sad or very sad after a miscarriage and that, in many cases, their grief lasted for months.[56]

5.2.3 The toll on others

It is not only the mother and father of an aborted child who can suffer loss and guilt. The grandparents and siblings of aborted children may also be affected, as may friends, acquaintances and all those involved in any way, including post-abortion counsellors.

Dr Philip Ney, who has written extensively about indirect victims of abortion, has identified a number of psychological and interpersonal problems experienced by children who perceive themselves as survivors of abortion. A child may perceive himself in this way if one or more of his siblings were aborted, if his parents seriously considered having him aborted, if he survived a botched abortion or if, in a society which tolerates abortion, he considers himself to have been a candidate for abortion because of a physical handicap or perceived lack of parental love.

Dr Ney identifies a number of distinct problems in abortion survivors, such as guilt, anxiety, distrust and self-doubt. He believes that children who have siblings killed by abortion have similar psychological conflicts to those children who survive disasters or who have siblings who died of accident or illness.[57]

Dr Ney (with Dr M A Peeters) writes: "Abortion survivors have many doubts, guilts and fears which, while they are healthy and in supportive relationships, may not show. If they lose friends, family, job, respect, or become ill, their defences quickly crumble. Then they become excessively anxious or depressed with many psychosomatic symptoms of headache, abdominal pain, *etc*. Others have chronic problems of fatigue, unwellness and lack of joy. They may be cynical, distrustful, hedonistic and against authority. It is terrifying to be alive because you were wanted."[58]

The doctors who participate or collaborate in abortion, and whose profession has been tarnished by its acceptance of abortion,[59] are also victims of abortion. Many doctors have had to deal with deep feelings of guilt and remorse after involvement with abortion and others have suffered discrimination because of their pro-life views.[60]

In his *The Centurion's Pathway*, Dr Philip Ney explains

51 The exclusion of men from decisions relating to abortion has long been a plank of the feminist pro-abortion agenda. Margaret Sanger, for example, said in 1920: "A free race cannot be born of slave mothers. No woman can call herself free who does not own and control her body."

52 The Life Issues Institute in the USA has estimated that 3 million American men have been profoundly traumatised by abortion. (Pamphlet *Men Hurt Too*, 2000)

53 Thomas Strahan, "Portraits of Post-Abortive Fathers Devastated by the Abortion Experience", *Assoc. for Interdisciplinary Research in Values and Social Change,* 7(3), Nov/Dec.1994

54 Arthur Shosak's study was published in *Men and Abortion: Lessons, Losses and Love* (Praeger, 1984)

55 Vincent Rue, Ph.D., "The effects of abortion on men", *Ethics & Medics 21(4):* 3-4, 1996

56 Report published in the *British Journal of Medical Psychology*, Volume 73, Part 4, December 2000

57 P G Ney, "A consideration of abortion survivors", *Child Psychiatry and Human Development*, 13:168-179 (1983)

58 P G Ney and M A Peeters, "Millions of abortion survivors", information pamphlet, 1993

59 In clear contradiction to the Oath of Hippocrates (c.400 BC) which states: "I will not give to a woman a pessary to produce abortion"

60 Such as Dr Everett Julyan, who claimed that he was turned down for a job with the North Glasgow Universities Hospitals Trust in March 2000 on account of his pro-life views; reported by BBC News online, 7 October 2000

how many abortionists have been the victims of abuse and suggests that this experience is what led some of them to perform abortions. He also describes how former abortion providers who have become pro-life need healing. Some even need to personalise each of the children they have destroyed, perhaps naming or even making illustrations of them.[61]

The Society of Centurions is an international organisation of former abortion providers who have renounced their past and need help with personal healing so that they can deal with what they have done. The society's brochure explains: "The Centurion who stood at the foot of the cross of Christ suddenly became horrified at the crucifixion he was ordered to carry out. When Christ died, this Centurion dropped his sword and fell to his knees exclaiming, 'Surely, this was an innocent man!' Those of us who have participated in the killing of unborn children are the Centurions of today. We have dropped our swords against the unborn child. Now we must recognize the depth of our guilt and deal with the ramifications. To revitalize our humanity we need to forgive and be forgiven, to reconcile and be healed."[62]

In the UK today there are very few pro-life gynaecologists. The profession has become corrupted by its involvement with abortion so that pro-life students are advised to stay away[63] and those who are pro-life have found themselves forced to move away.[64]

Dr Charles Rickards was one of Britain's leading gynaecologists when, in 1971, he committed suicide rather than continue working in a profession which tolerated abortion. As his local newspaper reported, Dr Rickards "walked into a stormy sea, his wrists bound with shoelaces after months in despair of a world where unborn babies could be legally destroyed". Professor William Morris, head of Manchester university's obstetrical and gynaecological department at the time, said of Dr Rickards: "He wanted to save life. Destroying it was something he could never face. He and older gynaecologists like myself believe abortion is inherently evil."[65]

61 P G Ney, *The centurion's pathway : a description of the difficult transition for ex-abortion providers or facilitators*, Pioneer Pub., 1997

62 Quoted by Fr Frank Pavone, *National Right to Life News*, 28 September 1998

63 e.g. Professor Gordon Stirrat in *Legalised Abortion—the Continuing Dilemma*, London: 1979

64 Such as Dr. Robert Walley, founder and medical director of Matercare International. He is now professor of obstetrics and gynaecology at Memorial University of Newfoundland, St John's, Canada.

65 *Manchester Evening News*, 1971

Consequences on society

5.3.1 Lack of respect for the unborn

The widespread destruction of unborn children inevitably means that respect for vulnerable human life diminishes. Each unborn child who is killed through abortion is a unique and precious individual, yet acceptance of the idea that such individuals can be killed without any respect or acknowledgement of their humanity entails a callous disregard of their dignity and an implicit denial of their value.

Experimentation on tissue from aborted unborn children is a prime example of this lack of respect. While the mother's consent is required by UK guidelines for the use of her aborted baby, she has no moral authority to give such consent. Cells from aborted unborn children have been used to produce vaccines[66] and to treat various conditions in adults such as Parkinson's disease and Huntington's disease. Foetal cell transplants for patients with Parkinson's disease were stopped in the UK in the 1980s, although they have continued in other European countries. A British national newspaper[67] reported in 2000 that two English hospitals[68] had secretly transplanted tissue from aborted unborn children in an attempt to treat Huntington's disease, even though such transplants have no proven benefit.[69]

Lack of respect for the humanity of unborn children is also evident in the way in which the bodies of aborted unborn children are disposed of. An investigation by the Royal College of Nursing (RCN) in 2001 revealed that every year in Britain, the bodies of nearly 500,000 unborn children who have died as a result of either abortion or miscarriage are being incinerated with hospital waste including used syringes and soiled swabs. Government guidelines introduced 10 years previously to ensure "sensitive and respectful" disposal of all foetal material were being widely flouted. In response, the RCN proposed new guidelines which recommended communal cremations or burials, with the option of individual ceremonies when the unborn child's family wished to be involved.[70]

The scandal of so-called partial-birth abortions[71] demonstrates the way in which acceptance of abortion leads to a complete disregard for the rights of unborn children. The premise that unborn babies, even those who are perhaps three inches from being born as is the case with partial-birth abortions, can quite legally be killed in the most barbaric and cruel fashion imaginable logically leads on to a similar disrespect for babies who have inadvertently been born alive. In the United States, for example, certain legal precedents have established that if a baby is marked for abortion, he or she cannot legally be born alive. Jill Stanek, who was then a labour and delivery nurse, discovered in 1996 that doctors in her Chicago hospital were performing abortions by inducing premature labour in the second and third trimesters of

66 Vaccines produced using cell lines originating from aborted unborn children include those for Rubella, Rabies and Hepatitis A. For more information, see *www.dgwsoft.co.uk/homepages/vaccines/index.html*

67 *The Observer*, 1 October 2000

68 The two hospitals were Addenbrooke's hospital in Cambridge and King's College hospital in London.

69 A team of researchers in the United States abandoned attempts to treat Parkinson's disease by injecting cells from aborted unborn children into patients' brains after "absolutely devastating" side-effects were observed. A report in the *New England Journal of Medicine* revealed that in about 15 percent of patients, the transplanted cells had continued to produce excessive amounts of a chemical that controls movement. There was no way to remove or deactivate the cells. Dr Paul E Greene, a neurologist who participated in the research, observed: "They chew constantly, their fingers go up and down, their wrists flex and distend. It's a real nightmare… no more fetal transplants." Source: *Omaha World-Herald*, 8 March 2001

70 Source: *The Guardian*, 22 May 2001

71 See section 1.2.1 - "Abortion techniques"

pregnancy. Often the 'aborted' babies were born alive but simply left to die. On one occasion, she cradled an aborted half-pound baby with Down's syndrome who had been born alive but left in the soiled utility room to die.[72]

During hearings on the Born Alive Infants Protection Act 2000[73] in the US House of Representatives, Jill Stanek testified to her experiences. She described how she had cradled the aborted Down's syndrome baby for 45 minutes until he died. He had been born at 21 or 22 weeks' gestation, was about 10 inches long, and was seen to be making efforts to breathe. In another case at the same hospital, an aborted baby who showed every sign of thriving and who could have received expert medical attention had she not been marked for abortion, was merely wrapped in a blanket and died two and a half hours later.[74]

Miss Ann Widdecombe MP told the UK parliament in 1989 of a baby who had survived an abortion in Britain, but who was then left to die. She revealed that the baby, who was aborted at 21 weeks' gestation (for a handicap which he or she turned out not to have) had "lived for three hours during which time the NHS personnel did not know what to do and there was no ventilation equipment available."[75]

The sorry situation in China[76] perhaps demonstrates most strikingly how the abortion of unborn children results in the collapse of respect for the humanity of unwanted babies who are born alive. For example, it was reported in 2000 that family planning officials in Hubei province drowned a baby who had survived an abortion in full view of his mother and other villagers because he was the woman's fourth child.[77] Photographs of a newborn baby girl lying dead in the gutter of a small town in central China were smuggled out of China in 2001 and appeared in a number of newspapers.[78] The photographer was shocked at the indifference of passers-by who ignored the body as they made their way to work.

A culture of abortion has led to sex-selective abortion of unborn girls and female infanticide on a massive scale in some parts of Asia. A report published by the Mahbub Ul Haq Human Development Centre in Pakistan, and partly funded by the pro-abortion United Nations Population Fund, concluded that sex selective abortions and discrimination against female children after birth had led to 79 million women "missing in South Asia". The survey of Bangladesh, Nepal, Sri Lanka, Bhutan and the Maldives found that there were only 94 women for every 100 men, compared with a worldwide average of 106 women to every 100 men.[79]

5.3.2 A culture of promiscuity

One of the common arguments put forward by pro-abortionists is that back-street abortion rates have always been high, and that the legalisation of abortion only regulates the practice. However, this argument is flawed. The legalisation of abortion in Britain has incontrovertibly led to a large and sustained rise in the total number of abortions.[80]

It appears that the legalisation of abortion has itself caused a change in society so that women are more likely to request abortion, GPs are often ready to suggest it, and men are often anxious to promote it to avoid the responsibilities of fatherhood. In other words, the acceptance of abortion in Britain and elsewhere has corrupted society in general. Whether legalised abortion is the cause of a wider moral malaise, or just a consequence or symptom of that malaise, it is nevertheless hard to deny that it is intimately linked with a rise in promiscuity and a general decline in the respect for all human life, both born and unborn. A society which tolerates the killing of its own unborn children cannot be called civilised.

The development of the oral contraceptive pill allowed for the first time, sexual intercourse to be reliably divorced from procreation. For many, freely available and reliable contraception was seen as the solution to unintended pregnancies. However, this has been shown to be incorrect, and today there are over 500 registered abortions every day in England and Wales alone. The official British abortion rate rose steeply in the late 1960s and early 1970s and has continued on an upward trend since then.

During the 1960s, the UK Family Planning Association (FPA) argued that illegitimate pregnancies in Britain would be reduced if contraceptives were made available to those who were unmarried.[81] Wider availability of contraception was achieved, but the percentage of

72 Source: *Washington Watch* magazine of the Family Research Council, May 2001

73 This measure, which aimed to give legal protection to all babies born alive under any circumstances, was passed by the US House of Representatives but died on the floor of the Senate. A similar measure was introduced in 2001, and was being considered by Congress at the time of writing. President George W Bush had signalled his readiness to sign the measure into law.

74 Testimony of Jill L Stanek, RN, in the hearing on H.R. 4292, the "Born Alive Infant Protection Act of 2000", 20 July 2000

75 House of Commons Hansard, 3 March 1989, column 562

76 China's one-child family policy seeks to limit women to only one child, or at most two, by a system of financial inducements and penalties. These penalties include the withdrawal of social services, demotion or even loss of employment. However, coerced abortions and sterilisations are also an important pillar of the programme.

77 *The Scotsman*, 22 August 2000; *Washington Times*, 24 August 2000

78 e.g. The *Daily Mail*, 13 February 2001; *The Mirror*, 14 February 2001

79 Reuters, via Independent Newspapers of New Zealand, 16 December 2000

80 See section 1.5.2: "Back-street abortion"

81 Riches, Valarie, Sex and Social Engineering, Oxford: Family Education Trust, 1999.

out-of-wedlock births continued to rise. In 1974 the Department of Health and Social Security issued an advisory memorandum on family planning services which contained advice from the Medical Defence Union advocating the provision of contraception services to young people under the age of consent without the requirement to notify parents.[82]

Greater availability of contraception to young people, and the possibility of abortion as a back-up to contraception, has led to a decline in respect for the sexual act (as evidenced by the obsession with sex in the mass media) and a culture of sexual irresponsibility and promiscuity. It would be a mistake not to connect this with the legalisation of abortion in Britain, even if one does not conclude a direct causal relationship.

5.3.3 Breakdown of the family

As a culture of promiscuity has arisen, so also has the institution of the family come under sustained attack. Again, it would be wrong not to view both phenomena as part of the same interconnected moral malaise which includes the acceptance of abortion.

The political theories of modern feminism and Marxism have argued that traditional female roles such as motherhood and the institution of marriage oppress women[83] and that women's liberation must necessarily entail the available means to opt-out of child bearing and rearing. Such philosophies see patriarchal (male) power embedded in the family, in reproduction and sexuality.[84] Feminists in the late twentieth century differed from their suffragette predecessors in that they have typically demanded more than just equal rights with men to vote. For modern feminists the legal right to abortion and equal opportunities in the job market are the two central tenets of their political philosophy.[85]

The anti-family, anti-marriage stance advocated by essentially pro-abortion political movements in the latter half of the twentieth century has been highly influential in changing attitudes to marriage and the family. Much of what modern feminists agitated for has been achieved and their ideas, many of which were once considered radical, have now become part and parcel of mainstream social policies and culture. Ideas like marriage and the nuclear family on the other hand, which were until recently mainstream, have been undermined and weakened.

In the mid-1960s, five percent of never-married-before women in the UK opted for cohabitation for a period prior to marrying their spouse. By the 1990s, around 70 percent of married couples in a first marriage had cohabited with their future spouse.[86] The weakening of marriage has a direct impact on abortion. A child conceived out of wedlock is more than six times more likely to be aborted than a child conceived by a married woman.[87]

Contrary to what has been claimed by some childcare experts,[88] marriage does appear to be more than just a piece of paper and there is a growing body of empirical evidence which suggests that the existence of marriage, or not, affects the welfare of children after birth. It is becoming clearer that the breakdown of marriage and the family is producing undesired consequences for society in general and children in particular. Family disruption is being increasingly linked with a number of poor quality of life social indicators such as homelessness and mental health problems, as well as high levels of premature and promiscuous sexual activity leading to high rates of under age motherhood, sexually transmitted infections and abortion.[89]

82 *Family Planning Services*, Memorandum of Guidance, DHSS, May 1974.

83 For a modern feminist perspective see for instance, Friedan, Betty, *The Feminine Mystique*, Harmondsworth: Penguin, 1965. Marxists too have opposed marriage and the family in practice as well as theory. Engels favoured more easily dissoluble marriages, see *The Origin of the Family, Private Property and the State*, in Karl Marx and Friedrich Engels, *Selected Writings,* Lawrence and Wishart, London, 1968 (Originally published in 1884). The high-ranking female Bolshevik Alexandra Kollontai believed that monogamous relationships should be discouraged since these made women vulnerable to men, see Vincent, A., *Modern Political Ideologies,* Blackwell: Oxford, 1992, p. 205. As the first woman ever to hold cabinet office in a modern state Kollontai was instrumental in introducing legal abortion to the Soviet Union. See Bryson, V., in Eatwell, R., and Wright, A., (eds), *Contemporary Political Ideologies*, Pinter Publishers, London, 1993, p 198.

84 Bryson, *ibid.*, p.205.

85 See Randell, V., *Women and Politics,* Macmillan, 1987, pp. 207-261. There are however, rare exceptions, see *Swimming Against the Tide: Feminist Dissent on the Issue of Abortion*, Kennedy, A., (eds.), Open Air, Four Courts Press, Dublin, 1997. Indeed, the early feminist movement – as opposed to the early birth control movement – was essentially pro-life. Mary Wollstonecraft, the author of one of the earliest and most important feminist texts, *Vindication of the Rights of Women (1792),* categorically opposed abortion as did leading suffragists of the nineteenth century such as Elizabeth Cady Stanton. See Mary Krane Derr, "A Lost Source of Strength and Power: The Long Feminist Tradition of Non-violent Response to Crisis Pregnancy", in Kennedy (eds), 1997, pp.12-13.

86 Haskey, J., "Trends in marriage and cohabitation: the decline in marriage and the changing pattern of living in partnerships", *Population Trends*, Vol.80, 1995, pp.421-29.

87 In 2000 in England and Wales, there were 365,836 babies born inside marriage, compared to 238,605 born outside marriage. (Source: *Birth Statistics 2000*, Office for National Statistics) In the same year, 31,646 abortions were performed on married women, compared to 143,896 performed on those who said they were not married. (Source: *Abortion Statistics 2000*, Office for National Statistics) These figures mean that the married abortion rate was equivalent to 8.7% of live births, compared to a non-married abortion rate equivalent to 60% of live births.

88 e.g. Penelope Leach being asked her views on the prospects of children born outside marriage by presenter Nick Ross on the BBC radio programme, *The Family Show*, 4 January 1994. Quoted in, Morgan, P., *Marriage-Lite : The Rise of Cohabitation and its Consequences*, The Institute for the Study of Civil Society (ISCS), London, 2000, Foreword, p. vii.

89 Among under-16s, just over half of all pregnancies in Britain are terminated. This ratio has changed little since the mid-1970s. Source: Office of National Statistics (ONS), Birth statistics series, 1998. The number of new episodes of sexually transmitted infections (STIs) seen at genitourinary clinics between 1990 and 1999 rose from just over 624,000 to almost 1,170,000 and "…rises in acute STI's have… been highest among teenage males and females." Source: Public Health Laboratory Service (PHLS), *Trends in Sexually Transmitted Infections in the United Kingdom, 1990-1999*, London, PHLS, 2000.

Higher than average abuse and neglect of children is associated with the presence of new partners of the mother in the home. Step-fathers and live-in or visiting boyfriends appear as the single most likely group to perpetrate severe physical child abuse, sexual child abuse and child killing.[90] The behaviour of the mother is also affected by the presence of new partners. A study of adolescents from comprehensive schools in south Wales reported that mothers living with a partner after divorce were more aggressive towards their children than those mothers living with the biological fathers of children.[91]

Family fragmentation and the effects this can have on children appear to be compounded by what is increasingly seen as the usurpation by the state of the rights and duties of parents to safeguard the welfare of their children. The provision of contraceptives to under-age adolescents without the knowledge or consent of parents has been funded and promoted by successive governments,[92] but serves to weaken the protection the law on the age of consent was intended to give children.

Generally speaking, the nuclear family founded on marriage provides the environment most conducive to the protection and care of children from conception onwards.

5.3.4 The under-population crisis

One of the consequences of abortion of particular relevance to the world of the 21st century is its effects upon population growth.

There is a common assumption in much of British society that the world either is or is in danger of becoming over-populated. However, the current rate of world population growth is only 1.2% per annum, having peaked in 1970 at 2% per annum.[93] The latest report from the United Nations Population Division states that in virtually all developed countries, fertility is currently below replacement level (i.e. below 2.1 children per woman) and, although it is projected to rise somewhat in the future, it will generally remain below replacement level until 2050.[94] In many areas of England, Scotland and Wales, the number of deaths every year already outnumbers births.

This dramatic downward trend can be attributed to various factors—economic and social change, later marriage, more further education, and so on. However, the mechanisms involved have largely been mass abortion, sterilisation and contraception. It would be a great mistake to believe that somehow this trend is beneficial to human society. The damaging consequences of under-population can be seen in the history of human civilisation. A decline in population growth contributed to the decline of ancient Greece and the fall of the Roman Empire.

The first century Greek writer Plutarch wrote: "One remarks nowadays over all Greece such a low birth rate and in a general manner such depopulation that the towns are deserted and the fields lying fallow, although this country has not been ravaged by war or epidemic. The cause of this harm is evident. By avarice or by cowardice, the people, if they marry, will not bring up children that they ought to have. At most, they bring up one or two".[95]

The damaging effects of under-population are starting to be recognised by governments in both developed and developing countries. A recent document by the Japanese Ministry of Finance states: "Japan is moving rapidly down the road towards a society with fewer children and an ageing population, with a speed unprecedented anywhere else in the world. Japan's total birth rate is declining year by year, while its average life expectancy is increasing. The ageing of Japan's population is expected to bring with it higher spending specifically on social security expenses. Yet because the declining total birth rate means the number of working individuals between the ages of 20 and 64 will fall, it will be necessary not only for individuals of working age but for many other people as well to provide support for society."[96]

Sri Lankan prime minister Ratnasiri Wickremanayake has recently reversed his country's population control programme because his initiative to enlist 10,000 more soldiers and 2,000 more Buddhist monks has faltered due to the prevalence of smaller families.[97]

In another recent report[98] by the United Nations

90 Daly, M., and Wilson, M., *The Truth About Cinderella: A Darwinian View of Parental Love,* London: Weidenfeld and Nicholson, 1998. US data shows children under 2 years of age have a hundred times greater risk of being killed by step-parents than by genetic parents; in Canada that risk is 70-fold. The increased risk cannot be attributed to reporting or detection bias, maternal youth, family size, poverty, or other social factors that have been associated with child abuse. See Morgan, P., *op.cit.*, p.105.

91 Honess, T.M., *et al.* , "Conflict between parents and adolescents: variation by family constitution", *British Journal of Developmental Psychology,* Vol. 15, 1997, pp. 367-85.

92 This has been possible ever since a Family Planning Service's "Memorandum of Guidance" was issued by the Department of Health and Social Security in May 1974. Legal attempts to reinstate parental rights in this area were eventually unsuccessful. See the Gillick ruling, *Gillick v West Norfolk Area Health Authority* 1 A.C. [1986] 113. The judgement essentially holds that it is lawful for a doctor to provide contraception to an under-age girl if, she has "sufficient maturity and intelligence to understand the nature and implications of the proposed treatment," and attempts are made by the doctor to persuade the girl to inform her parents-although the girl may refuse if she wishes.

93 *World Population Monitoring 2001*, United Nations Population Division

94 *World Population Prospects: The 2000 Revision*, United Nations Population Division

95 *Pulibus*, vol.37

96 See *http://www.mof.go.jp/english/tax/tax001/tax13.pdf*

97 BBC News Online, 19 June 2001.

98 *Replacement Migration: Is it a Solution to Declining and Ageing Populations?* UN Population Division, 17 March 2000.

Population Division, it is estimated that in order to prevent an increase in the ratio of its working population to its retired population, Britain would need 1.2 million immigrants per year.

It is not only governments that are identifying underpopulation as a crisis, but also the Christian Church. A Vatican body has stated: "A greater number of aged persons will find themselves depending upon pensions which could only be assured by the work of an active population, which is certainly decreasing according to demographic projections…One of the more serious consequences of the ageing of the population is the risk of damage to solidarity between generations. This could lead to real struggles between the generations for a share in economic resources."[99]

The consequences of abortion for the future of the world's population are profound. As Canadian psychiatrist Dr Philip Ney has written: "The abortion of unborn infants may diminish the value of all children. When the destruction of the unborn is socially sanctioned and even applauded, children cannot have much value."[100]

99 Pontifical Council for the Family, *Ethical and Pastoral Dimensions of Population Trends*, 1994.

100 Dr. Philip G. Ney, "Relationship Between Abortion & Child Abuse, the *Canadian Journal of Psychiatry*, 1979," vol. 24, 1979, pp. 610-620

Progression to euthanasia

5.4.1 Link between abortion and euthanasia

It is a core belief of pro-life campaigners that all human life should be protected from the moment of conception to the moment of natural death. Pro-lifers affirm that human life, at whatever stage and in whatever situation, has an inherent dignity and value. Being pro-life does not mean that one's concern for the dignity of human life ends at birth.

Abortion is such a terrible blight on our society because it is legal. Other attacks on the dignity of human life, such as the murder of those already born, rape, child abuse and terrorism, are illegal and, as such, pose less of a threat to the fabric of society. However, they are all connected. All are sins or crimes against the inherent dignity of life, and all form part of the culture of death which, sadly, pervades much of modern civilisation.

As soon as the culture of death takes hold, it gathers a momentum of its own. This can be seen very clearly in the case of abortion. The promoters of the bill which became the 1967 Abortion Act assured parliament that abortion would remain rare and a last resort, but 33 years after the Act came into effect there were 500 abortions in England and Wales every day and the unborn death toll had reached about 5,450,000.[101] Furthermore, abortion has been legalised almost throughout the western world, and abortifacient methods of birth control are adding to the toll. The decline in the value placed on unborn human lives entailed by legalised abortion led on logically to the legalisation of embryo experimentation, and, more recently, to a vote in the UK parliament to authorise the creation and destruction of cloned human embryos for the purposes of research.

This decline in respect for unborn human life, and with it, a denial of the intrinsic and fundamental value of human life in and of itself, has allowed a utilitarian view of the purpose and meaning of life to dominate. As soon as life is seen as a commodity rather than as a sacred gift, it becomes dispensable. Once people set the precedent of deciding which unborn human beings should be allowed to be born and which can be killed, they set themselves up as masters over life itself. In effect, they started playing God. As Norman Boyd (of the Northern Ireland Unionist party) has said: "Once the sanctity of life is denied, the value of every human being is in question. The growing pressure for euthanasia is witness to this."[102]

This explains why euthanasia and abortion are, in fact, two sides of the same coin because both arise from the same disrespect for the inherent dignity of human life. As soon as abortion became acceptable, the interest in legalising euthanasia logically followed.

The Second Vatican Council (1962-65) made the point forcefully that all offences against human dignity, including abortion and euthanasia, are connected when it affirmed: "Whatever is opposed to life itself, such as any type of murder, genocide, abortion, euthanasia, or wilful self-destruction, whatever violates the integrity of the human person… whatever insults human dignity… all these things and others like them are infamies

101 The Abortion Act 1967 came into effect on 27 April 1968. Official government statistics indicated that, between this date and 31 December 1999, there were 5,227,158 abortions were performed in England, Scotland and Wales under the terms of the Act. SPUC estimated that this total would have reached 5,450,000 by 27 April 2001 if the abortion rate had remained steady as expected.

102 Official Report, Northern Ireland Assembly, 20 June 2000

indeed. They poison human society, and they do more harm to those who practise them than to those who suffer from the injury. Moreover, they are a supreme dishonour to the Creator."[103]

5.4.2 The basics of euthanasia

The term euthanasia is derived from the Greek for good death (ευ θανατος). It has come to mean the deliberate killing of sick or disabled persons for supposedly merciful reasons. This is why it is also called mercy killing.

A distinction is sometimes made between active euthanasia (e.g. administering a lethal injection) and passive euthanasia (where death occurs due to a withdrawal of treatment—this is forbidden by laws on murder and manslaughter). The withdrawal of treatment would only constitute euthanasia if it were done with the intention of killing. Morally speaking, there is no difference between active and passive euthanasia because the aim of both is intentionally to deprive someone of life.

Often in the debate over euthanasia, the doctrine or principle of double effect is cited. Any good action may have more effects than the intended good effect. As well as the intended good effect, there may be an unintended bad effect. The principle of double effect is based on the recognition that a morally good action performed with the intention of producing a good effect (such as a doctor giving appropriate painkillers to alleviate severe pain) may have an unintended bad effect (such as shortening the patient's life).

The principle of double effect is well established in law. The House of Lords select committee on medical ethics stated in 1994 that a doctor may give: "treatment that would give relief, as long as the doctor acts in accordance with responsible medical practice with the objective of relieving pain and distress, and with no intention to kill."[104] Likewise, it is acceptable to withhold or withdraw treatment when it is futile or unduly burdensome. The hastening of death might be a foreseen but unintended secondary effect of the act, thus in accordance with the principle of double effect.

The case for euthanasia is often argued on the basis of autonomy—the patient's freedom to make decisions about his or her own treatment. However, to invoke autonomy in this way involves a misunderstanding of the concept of autonomy, overlooking the principle that the patient's freedom entails a responsibility to act ethically. While a patient is capable of giving valid consent, a doctor has no authority to treat the patient unless that consent is given. However, the patient cannot ethically refuse treatment with the intention of bringing about his own death. To do so would be to involve his carers in assisting suicide.

The ethical objection to suicide is reflected in law. In Britain, for compassionate reasons, there are no legal penalties for a person who attempts suicide. Parliament has recognised that people who have tried to kill themselves need help rather than punishment, but assisting a suicide remains an offence. There is no legal right to suicide, and certainly no right to involve others in killing oneself. This is because the right to life (of those who are already born) is an inalienable right. The obligation to respect the right to life extends to respecting one's own life, so one cannot, in justice, intentionally deprive oneself of life.

If the law were to allow some individuals to volunteer for euthanasia, this would also threaten the right to life of others, especially the elderly, the gravely ill and the disabled. Legalisation of euthanasia would make a clear statement to society that it was permissible for private citizens (*e.g.* doctors) to kill because they accepted the view that a patient's life was no longer worthwhile. If it is seen as a benefit to kill patients who consent to euthanasia, it is easy to argue that others should not be denied death simply because they cannot ask for it.

It is notable that the leading case through which euthanasia has been sanctioned in England was not one of voluntary euthanasia, but rather related to a man so incapacitated that he could not express his wishes: that of Mr Anthony Bland.

5.4.3 Euthanasia in the UK

All forms of intentional killing (aside from abortion) were illegal in the UK until 1993. In that year the House of Lords let medical staff withdraw food and fluids from Mr Anthony Bland, who was being tube-fed and was in a so-called persistent vegetative state (PVS). He died of dehydration soon afterwards. In the *Bland* case, the provision of food and fluid via a tube was defined as medical treatment. While doctors had an obligation to provide adequate care, they did not have a duty to continue medical treatment which was of no benefit. In Tony Bland's case, the courts said that his survival was not a benefit, and he was allowed to die of thirst.

Since the *Bland* case, the English courts have permitted the dehydration/starvation to death of at least 12

103 Second Vatican Council, *Gaudium et Spes*, 27 (1965)

104 para 242

patients, and the Scottish courts followed their English counterparts in the case of Mrs Janet Johnstone in 1996.[105]

The Human Rights Act 1998 came into effect on 2 October 2000. On 6 October 2000 Dame Elizabeth Butler-Sloss, president of the English High Court's family division, decided that the right to life enshrined in the Act did not prohibit doctors from withdrawing food and fluids from two severely incapacitated patients.

It is not only the most severely incapacitated who are at risk.The *Daily Telegraph* has reported Dr Adrian Treloar, a consultant and senior lecturer in geriatrics in London, as saying that involuntary euthanasia was going on in NHS hospitals.[106] Dr Ian Bogle, the chairman of the British Medical Association (BMA), has said that elderly people receive lower standards of care. He speaks of "a problem of ageism in society and a result of huge pressure in the system."[107]

In a letter to *The Times* Mr James Bogle, barrister, and Dr Philip Howard, consultant physician, commenting on the British Medical Association's guidelines which allow doctors to withdraw hydration and nutrition from patients who have suffered strokes or are otherwise incapacitated, said: "[The Medical Ethics Committee of the BMA] envisage that food and fluids could be withdrawn or withheld from some patients if delivered by tube. Without food and fluids the patient will inevitably die of dehydration or starvation. ..This is part of the muddle at the heart of the ethical debate over care of the elderly and incapacitated."[108]

Most people do not know how unpleasant it is to die of hunger or thirst. As well as a dry mouth and excessive thirst, dehydration can lead to:

- Confusion and restlessness
- Impaired speech
- Increased risk of bed sores
- Circulatory failure
- Severe kidney pain and general distress
- Renal failure, hyperkalaemia, cardiac arrest
- Rise in opioid metabolites – constipation, nausea, myoclonus, seizures

Once relatives see the consequences of the withdrawal of food and fluid, they may be tempted to call for the legalisation of euthanasia by lethal injection. Some pro-euthanasia campaigners have expressed the hope that this will happen.

The present government says that it opposes euthanasia. It has stated: "The Government wishes to make absolutely clear its complete opposition to euthanasia, which is and will remain illegal."[109] However, its definition of euthanasia is: "a deliberate intervention undertaken with the express intention of ending a life."[110] Such a definition does not include passive euthanasia or letting people die from starvation or dehydration.

The government speaks in terms of: "certain serious healthcare decisions which can currently be made by a court, such as the withdrawal of artificial nutrition and hydration from a patient in a permanent vegetative state or similar condition".[111] It has backed BMA guidance which promotes the withdrawal of food and drink in an even wider range of circumstances than currently allowed by English courts. Ms Yvette Cooper, the public health minister, has somewhat peversely described this guidance as "additional safeguards".[112]

5.4.4 The UK government's proposals

The *Making Decisions* white paper[113] contains the government's proposals for making decisions on behalf of mentally incapacitated adults. The government is expected to introduce a bill to put the proposals into effect at some point. The key proposal is for continuing powers of attorney (CPA).

The introduction of CPA would enable people to sign a document which would appoint someone else (the 'attorney') to make decisions about their health and survival if they became mentally incapacitated. Such attorneys would:

- not need medical or legal qualifications
- would not be legally accountable for their actions in the way that doctors are
- would be, in many cases, a close relative of the person who nominated them and would, therefore, be emotionally involved and/or a beneficiary of the will
- would be able to exercise their powers if the person concerned was demented or had had a stroke, not just if he or she was in a persistent vegetative state

CPA attorneys would differ from attorneys appointed under existing "enduring powers of attorney" (EPA).

105 *Law Hospital v. the Lord Advocate*, reported in the *Scots Law Times* (1996 SLT 848).
106 *The Daily Telegraph*, 6 December 1999
107 *The Daily Telegraph*, 7 December 1999
108 *The Times*, 21 December 1999
109 paragraph 18, introduction. *Making Decisions,* October 1999
110 Letter to Rt Hon Ms Hilary Armstrong MP, 27 January 2000, from Lord Irvine of Lairg, lord chancellor
111 paragraph 3.8, *Making Decisions,* October 1999
112 column 749, *Official Report,* House of Commons, 28 January 2000
113 *Making Decisions, The Government's proposals for making decisions on behalf of mentally incapacitated* adults, The Stationery Office Limited, October 1999

While EPA attorneys (who already exist) are concerned only with financial affairs, CPA attorneys would also be concerned with matters such as medication and the provision of assisted food and fluids.

Part 2.6 of the UK government's proposals (*Making Decisions*) says: "An attorney will not be able to make decisions on behalf of the person without capacity about the withdrawal of artificial nutrition or hydration unless the person has specifically given the authority to do this in the CPA." In other words, it will be possible to specify in a CPA document that an attorney can authorise one's death by starvation and dehydration. If an attorney, as empowered by the CPA document, insisted on the withdrawal of basic sustenance from a patient and the doctor continued to feed the patient, the doctor could be guilty of criminal assault.

In practice, lawyers would draw up the document or use a standard form, and the attorney's power to order doctors to stop feeding a patient could depend on whether he had read the small print or ticked the right boxes.

Making Decisions refers to "safeguards" (2.9, 2.10), including a system of registration, but they would be very hard to police in practice. The Law Society reported recently, in relation to enduring powers of attorney (see above): "The Master of the Court of Protection has estimated that financial abuse occurs in 10 to 15 percent of cases of registered EPA and even more often with unregistered powers."[114]

Any decisions made by the attorney will be treated as if they were decisions of the person signing the CPA. The temptation for attorneys, both honest and unscrupulous to refuse treatment and even food and drink if the CPA permits it in order to recover inheritance early or before it is eaten away in nursing home fees, will be enormous.

Present proposals for such attorneys would not require them to discuss such life-and-death matters with anyone nor to take medical advice. Attorneys would not be legally liable, in the way that doctors are, for the consequences of their refusals of treatment where they had been given that power.

If a CPA document allows for the withdrawal of food and drink, the attorney could insist that the patient was starved or dehydrated to death. Attorneys could also prevent patients from receiving painkillers and being fed with a spoon. Medical staff who continued to provide care or sustenance could be prosecuted for assault.

Nowhere in *Making Decisions* does the government suggest it will forbid attorneys from withholding palliative care or food and fluids naturally provided. Many incapacitated people, including those in a "persistent" or "permanent vegetative state" (PVS) may be "incompetent", but can usually be given food and fluids orally.

Making Decisions contains proposals for the creation of a new court which would have power (among many other powers) to refuse approval or consent to particular forms of healthcare for people in PVS or "similar condition" (3.8).

114 The Law Society Mental Health and Disability Committee Sept. 1999, quoting Denzil Lush, *Solicitors Journal*, 11 September 1998

Section 6

Affirming life in all its fullness

Pro-life successes

6.1.1 Examples of success

The pro-abortion lobby often portrays abortion law in Northern Ireland as anachronistic, even though well over half of all the countries in the world also have restrictive abortion law.[1] Pro-abortionists also encourage the perception that countries with restrictive abortion law such as Northern Ireland will inevitably introduce permissive abortion laws eventually, as if easy access to abortion were a mark of modernity and development. However, Poland provides a contrary example of a country which had permissive abortion laws and has now successfully reintroduced protection for the unborn.

Abortion was legal on demand in Poland from 1956 until 1993. A concerted campaign by pro-life groups and the Church resulted in a steady decline in the number of abortions from 1988 which paved the way for the introduction in 1993 of the "Act on Family Planning, Protection of the Human Foetus and Conditions for Legal Abortion".[2]

Official Polish government figures[3] indicate that the number of registered abortions fell dramatically between 1988 and 2000 from 105,333 to 138,[4] as the following table indicates:

Year	Induced abortions
1988	105,333
1989	82,137
1990	59,417
1991	30,878
1992	11,640
1993	777
1994	782
1995	559
1996	495
1997	3,047
1998	310
1999	151
2000	138

In the space of 12 years, the number of unborn children killed by abortion in Poland dropped by nearly 99.9 percent. It can be seen that the introduction of a restrictive abortion law in 1993 did not initiate the decline in the number of abortions being performed, but consolidated the dramatic decline that was already taking place. Between 1988 and 1992, in the absence of any change in the law, the number of abortions fell by 88.9 percent.

This decline was the result of a concerted education and information campaign by pro-life groups, with the support of the Catholic Church which remained very strong in Poland and represented Polish national identity in a way that the Communist government never did. The pro-life campaign included the placing of charts depicting the developmental stages of unborn children inside churches, among other tactics, and it managed to harness the popular feeling of dissatisfaction with the for-

1 See section 4.3.2 - "Worldwide abortion law and practice"

2 Under this Act, abortion may be permitted when there is a threat to the mother's life or physical health, when the unborn child has a serious and irreversible genetic anomaly, and when the pregnancy has resulted from crime (rape or incest).

3 Official figures cited in a pamphlet by Pawel Wosicki entitled *How the law protects life*

4 Of these 151 abortions, 94 were performed to save the mother's life or physical health, 50 were performed because the child had a "serious" genetic anomaly, and just one was performed because the pregnancy was the result of a crime.

mer regime after the fall of Communism. Abortion was shown to be bound up with an old, corrupt and rejected era. Thus pro-lifers effectively changed hearts and minds in Poland to such an extent that when permissive abortion law was re-introduced for a year in 1997, the total number of abortions constituted less than 3 percent of the number recorded in 1988.

The Polish branch of the pro-abortion International Planned Parenthood Association (IPPF) has claimed that the legal restriction of abortion has led to large-scale illegal or back-street abortions. However, the evidence available contradicts this. There were only 95 registered cases of illegal abortion in Poland in 1999, 91 of which were attributed to a culprit. The minister of internal affairs assured parliament in November 2000 that the public prosecutor's office did not ignore any accusations, and that there was no evidence of any transgressions by the police in fighting abortion crime.[5]

The dramatic fall in the numbers of induced abortions in Poland has been accompanied by a decline in both the number of natural miscarriages and the number of deaths associated with pregnancy and childbirth. During the seven years for which data on the restrictive abortion law has been published, there has not been one single case of death during pregnancy or a serious injury resulting from an illegal abortion. The number of deaths among newborn babies has been halved, from 1.62 percent in 1993 to 0.89 percent in 1999. The number of reported cases of infanticide has also dropped, from 59 in 1992 to 31 in 1999.[6]

The evidence suggests that the legal restriction of abortion in Poland has ensured a greater respect for pregnancy and for human life in general. Pregnant women in difficult situations are granted financial aid, and public opinion polls have indicated a growing respect for human life especially among the younger generation.[7] Dr Pavel Wosicki, president of the Polish Federation of Pro-Life Movements, commenting on the effects of the introduction of the restrictive abortion law, writes: "...it can be clearly seen that the Act protecting life is working for the benefit of conceived children, women, families, and the whole of society."[8]

Pro-lifers in other countries are also achieving success in saving unborn lives. For example, the number of legal abortions in Croatia since the end of communism has plummeted. In 1987 there were 48,608 abortions, but the total has fallen each year since and in 1998 there were 8,907 abortions (a fall of 81.7 percent). As in Poland, this success was achieved without a change in the law. Marijo Zivkovic, director of the Obiteljski (family) centre in Zagreb, credits the decline in numbers of abortions to concerted efforts over the years to distribute pro-life literature, as well as to the clarity and consistency of the Roman Catholic hierarchy in addressing the issue of abortion and the visits to Croatia of Pope John Paul II in 1994 and 1998.[9]

The number of abortions in the Czech Republic fell by more than two thirds in the 1990s, from 107,000 in 1990 to 32,500 in 2000.[10] In the American state of Idaho, the number of abortions fell by 58 percent between 1981 and 1999. In 1999 there were 76 abortions for every 1,000 live births, compared to a US national average in 1997 of 306 abortions for every 1,000 live births.[11] These examples provide clear evidence that a concerted pro-life campaign can successfully turn back the abortion tide.

6.1.2 Grounds for optimism

When the Society for the Protection of Unborn Children was established in January 1967, it was the first pro-life campaigning organisation anywhere in the world. At that time, abortion was illegal almost everywhere, as were embryo experimentation and euthanasia.

Since then, there have been many setbacks in the pro-life campaign and a culture of death has permeated many aspects of our society and lives. The number of unborn children who have been aborted in Britain under the Abortion Act 1967 continues in an increasing trend,[12] while countless more are dying as a result of abortifacient birth control chemicals and devices as well as in the course of destructive experimentation. The media is often biased in favour of abortion, apparently worthy charities are often implicated in the abortion culture,[13] and even some Christian leaders support abortion and destructive research on human embryos.[14] School nurses are providing the morning-after pill to children without the knowledge or consent of their parents, and the British government supports the creation and destruction of cloned human embryos for the purposes of research.

Given all this it would be understandable if the pro-life

5 Letter by Polish home secretary to the marshal of the Polish parliament, Warsaw, 24 November 2000
6 Official police records, Warsaw, 1999; cited in Pawel Wosicki, *op.cit.*
7 The Centre of Public Opinion Research, *The youth and adults about abortion*, Warsaw, 1999
8 *op.cit.*
9 Obiteljski Centre, Zagreb, 22 March 2000; reported in SPUC news digest for 4 May 2000
10 BBC News online, 5 June 2001
11 *The Idaho Statesman*, 2 April 2001
12 The steady rise in abortion rates is graphically demonstrated by the totals for England, Wales and Scotland in each decade since the passing of the 1967 Abortion Act. Official government statistics indicate that in the 1970s there were 1,459,810 registered abortions under the 1967 Abortion Act. In the 1980s, there were 1,787,838 abortions, and in the 1990s there were 1,875,544 abortions.
13 See section 4.2.4 - "Pro-abortion charities"
14 See section 2.1.4 - "Equivocal or pro-abortion Christians"

movement was disheartened. However, there are many hopeful signs.

An increasing number of young doctors are resisting the pressure of the medical establishment and exercise their right not to be involved in abortion. Many women who have had abortions now speak out against the laws which have denied their children protection and offered them a 'solution' fraught with grief and pain. Recognition of the humanity of the unborn child is much more widespread today, with universally available ultrasound scanning for expectant mothers. The irresistible march of science reveals not only the reality of the baby in utero, but more and more about the unborn child's faculties, such as hearing, memory and the capacity to feel pain. The outcry over the case of the Oxfordshire woman who had one of twins she was carrying aborted at Queen Charlotte's Hospital London in 1996[15] demonstrated that, although abortion has tragically been accepted as a medical practice and part of the National Health Service, the public conscience remains highly sensitised on the issue of killing the unborn.

Despite over three decades in which much of the political, legal and medical establishments have been dominated by a pro-abortion mentality, a majority of public opinion is still demonstrably against abortion on demand. Surveys promoted by pro-abortion advocates to show public support for abortion on demand typically ask whether a woman, in consultation with her doctor, should have the right to choose abortion—a scenario suggesting a medical reason, which is rarely the case.

There is also an increase in opposition, particularly among young people, to abortion on grounds of disability. A survey in Scotland has shown that nearly 70% of people believe that abortion in cases of foetal abnormality is wrong.[16]

Internationally, the European parliament voted in 2000 to condemn the British government's support of so-called therapeutic cloning,[17] and the pro-life cause at the United Nations has been boosted by the election of George W Bush to the US presidency. During the presidential election campaign in 2000, Mr Bush said: "One of the things … I'll do as president is to talk about the culture of life, the need for a welcoming society, the need for Americans—no matter what their personal view is on the life issue—[to see] that we can do better as a society. I recognise that until we have a cultural shift, there's going to be a lot of folks who disagree with my pro-life position, but that's not going to stop me from setting the goal that the born and the unborn ought to be welcomed in life and protected by law."[18] There is a long way to go, but Mr Bush has already made several significant moves promoting pro-life laws and values.

Chris Walsh, formerly the national chairman of SPUC, writes: "I am firmly of the belief that all people realise the truth about the sanctity of human life deep down in their heart, in their most secret core … but society is in a state of denial about this. Take human cloning, for example. People realise instinctively that it is wrong to create human beings in this way, but a denial of the implications of this leads to a false distinction between cloning for therapeutic and reproductive purposes… Of course, the fact that society is in a state of denial should make us feel tremendously hopeful for the future. If we continue to promote our message, people will heed it eventually… we have truth on our side."[19]

15 See, e.g. "Woman to abort one of her healthy twins", *Daily Telegraph*, 5 August 1996, "Mother had abortion of twin 3 months ago", David Fletcher, *Daily Telegraph*, 7 August 1996

16 The Scottish National Attitudes 2000 survey, as reported in *The Scotsman*, 27 June 2001.16 percent of respondents believed that abortion in cases of developmental anomalies was "always wrong" while 52 percent thought that it was "quite wrong".

17 The resolution was passed by 237 votes to 230. Zenit news agency, 7 September 2000

18 Catholic News Service, 22 September; United Press International, 22 September

19 Originally published in *The Catholic Pictorial*, 30 December 2001

Human rights and the common good

6.2.1 The acknowledged value of each person

A sense of solidarity with, and of duty towards, one's neighbour – particularly the poor and the vulnerable – is characteristic of human moral aspirations. This sense transcends racial, religious, and cultural boundaries, it expresses itself in the laws of civilized societies, and it effectively recognises the value of each human being.

From this acknowledgement of human dignity flows a whole range of fundamental human rights. All the world's religious and philosophical traditions have regarded rights to life, food, clothing, health and the like as deriving from the recognition of the inherent dignity of each human person.

6.2.2 The philosophical and religious basis for laws protecting human rights

Aristotle and many others rejected the modern notion that the law of a political community should be merely a guarantor of one person's rights against another. He holds that the purpose of law is to foster virtue in the community for its common good.

Aristotle states that: "Sound politics and good law aspire not only to help make people safe, comfortable, and prosperous, but also to help make them virtuous. It is, above all, the belief that law and politics are rightly concerned with the moral well-being of members of political communities."[20]

The philosopher also states that: "Any *polis* which is truly so called, and is not merely one in name, must devote itself to the end of encouraging goodness. Otherwise a political association sinks into a mere alliance, which only differs in space from other forms of alliance where the members live at a distance from one another … a *polis* is not an association for residence on a common site, or for the sake of preventing mutual injustice and easing exchange. There are indeed conditions that must be present before a *polis* can exist; but the presence of all these conditions is not enough, in itself, to constitute a *polis*. What constitutes a *polis* is an association of households and clans in a good life, for the sake of attaining a perfect and self-sufficing existence.… It is therefore for the sake of good actions, and not for the sake of social life, that political associations must be considered to exist."[21]

The commitment to fundamental human values, expressed in this century as inviolable human rights, has been a feature of all the major world religious traditions. In codes of medical ethics which have emanated from various cultural and religious traditions, there has always been an insistence on a profound respect for human life, so that killing patients, including the unborn, is excluded as gravely immoral.[22]

20 Generally, see Robert George, *Making Men Moral: Civil Liberties and Public Morality*, (Oxford: Clarendon Press, 1993), especially Chapter 1.

21 *Politics*, III. 9. 1280[b].

22 *Cf, The Daily Prayer of a Physician* (1793) [Jewish]; *Kholasah Al Hekmah* (1770) [Islamic Persia]; *Seventeen Rules of Enjuin* (C16 AD) [Japan]; *Liber Regius* (Kamel Al Sanaah al Tibbia) (C10) [Persia]; The Oath of Asaph (C3-7 AD) [Hebrew]; *Caraka Samhita* (C1 AD) [India]; *The Ten Commandments* (Exodus 20) (C13-15 BC).

6.2.3 Modern statements of human rights

In the aftermath of the second world war, and in the light of the human rights violations under the third Reich, the world once again enunciated the basis of human relations in terms of fundamental values expressed as human rights.

The centrepiece of the charter of the United Nations is the connection between the recognition of the inherent dignity of all members of the human family (and of the inviolable and inalienable human rights which derive from that recognition) on the one hand, and peace and justice within and among nation states on the other.

The 1948 Universal Declaration of Human Rights was the first of several international instruments promulgated by diverse bodies which have consistently stated, as a feature of international law, that the inherent and inviolable dignity of every member of the human family must be the foundation for any examination of individual and communal rights and responsibilities.[23]

6.2.4 Origins of human rights

There are some rights which the state has authority to confer (such as citizenship) but there are also fundamental rights of human beings.

Fundamental rights, including the right to life, are inherent to, and derive from, the dignity of the human person. These rights are not bestowed by governments but must be recognised by them and protected in law. Fundamental rights may find expression in rights recognised and defined by courts and the legislature, though those same organs of the state may circumscribe them.

The current Northern Ireland Human Rights Commission (NIHRC) Draft Strategic Plan does not distinguish fundamental rights from those that the state may confer.

23 See the following representative texts and the discussion of international instruments, human dignity and related concepts: H.J. Steiner & P. Alston, *International Human Rights in Context: Law, Politics, Morals*, (Oxford: Clarendon Press, 1996); I. Brownlie, *Principles of Public International Law*, (Fifth Edition), (Oxford: Oxford University Press, 1998) Ch.XXV; A. Cassese, *Human Rights in a Changing World*, (Cambridge: Polity Press, 1994); K.E. Mahoney & P.L. Mahoney (eds.), *Human Rights in the Twenty-First Century: A Global Challenge*, (Dordrecht: Martinus Nijhoff Publishers, 1993); G. van Bueren, *The International Law on the Rights of the Child*, (Dordrecht: Martinus Nijhoff Publishers, 1995); P. Alston (ed.), *Promoting Human Rights Through Bills of Rights: Comparative Perspectives*, (Oxford: Oxford University Press, 1999).

Bills of rights

6.3.1 Definitions

Below are some definitions that are not present in the NIHRC Draft Strategic Plan. Doubtless such matters will be dealt with in later consultations.

Bills of rights

A bill of rights is the formal codification of rights which members of a community, and the community itself, uphold as being fundamental. Such a bill seeks to preserve and/or to extend rights of persons in civil society.[24] According to some, a bill of rights could deter the legislature from abrogating the rule of law, and from overriding the rights of minorities and individuals.[25]

Entrenched or non-entrenched bills of rights

A bill of rights can be entrenched or non-entrenched, or in the form of a charter of rights. An entrenched bill of rights usually requires adoption or alteration by referendum. A non-entrenched bill of rights would be able to be adopted or amended by the ordinary processes of parliament without a referendum.

Charters of rights

A charter of rights is a statement of standards that provides a touchstone of basic principles to which reference can be made, notably by courts, to determine certain kinds of right. It lacks independent legal force.

Bills and charters of rights and the constitution

Entrenched bills of rights have legal authority equal to the constitution. Like a constitution, an entrenched bill of rights is an instrument of paramount law. A non-entrenched bill lacks such status.

While a charter of rights cannot supplant or compete with the operation of the constitution, it can become an active legal instrument. A charter could be used as a point of reference for decision-making in a range of areas on which the constitution, or legislation, was silent or deemed inadequate by the judiciary. *A fortiori* would this be the case with a bill of rights, entrenched or non-entrenched.

6.3.2 International scrutiny and limitations

Bills of rights invariably expose a country's decisions,

24 Ideally, particularly in the natural law tradition, a bill of rights is an attempt to define and to protect the conditions necessary for human flourishing. See, e.g. J. Maritain, *Christianity and Democracy & The Rights of Man and Natural Law*, (trans. D.C. Anson) (San Francisco: Ignatius Press, 1986); J. Finnis, *Natural Law and Natural Rights*, (Oxford: Clarendon Press, [reprint] 1986); Y.R. Simon, *The Natural Law Tradition - A Philosopher's Reflections*, (ed. V. Kuic) (New York: Fordham University Press, 1965, 1992); R.P. George (ed.), *Natural Law Theory: Contemporary Essays*, (Oxford: Clarendon Press, 1992); id., *Natural Law, Liberalism and Morality*, (Oxford: Clarendon Press, 1996). More generally, see *Law and the Ordering of Our Life Together*, (ed. R.J. Neuhaus) (Grand Rapids, MI: Eerdmans, 1989) and A. Dyck, *Rethinking Rights and Responsibilities: The Moral Bonds of Community*, (Cleveland: The Pilgrim Press, 1994).

25 See the Chief Justice of the High Court of Australia, Sir Anthony Mason's discussion, "A Bill of Rights for Australia?" (1989) 5 *Australian Bar Review* 79-90. The Chief Justice has suggested elsewhere that persons generally, and perhaps minority groups in particular, would be better protected by the courts than by the legislature.

institutions and citizens to international scrutiny. The explanation box on page 15 of the NIHRC Draft Strategic Plan says: "As a result of the Human Rights Act 1998, people in the UK will, from 2 October 2000, be able to lodge such a complaint in their local court or during an appeal to a higher court. UK judges will then have to treat the ECHR [European Convention on Human Rights] as if it were a basic UK Act of Parliament with which all other laws have to comply. If a person is unhappy with the view of judges in the UK, he or she will still be able to take the case further to the European Court of Human Rights in Strasbourg."[26]

Although a bill of rights can protect certain rights, there is no guarantee that it will not emasculate other rights. Some have queried whether such an instrument constitutes a ceiling of minimum international standards or a floor for national action.[27]

Insofar as a bill of rights will specify certain rights, it could make those rights prior to those which, for whatever reasons, are omitted. Bills of rights can also define rights in a way that may, in time, prove inadequate.

6.3.3 About bills of rights

Most bills of rights contain categories or classes of rights. For example, civil and political rights would include the right to vote, the right to freedom of assembly and freedom of expression. Among economic, social and cultural rights would be the right to nutrition, health and education.

The International Theological Commission has suggested a hierarchy of human rights. For some, religious liberty is the most foundational of rights, while for others, the equality of all persons is pre-eminent.[28] Whichever view one takes on this, all rights inhere in all members of the human family and are all predicated upon the right to life. Without life there can be no rights.

Some rights have been incorrectly presented as fundamental rights. In the United States the right to life of unborn children has been pitted against and subordinated to expectant mothers' rights to exercise authority over their bodies. In fact, the right to life is a fundamental right, while the rights of self-determination and autonomy are, at least, secondary rights that are subject to necessary qualification.[29] The unborn child has not been accorded any protection in the United States by a bill of rights.[30] Australia has achieved a similar result without a bill of rights. In both instances, judges were the final arbiters.

Bills of rights tend to shift power to customarily unelected judges who are free to interpret cases by reference to precedent and/or to a bill or charter of rights. Some politicians, while outwardly protesting at such a shift, may be unwilling (or unable) to deal with sensitive issues. They might prefer the judiciary to decide hard cases where a political or legislative solution is unfeasible or hard to obtain.[31]

26 Northern Ireland Human Rights Commission, *Draft Strategic Plan*: 1999-2000, p.15.

27 See, for example, Andrew Clapham, Associate Professor of Public International Law at the Graduate Institute of International Studies in Geneva, "The European Convention on Human Rights in the British Courts: Problems Associated with the Incorporation of International Human Rights," in P. Alston (ed.), *Promoting Human Rights Through Bills of Rights: Comparative Perspectives*, op. cit., 95-157 at pp.134-146.

28 International Theological Commission, "Propositions on the Dignity and Rights of the Human Person", 1983, in *International Theological Commission: Texts and Documents, 1969-1985*, (ed. M. Sharkey) (San Francisco: Ignatius Press, 1989) 251-66; see especially Section 1.2, "The Hierarchy of Human Rights." Logically, these rights are predicated on the right to life.

29 For example, there is no fundamental right to abuse drugs of addiction, not only because of the harm that they cause to the individual but also because of the harm which they cause to others. See *Whitner v State of South Carolina* (No.24468: Supreme Court of South Carolina, 15 July, 1996. In that case a mother who ingested crack cocaine during her pregnancy, and whose child was born with cocaine metabolites in his/her system, pleaded guilty to criminal child neglect.

30 The history of the judicial path that culminated in the *Roe v. Wade* decision of the United States Supreme Court legalising the right to terminate the life of children in utero, is succinctly set out by Mary Ann Glendon in her *Rights Talk: The Impoverishment of Political Discourse* (New York: The Free Press, 1991) 58-60. For a discussion of the same issue in other countries, see Glendon's *Abortion and Divorce in Western Law*, (Cambridge, MA: Harvard University Press, 1987).

31 A good example of this is the position concerning abortion in certain states in Australia (Queensland, New South Wales and Victoria) where, as a matter of statute law, abortion is illegal, but under the common law, exceptions have been developed to allow it. See K.A Petersen, *Abortion Regimes*, (Aldershot: Dartmouth, 1993), Chapter 6 "The `Judicial' Model," pp.129-48.

Abortion, women, children and the law

6.4.1 Basis for a pro-life bill of rights for Northern Ireland

Since every abortion involves three people – a father, a mother and a child – a bill of rights should address the rights of all involved. The NIHRC's Draft Strategic Plan rightly refers to "Equality" as a "core value." The recognition of such equality should mean that every member of the human family in Northern Ireland, from the unborn to the frail elderly, would be treated equally, particularly before the law.

International instruments of long standing, most notably the 1979 Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), refer to women's contribution to the welfare of the family and to the development of society. CEDAW speaks of the "social significance of motherhood and maternity." There is also a long-standing international repudiation of the execution of pregnant women.[32]

Other international instruments, such as the 1948 Convention on the Prevention and Punishment of the Crime of Genocide[33] and the 1975 Declaration on the Rights of Disabled Persons,[34] afford protection to the unborn by not excluding them.

International instruments, particularly CEDAW, refer to the need for equality between men and women in relation to the responsibilities of the family and the raising of children. It ought therefore to be formally recognised that fathers as well as mothers have a right to ensure the protection of their unborn children.

The Convention on the Rights of the Child refers to the necessity of the state to protect children before as well as after birth, precisely because of their completely vulnerable condition. In any proposal for a bill of rights, this protection, recognised by international instruments, must be paramount.

32 See the *International Covenant on Civil and Political Rights* (1966) Art.6(5). The *Travaux Préparatoires* of the ICCPR states that the express intention of this article was inspired by humanitarian considerations, and by consideration of the interests of the unborn child. Indeed, the innocent ought not to die with the guilty. Generally, see M. Bossuyt in the *Guide to the Travaux Préparatoires of the International Covenant on Civil and Political Rights*, (Dordrecht: Martinus Nijhoff Publishers, 1987).

33 See Article II.

34 See Articles 4 & 10. See further, J. Fleming & M. Hains, "What Rights If Any Do the Unborn Have Under International Law?" (1997) 16 *Australian Bar Review* 181.

6.4.2 Proposed draft clause for the bill of rights

This draft clause would give effect to the rights referred to in this submission.

1. Rights of individuals

a) The recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of peace and justice in Northern Ireland.[35]

b) Every member of the human family is entitled to have his or her inherent dignity and inalienable rights protected in law.[36]

c) Every human being has the right to life, which shall be protected by law.[37]

d) No one is to have his or her rights and freedoms curtailed or infringed by reason of his or her sex, race, colour, language, religion, political or other opinion, social origin, property, birth or any other status.[38]

e) Everyone has the right to have his or her personhood recognised in law.[39]

f) Every child, by reason of his physical and mental immaturity, needs special safeguards and care, including appropriate legal protection before as well as after birth.[40]

g) Every child has the inherent right to life.[41]

h) The state shall ensure to the maximum extent possible the survival and development of the child.[42]

2. Rights of families, women and children

a) The family is the natural and fundamental group unit of society and is entitled to protection by society and the State.[43]

b) Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection.[44]

c) The role of women in procreation should not be a basis for discrimination but that the upbringing of children requires a sharing of responsibility between men and women and society as a whole.[45]

d) No pregnant woman shall be executed.[46]

e) The State shall ensure to women appropriate services in connection with pregnancy, confinement and the post-natal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation.[47]

35 *Cf* Universal Declaration of Human Rights, International Covenant on Civil and Political Rights

36 *Cf* Universal Declaration of Human Rights, European Convention on Human Rights, International Covenant on Civil and Political Rights Article 2

37 *Cf* Universal Declaration of Human Rights Articles 3 &7, International Covenant on Civil and Political Rights Article 6, European Convention on Human Rights Article 2

38 Universal Declaration of Human Rights Article 2, International Covenant on Civil and Political Rights Article 2(1), European Convention on Human Rights Article 14

39 Universal Declaration of Human Rights Article 6, International Covenant on Civil and Political Rights Article 16

40 Convention on the Rights of the Child Preamble, and cf the protection given to the unborn child in the forbidding of the execution of a pregnant woman, International Covenant on Civil and Political Rights Article 6(5), International Covenant on Economic, Social, and Cultural Rights Article 10

41 Convention on the Rights of the Child Article 6(1), European Convention on Human Rights Article 2 and cf footnote 3

42 Convention on the Rights of the Child Article 6(2)

43 Universal Declaration of Human Rights Article 16(3), International Covenant on Economic, Social, and Cultural Rights Article 10(1), International Covenant on Civil and Political Rights 23(1)

44 Universal Declaration of Human Rights Article 25(2), International Covenant on Economic, Social, and Cultural Rights Article 10(2)(3), International Covenant on Civil and Political Rights Article 24, Declaration on the Rights of the Child Preamble & Principles 2, 4, & 8, Convention on the Rights of the Child Preamble & Article 3

45 Convention on the Elimination of all forms of Discrimination Against Women Text

46 International Covenant on Civil and Political Rights Article 6(5)

47 Convention on the Elimination of all forms of Discrimination Against Women Article 12 (2), and *cf* International Covenant on Economic, Social, and Cultural Rights Article 10(2)

Appendices

Appendix 1

Teenage pregnancy in Northern Ireland: a response to a government consultation

Introduction

This is the response of the Society for the Protection of Unborn Children (SPUC) to *Myths & Reality*, the November 2000 report of the Northern Ireland Department of Health, Social Services and Public Safety's working group on teenage pregnancy and parenthood.

The Society for the Protection of Unborn Children is an independent education, research, advocacy and lobby group with active members throughout the United Kingdom, including in Northern Ireland. We are committed to promoting the inherent value of human life from the moment of conception. Like others in society, we are concerned about teenage pregnancy and would welcome an authentic and evidence-based approach to reducing teenage pregnancy rates.

Unborn children in Northern Ireland

Unborn children will inevitably feature in any discussion of teenage pregnancy and they are also a principal concern of SPUC's. Many pregnant teenagers come under pressure to abort their children.

Northern Ireland is a safer place for unborn children than Britain. Even pro-abortion organisations such as the Alan Guttmacher Institute[1] have conceded that a teenage pregnancy in England or Wales is more than twice as likely to end in abortion than a teenage pregnancy in Northern Ireland.[2] Official statistics bear this out.[3]

It has been estimated that 45,000 women from Northern Ireland have had abortions in Britain since the implementation of the 1967 Abortion Act. However, if the Abortion Act had applied throughout the United Kingdom, there would have been at least three times more abortions in Northern Ireland.[4]

The almost total ban on abortion in Northern Ireland has not led to extensive illegal abortion. Between 1980 and 1989 there was only one recorded maternal death caused by illegal abortion in Northern Ireland.[5] By contrast, five women died as a direct result of complications following legal abortions in Britain between 1991 and 1993.[6] In recent years Northern Ireland has had the UK's lowest rate of maternal deaths from all causes, including abortion.[7]

For all the violence of the troubles, the number of children killed or injured by violence in Northern Ireland is less than anywhere else in the UK. Child deaths as a result of violence are too few to be statistically measured. By contrast, England and Wales has the fourth highest rate of child murders (5.5 per 100,000) among developed nations.[8] Most such children are killed when they are less than one year old.

All in all, the young—born and unborn—are less vulnerable in Northern Ireland than in Britain. This is

1 the research wing of the International Planned Parenthood Federation
2 *Family Planning Perspectives*, volume 32, number 1, Alan Guttmacher Institute, January/February 2000
3 *Abortion Statistics 1999*, Office for National Statistics, London, 2000; *Birth Statistics 1999*, series FM1 no.28, Office for National Statistics, England and Wales; table 3.10, *Northern Ireland Annual Abstract of Statistics 2000*, General Register Office for Northern Ireland
4 Mr Jim Wells MLA, Northern Ireland Legislative Assembly, 20 June 2000
5 letter from Mr Jeremy Hanley MP, Northern Ireland health minister, 21 January 1991
6 Mr Jim Wells MLA, *op. cit.*
7 Mr Jim Wells MLA, *op. cit.*
8 league table, National Society for the Prevention of Cruelty to Children

chiefly due to the religious and ethical culture of Northern Ireland. The extension of the 1967 Abortion Act to Northern Ireland is opposed by the:

- Democratic Unionist Party
- Free Presbyterian Church
- Northern Ireland Unionist Party
- Presbyterian Church in Ireland
- Roman Catholic Church
- Social Democratic and Labour Party
- Ulster Unionist Party.

Opinion polls suggest public opposition to abortion, with fewer than two fifths of Northern Ireland voters wanting liberalisation of abortion[9] and three fifths of Northern Ireland 25- to 45-year-olds disapproving of abortion.[10]

When speaking of opposition to the extension of the 1967 Abortion Act to Northern Ireland, Rev Ian Paisley, leader of the Democratic Unionist Party, has said: "The overwhelming opposition is amazing, because it stretches from the unionist parties to the nationalist SDLP. It stretches from the churches to the students' union of Queen's University, which in no way could be called a conservative or right-wing body."[11]

The Northern Ireland Legislative Assembly adopted by acclaim a motion which reiterated the stance of the previous assembly against abortion on demand and the extension of the 1967 Abortion Act. An amendment to refer the matter to a health committee was rejected by 43 votes to 15.[12]

Any change to public policy which imposed on Northern Ireland's people an ethos which did not respect human life from its inception would run counter to the will of Northern Ireland's religious and representative bodies, as well as to the will of the majority of its inhabitants.

Relationships and Sexuality Education

Myths & Reality predicts[13] that the Northern Ireland Department of Education will disseminate *Relationships and Sexuality Education*, the Northern Ireland Council for the Curriculum, Examinations and Assessment's guidance for schools. *Myths & Reality* also recommends that such dissemination should take place.[14]

The 1990 British Social Attitudes Survey compared public opinion in Northern Ireland with Great Britain on a variety of issues. It concluded that in Northern Ireland: "there is much greater opposition to abortion, particularly where an abortion might be for social reasons." The document further remarked: "Conservatism in respect of sexual *mores* certainly makes Northern Ireland culturally distinct from Britain. But that distinctiveness is founded on the greater importance of religion in the province, not on denominational differences."

Relationships and Sexuality Education stresses the importance of developing a "morals and values framework" which reflects the values of the school.[15] If such a framework is to be based on the majority's sense of morality and ethos of life in Northern Ireland, it would exclude the promotion of abortion, abortifacient methods of birth control and underage sexual activity.

Although *Relationships and Sexuality Education* makes some good points in favour of responsibility in relationships and the importance of marriage, we do not find there any explicit guidance on the life-and-death issues which surround a discussion of modern sexual behaviour. We find no mention of the abortifacient nature of some means of birth-regulation and abortion is itself mentioned[16] in woolly, relativistic terms which do not accord with the majority belief in Northern Ireland.

Furthermore, there is no mention of the sometimes catastrophic effects of abortion on girls and women. There appears to be no requirement for pupils to examine not only the moral pros and cons of abortion, but also the physical and psychological consequences of the procedure. It is as if British-style moral relativism were being exported across the Irish Sea.

Furthermore, *Relationships and Sexuality Education* supports the provision by schools of information on contraception to pupils. As we demonstrate below, such birth control programmes actually increase teenage pregnancy and abortion.

The dangers of reproductive health programmes

Myths & Reality inevitably concerns itself not only with health education but also with the provision of contraception and other facilities. The work of birth control services actually increases the rate of teenage pregnancy and abortion.

In the United States of America, the government-funded

9 Queen's University and University of Ulster survey, *Belfast Telegraph*, 22 February 2000
10 *Belfast Telegraph*, 10 March 2000
11 House of Commons, 21 June 1990
12 20 June 2000
13 *Myths & Reality*, 3.2.5
14 *ibid*, 7.1.4, 2a
15 *Relationships and Sexuality Education*, post-primary booklet, page 13
16 *ibid,* page 19

Title-X birth control programme has had $6 billion spent on it since 1970. Between 1971 and 1996 the government spent more than one billion dollars trying to prevent teenage pregnancy.[17] From 1971 to 1981 federal spending on family planning increased more than threefold, yet the number of pregnancies also went up by nearly 50% and the number of abortions among 15- to 19-year-olds rose by 133%. States which spent most on birth control also had the greatest increases in abortions and illegitimate births between 1970 and 1979.[18]

The British teenage pregnancy rate is now the highest in Europe, with 9,000 girls aged between 13 and 15 becoming pregnant every year. Half these pregnancies end in abortion. In England and Wales between 1994 and 1997 the number of under-age conceptions rose by 69% and under-age abortions rose by five percent.[19]

Experts have estimated that one British teenager in 10 carries a sexually transmitted infection, such as chlamydia or gonorrhoea, both of which pose major threats to fertility.[20] Between 1998 and 1999 in England, cases of gonorrhoea (uncomplicated) rose among teenagers by 39% in males and by 24% in females.[21] Between 1995 and 1998, the number of diagnoses of chlamydia in 16- to 19-year-olds rose on average by 28% per year.[22]

The *British Medical Journal* has reported that: "Neither specific teaching about contraception nor improving the contraceptive service consistently increase effective contraceptive use by teenagers."[23]

The organisations which take part in birth control and sex education programmes concede that they have failed. The Alan Guttmacher Institute, a research arm of the International Planned Parenthood Federation, concluded in 1986: "... neither pregnancy education nor contraceptive education exert[s] any significant effect on the risk of premarital pregnancy among sexually active teenagers. [This is] a finding that calls into question the argument that formal sex education is an effective tool for reducing adolescent pregnancy."[24]

Dr Judy Bury, former director of the Edinburgh Brook Advisory Centre, has admitted: "There is overwhelming evidence that, contrary to what you might expect, the provision of contraception leads to an increase in the abortion rate."[25]

Ms Jean Malcolm, another Brook Advisory Centre director, has also conceded: "It's partly because of greater availability of contraception that there are more pregnancies. I suppose it's almost inevitable."[26]

When proponents of birth control admit that it actually results in more pregnancies—implicitly including teenage ones—it is surely time to develop public health programmes which will not simply make things worse.

Brook Advisory Centres

Myths & Reality cites the Belfast Brook Advisory Centre as having a "promising approach" to preventing unintended teenage pregnancies[27] and *Relationships and Sexuality Education* lists references to Brook publications.

The Brook Advisory Centres, which pioneered birth control provision and abortion referrals for young people, including those under the age of consent, opened premises in Belfast in 1992 supported by public funds.

Brook Advisory Centres are not impartial but committed to the extension of British abortion legislation to Northern Ireland. They are founding members of the Voice for Choice campaign[28] which campaigns for five amendments to the current UK law, namely:

- To allow abortion on the request of a woman up to and including 14 weeks of pregnancy
- To make abortion available with only one doctor's approval from 15 to 24 weeks under the current criteria
- To place a duty on doctors to declare any conscientious objection to abortion they may have, and to refer women immediately to another doctor who does not share that view
- To extend this amended act to Northern Ireland
- To place a duty on the National Health Service to provide sufficient abortion services to cover local needs

Although Brook cannot arrange for abortions to take place under the Abortion Act in Northern Ireland, they can facilitate access to abortion in Britain for girls in Belfast. Brook's annual report for 1994-5 shows that more pregnant clients in Belfast decided on abortion (33 out of 90) than decided to let the baby live (12 out of 90). 45 were undecided. Brook have said that they will

17 US Senate Report 101-95 101st Congress 1st Session (Figures for FY 92-96 calculated as one third Title X funding)
18 *The final steps: Clinics, children and contraceptives*, George Mossbacker
19 Department of Health and Office for National Statistics, England and Wales
20 *Metro*, *Daily Telegraph* and *Daily Mail*, 5 May 2000
21 *New cases of acute sexually transmitted infections seen in genitourinary medicine clinics: England 1999 (provisional data)*, Public Health Laboratory Service. Summary statistics updated on 30 July 2000.
22 *New cases seen at genitourinary medicine clinics: England 1998*, Public Health Laboratory Service, CDR supplement, volume 9, supplement 6, December 1999
23 *British Medical Journal*, 12 August 1995, page 414
24 The effects of sex education on Adolescent Behaviour, *Family Planning Perspectives* 7-8/86 pp 162-169, Alan Guttmacher Institute,.
25 *The Scotsman*, 29 June 1981
26 *Edinburgh and Lothian Post*, 11 January 1992
27 *Myths & Reality*, appendix four A)
28 Voice for Choice website, http://www.vfc.mailbox.co.uk/

refer girls with an "unwanted pregnancy" to other agencies operating in Northern Ireland.[29]

When a 12-year-old girl went to Brook in Belfast to ask for so-called emergency contraception (which can be abortifacient), the manager of the centre said that she was treated no differently from any other client.[30]

The approach and work of Brook Advisory Centres does not accord with Northern Ireland's predominantly pro-life ethos. It is therefore inappropriate for them to have any part in a sexual health strategy for Northern Ireland.

Abortifacient drugs

Myths & Reality mentions "emergency contraception", which is a misleading term. Not only is it wrong to regard a pregnancy as a medical emergency, but is it also wrong to describe morning-after pills as contraception.

Morning-after pills can prevent or delay ovulation, thus preventing conception. Failing this, they can stop the successful implantation of the embryo by affecting the lining of the womb. This is an abortifacient effect.

The UK government has claimed that the morning-after pill is not abortifacient because pregnancy only starts when an embryo implants in the womb.[31] However, when asked to name three established scientists who accepted that pregnancy only occurred once an embryo had implanted, the Department of Health was unable to do so.[32]

Implantation has been described as the fourth stage of human embryonic development.[33] A leading textbook on embryology[34] states: "Human development begins after the union of male and female gametes or germ cells during a process known as fertilization (conception)." The *Oxford Concise Medical Dictionary*[35] defines conception as: "The start of a pregnancy, when a male germ cell (sperm) fertilises a female germ cell (ovum) in the fallopian tube." An American public health leaflet[36] states: "All the measures which impair the viability of the zygote [newly-conceived embryo] at any time between the instant of fertilisation and the completion of labor constitute, in the strict sense, procedures for inducing abortion."

As well as threatening unborn human life, morning-after pills can present risks to the health of women who take them. The summary of product characteristics for Levonelle-2 states that patients who have used this type of pill and who nevertheless become pregnant should be evaluated for ectopic pregnancy. Other sources[37] confirm this, and ectopic pregnancies are a significant cause of maternal deaths.[38] Other side-effects include nausea, vomiting and tenderness of breasts.

There has been no study which conclusively demonstrates that so-called emergency contraception reduces the rates of pregnancy or surgical abortion. Indeed, between 1989 and 1998 there was almost a four-fold increase (382%) in the use of emergency contraceptive drugs in England yet, during the same period, there was no consistent decline in the abortion rate.

Morning-after-pills do not protect against sexually transmitted infections. The reported incidence of such infections among the under-20s in the UK increased by one third between 1995 and 1997.

The provision of morning-after pills is central to the UK government's strategy to reduce the number of teenage pregnancies. Since the start of 2001, Levonelle 2 morning-after pills have been available from pharmacists to women aged 16 and over without a doctor's prescription. This reclassification of Levonelle 2 applies throughout the United Kingdom, even though the age of consent in Northern Ireland is 17.

Any Northern Ireland strategy on teenage pregnancy and sex education needs to take into account the serious dangers of morning-after pills as well as the way in which their use fundamentally conflicts with Northern Ireland's pro-life ethos.

Conclusions

Myths & Reality and *Relationships and Sexuality Education* contain some positive messages about the importance of responsible attitudes to sex among the young.

However, both documents fail significantly to take into account:

- the pro-life ethos in Northern Ireland, which stretches across the community and is reflected in people of varying religious and political beliefs
- the physical and psychological effects of abortion

29 *Belfast Telegraph*, 16 September 1991
30 *ibid*, 6 December 1995
31 letter, Department of Health, 5 June 1995
32 letter to chairman of LIFE, 6 June 1995
33 *The Developing Human - Clinically Orientated Embryology*, Keith L Moore MSc, 1976
34 *Essentials of Human Embryology*, Keith L Moore, Blackwell/Decker, 1988
35 1980
36 Leaflet 1066, US Department of Health, Education and Welfare, 1963:27
37 Postcoital contraception - coping with the morning after, *Current Therapeutics*, January 1990, D Rabone
38 *Triennial Reports on Confidential Enquiries into Maternal Deaths*, HMSO/The Stationery Office, United Kingdom

on girls and women, regardless of where the procedure is carried out

- the alternatives to abortion such as adoption
- the failure of reproductive health programmes of the kind used in Britain and the USA to curb the increase in teenage pregnancy, abortion and sexually transmitted diseases
- the objectives and practices of organisations such as the Brook Advisory Centres (which are actually held up as examples of good practice)
- the true nature of the morning-after pill, in terms of its effects on the lives of unborn children and the health of their mothers.

Recommendations

SPUC recommends that a teenage pregnancy strategy for Northern Ireland should include:

- an acknowledgement of the cross-community consensus against abortion which is reflected in all printed materials and practical guidance given
- recognition that programmes which have relied on free availability of contraception have not succeeded in lowering the rates of teenage pregnancy or abortion
- warnings of the dangers presented by abortion, so-called emergency contraception and behaviour which leads to the spread of sexually transmitted infections
- promotion of alternatives to abortion and of organisations which facilitate such alternatives.

Appendix 2

Muddying the waters: SPUC comments on *The Twilight Zone* (1993)

Introduction

"The Twilight Zone" by Professor Simon Lee is published by the Standing Advisory Commission on Human Rights (a government sponsored body in Northern Ireland). It sets out a case for changing the law on abortion in Northern Ireland.

The key statement in Professor Lee's paper is in the first sentence: "The law on abortion in Northern Ireland is so uncertain that it violates the standards of international human rights law."

These arguments closely resemble the kind of argument used to justify the introduction of the 1967 Abortion Act to mainland UK. Throughout the debates it was maintained by the sponsors of the law that they sought to clarify the law. Indeed, the long-title of the Abortion Act states "An Act to amend and clarify the law…". At no time did the sponsors state that they sought abortion on demand.

Our rejection of Professor Lee's contentions and associated points is explained in section 1 below.

In section 2 we present a critique of legislation along the lines of the 1967 Abortion Act. We feel this is relevant since bodies such as the British Medical Association and the British Labour Party have officially called for the extension of the Abortion Act to Northern Ireland regardless of the views of the people (there are few individuals in Northern Ireland itself who support such a move). The invitation of the Standing Advisory Commission on Human Rights (SACHR) may lead them to renew this suggestion. It is highly likely that the idea of extending the Abortion Act will carry some weight in spite of Professor Lee's suggestion that Northern Ireland should follow a very different legislative path from anywhere else in the world.

Many aspects of Professor Lee's paper give rise to minor personal criticisms: of his stance, his (questionable) neutrality, his claims and his objectives. These points are of little relevance to the main issues at stake, but they deserve mention if only to record that they have been discounted without prejudice to the main issues. They have therefore been recorded in the additional notes at the end.

The references are to the numbered sections of Professor Lee's paper: e.g. s.1 = section 1.

1. Professor Lee's arguments

a) Professor Lee fails to make out his case

He does not establish a case for saying that the law on abortion in Northern Ireland is so vague as to be in breach of the European Convention on Human Rights. His conclusions rely not on a careful scrutiny of the law and the international standards of clarity in the law but on assertions supported only by subjective opinion and the thinking of pro-abortion commentators, such as the Lane Committee (s.l4).

Professor Lee quotes the statute law on abortion and refers to Dr John Keown's authoritative book 'Abortion doctors and the law' which traces the history of the common law and case law elements of abortion law (s.9). There is no prima facie vagueness or lack of clar-

ity in Northern Ireland law on abortion. Professor Lee makes great play of the term 'unlawfully' in the 1861 Offences Against the Person Act, which is the key statute prohibiting abortion in Northern Ireland. But this term appears in many statutes. It would be extraordinary to suggest that they are all in breach of human rights. There again, courts often give interpretations that are less restrictive than previous practice, as in the case of Airedale v Bland to which Professor Lee refers. This may lead to calls for the re-instatement of protection previously offered, as the pro-life lobby has demanded in this instance, but it does not prove that the law is unclear. In addition uncertainty may arise from misunderstandings such as Professor Lee's erroneous claim that Mr Bland was on a "life-support system" (s.4); but again this does not make the law itself unclear.

Professor Lee mentions practices at variance with the law, in particular the abortion of disabled unborn children in Northern Ireland, of which he declares it is in general "difficult to see how this could be lawful". It seems that neither the law nor Professor Lee is uncertain on this point.

b) Many laws give rise to uncertainty

Many laws give rise to some uncertainty. Many words (like 'unlawfully') require interpretation. This keeps the courts (especially the Court of Appeal) busy. Even basic concepts are re-interpreted by the courts, such as the recent re-examination of appropriation in the law on theft. (See R v Gomez, Times 8/12/92).

This does not however mean that the law is unacceptably vague.

A person may be uncertain for example, whether parking is permitted in a certain place at a certain time. Such uncertainty may be shared by many, lawyers and experts in the field included. This does not make the law on parking vague or unclear. It may indicate lack of adequate direction by the relevant authorities, but it is not evidence of a lack of appropriate legislation.

c) Legislation is not necessary to clarify the law

The Standing Advisory Commission on Human Rights calls for "recommendations as to the ways in which clearer law on abortion could be drafted" (Circular letter, June 1993).

Professor Lee offers no explicit advice about how to achieve a clearer law. It seems strange that he suggests no remedy besides legislation. The usual way of clarifying the law is not to introduce new legislation, but for the courts to give an interpretation of the statute or common law in response to a particular case. The European Court of Human Rights itself (although not the body one would automatically turn to for guidance on the point) happened to state in the Malone (phone tapping) case upon which Professor Lee relies, that interpretation of the law was the job of the national courts. *Pace* Professor Lee's statement that the case was lost because there was no explicit legislation, the European Court suggested that the phone tapping issue could have been clarified had the national courts made an authoritative statement of the law.

It might be noted that clarification of the law without legislation would probably put an end to the abuses Professor Lee alludes to. This may be a reason why pro-abortionists do not promote the idea of the courts or the medical or legal authorities clarifying the law.

d) Legislation does not necessarily clarify the law

Some statutes have had the opposite effect. The Human Tissue Act 1961 for instance made the law more uncertain, at least in its interpretation and practical effect. This is not an argument against legislation per se, or to say that legislation can never clarify the law. It is an argument against assuming without clear and precise reasoning that legislation is the best way to resolve the issue. It is an argument for searching out the root of any uncertainty and addressing it in the simplest way possible.

Professor Lee himself recognises that the legislative process in the abortion field is fraught with difficulties, even going so far as to describe Parliamentary votes on the abortion provisions in the 1990 Human Fertilisation and Embryology Act as a "spectacular farce". It is difficult to see how confused legislators could produce limpidity in the resulting statutes.

Other countries that have legislated on these issues have often not only failed to clarify the situation, but left things more confused than before. Of the countries to which Professor Lee refers, Canada is perhaps the most notable in this regard.

e) Professor Lee focuses on "uncertainty", a less objective test than lack of clarity.

While Professor Lee may personally feel very uncertain

about the law, at no point in his paper does he plainly state that the Northern Ireland abortion law as a whole or in any particular statute is 'vague', 'imprecise' or 'unclear'.

He argues mainly for the relatively weak, subjective concept of *uncertainty*, rather than demonstrating that in particular cases the law is insufficiently precise. It is of course harder to argue that a particular law is unclear than to assert that one feels uncertain about the legal situation in general.

Professor Lee's arguments that the Bourne case gives rise to a lack of clarity are countered at the same time by the very points he makes. He argues that counsel failed to cite helpful precedent: so there does exist helpful precedent, and he points out that Mr Justice Macnaghten's summing-up was not binding in law in England or Northern Ireland.

With reference to this assertion about 'uncertainty generated... for those who believe the fetus should be better protected' (s.5), there is no problem of uncertainty among those involved in preparing this submission.

f) Absolute precision is not required

Whilst expecting laws to be suitably clear, the European Convention does not require unrealistic standards of precision. From the point where Professor Lee ends his excerpt from the Sunday Times case (in s.3), the judgment continues:

> "Those consequences need not be foreseeable with absolute certainty; experience shows this to be unattainable. Again, whilst certainty is highly desirable, it may bring in its train excessive rigidity and the law must be able to keep pace with changing circumstances. Accordingly, many laws are inevitably couched in terms which, to a greater or lesser extent, are vague and whose interpretation and application are questions of practice."

Thus, again, it is not a question of legislation being required, and one has to question why Professor Lee seems to ignore the ordinary requirement of interpreting and applying the law.

g) The suggestion that the 'right to clear law' could benefit the unborn child is spurious

Professor Lee fails to quote the wording of the European Convention on Human Rights which he refers to as the basis of the "requirement of legality, legal certainty of the rule of law" (s.l). He does not explain what exactly this phrase means, but by omitting to quote the Convention he obscures the reason why the European court objects to lack of clarity. The Court is concerned that public authorities should act within the law if they interfere with the rights of the citizen, hence the law must be clear so that governments cannot unduly restrict the individual. Thus the Convention, at least by its spirit if not in its letter, should compel governments to ensure that their laws are clear.

Article 8 states:

8(1) Everyone has the right to respect for his private and family life, his home and his correspondence.

8(2) There shall be no interference by a public authority with the exercise of this right except such as is in accordance with the law and is necessary in a democratic society in the interests of national security, public safety or the economic well-being of the country, for the prevention of disorder or crime, for the protection of health or morals, or for the protection of the rights and freedoms of others.

For pro-abortionists (including those who designate themselves "pro-choice") abortion is essentially a private right of the mother, and clause 8(2) limits state interference in the individual's exercise of this right. Hence the demand for greater 'certainty' rests on the assumption of a right to abortion. To assume that there is such a right, in law or morality, is of course to beg the question.

There is at present no right to abortion in law in any part of the U.K. (As Sir George Baker, President of the Family Division said in his judgment in the Paton case: "The [Abortion Act 1967] gives no right to a father to be consulted in respect of the termination of a pregnancy. *True it gives no right to the mother either.*")

From the anti-abortion viewpoint, various sections of the Convention would be seen to protect the right to life, especially Article 2, but including the first clause of Article 8. Clause 8(2) would hardly be relevant however, since it permits interference with the exercise of the right only by public authorities. Challenges from public authorities to the right to respect for the life of the unborn child only arise in a very small number of cases at present (such as abortions on mentally handicapped mothers), and Professor Lee does not suggest such instances are a matter of any uncertainty.

Hence a challenge to the Court on the grounds that the law breaches the standards of clarity of international human rights law is only feasible from the pro-abortion perspective.

The decision of the European Commission[39] that Article 2 of the Convention was not violated by the clause in the 1967 Abortion Act under which abortion on demand is practised (referred to by Professor Lee in s.4) gives no hope to the pro-life lobby of raising any such question with the Court. Professor Lee's suggestion that anti-abortionists might challenge the abortion law in the European Court is thus seen to be quite spurious.

h) "Legal systems around the world"

The assertion in s.2 that "legal systems around the world have addressed the problems of abortion in the last quarter of a century or so" is to say the least, somewhat tendentious. Surely he is not suggesting that *every* legislative body in the world has done so. Yet he says "Northern Ireland stands alone in failing to face the issue squarely".

i) The abortion law in Northern Ireland has been addressed

Contrary to Professor Lee's assertion in s.3 that the Northern Ireland abortion law has not been addressed in recent times. Parliament has twice considered changing the law - during the passage of the 1967 Abortion Act, and during the passage of the 1990 Human Fertilisation and Embryology Act. Furthermore, in section 16 Professor Lee himself quotes these instances.

Northern Ireland's politicians have of course faced the issue and faced it far more squarely than those in Canada, Britain, France, Australia and many other places. At the local level, 18 of the 19 local authorities which have voted on the issue have opposed the extension of the Abortion Act to Northern Ireland. In 1984 the Northern Ireland Assembly voted by 20 to 1 against extending the Act or introducing any such legislation.

As Professor Lee himself points out (in s.16) Parliament decided not to change the abortion law in Northern Ireland both in 1967 and in 1990. Neither was this by default. In 1990 for example, the Minister for Health, Mrs Virginia Bottomley, said in debate: "To the best of my knowledge no Northern Ireland Member of Parliament has ever called for changes in the Northern Ireland abortion laws. Similarly, all the soundings of opinion have made it very clear that there is no will in Northern Ireland for such a change."

j) The abortion law in Britain lacks precision

Contrary to the assertion in s.9 that abortion law in England is clearer because of the Abortion Act, it is fact far from clear exactly what is permitted. One can point to specific areas such as the 'social clause' of the Act (allowing a woman's actual or reasonably foreseeable circumstances to be taken into account when assessing whether to authorise an abortion) or the 'greater risk' clause which is interpreted by some as permitting abortion on request. Indeed during the Committee Stage of the Human Fertilisation and Embryology Bill pro-abortion MP Emma Nicholson declared: "The Committee should step away immediately from the fiction that the 1967 Act does not provide abortions on request - of course it does. The woman requests that abortion. Abortion on demand is just a more fearful way of describing abortion on request. General practitioners in my constituency and elsewhere tell me that it is virtually impossible for a doctor to refuse an abortion under the workings of the 1967 Act...".[40]

Not only are the grounds in the Act ineffective in limiting abortions to 'hard cases', but there are anomalies such as the fact that doctors are governed by regulations which they themselves administer and are not subject to review by any overseeing authority.

Doctors have far greater cause to be uncertain about where they stand in Britain than in Northern Ireland. Professor Richard Lilford and Dr James Thomton of Leeds University recently wrote in the *Lancet*[41] about their uncertainty in respect of some abortions for handicap. Although particularly concerned about late abortions, the point they raise, about the interpretation of the 1967 Act, relates to eugenic abortion at any stage of pregnancy.

k) Northern Ireland abortion law is not laxer than the law in England

The suggestion that the law in Northern Ireland is in some ways more liberal than the law in Britain is difficult to take seriously. The Abortion Act as a 'permissive' statute imposes no penalties or prohibitions, but simply creates exceptions to the pre-existing legal framework. As pro-abortion MP Emma Nicholson pointed out in the House of Commons the Abortion Act provides abortion on demand and whether one doctor, two doctors or even ten are called on to sign the form is almost irrelevant: in one case referred to below (see section 2, 'Inadequacies of the Abortion Act', below) a woman had an abortion in England because the

39 The European Commission of Human Rights acts as a 'filter' before cases can go to the European Court of Human Rights.

40 House of Commons *Hansard*, 24 April 1990, Col 249-250

41 The *Lancet* 342, 21 August 1993

pregnancy interfered wither her skiing holiday despite the fact that she wanted another child at some time. On the other hand, the law in Northern Ireland quite definitely does not permit abortion on demand and any doctor responsible for an operation must be prepared to establish the medico-legal grounds for his action.

l) Legal advice

Professor Lee raises a series of questions in s.l7 which in the context of his suggestion that most abortions in Northern Ireland are illegal, seem very strange.

Do nurses have a right of conscientious objection to participating in illegal abortion? Do those women having illegal abortions have a right to information and counselling? (We would argue that they should have information and counselling but not of the kind that Professor Lee implies.) Can employment contracts include such procedures?

No competent lawyer would have any difficulty advising a client on these points. The requirements of the Convention on Human Rights would not appear to be a problem on these points.

m) Standing Advisory Commission on Human Rights (SACHR) procedure

We do not castigate the SACHR for raising the issues as Professor Lee fears we might (s.20). However, they most certainly would deserve castigation for accepting Professor Lee's opinion without proper consultation and for putting forward no proposals for remedying the alleged defects other than changing the current legislation. Such action would be serving the interests of pro-abortionists directly and would mean the introduction of widespread abortion in Ireland for the first time ever.

Experience in other countries has proved that compromising the right to life of the unborn by trying to legislate for 'limited' abortion leads inexorably and swiftly to abortion on demand. (In practice this means not simply "freedom of choice" for mothers but "license to pressurize" for doctors, relatives and others which makes the choice far from "free".)

This would be abhorrent to the community as a whole, and a cause of resentment and division.

2. Inadequacies of the Abortion Act

The first and most important thing to say about the law of abortion in Northern Ireland is that it does not have a "tangled history", nor does it comprise or inhabit a "twilight zone". In a legal tradition which is based upon a mixture of statute and common law, it is remarkably straightforward, comprising, as it does, principally two sections of one statute (ss. 58 & 59 of the Offences Against the Person Act 1861) one section of another (s.25 of the Criminal Justice Act (Northern Ireland) 1945). The words of the judge in one case (R v. Bourne [1938] 3 All E.R. 615.), which were intended to do nothing more than explain to the jury the state of the law of abortion as the judge believed it to be at the time, are relevant but have little to add other than as an interpretation of the statute.

It was claimed by Sir David Steel when he introduced the Abortion Act (then the Medical Termination of Pregnancy Bill) into Parliament that what he intended to do was merely to end uncertainty which, he maintained (as does Professor Lee in his paper), arose out of Bourne's case. Mr Steel (as he then was) said, in the House of Commons, during the Second Reading debate of the Abortion Act 1967, that "it is not the intention of the promoters of the Bill to leave a wide open door for abortion on request".[42]

The implementation of this Act, however, has resulted in a huge increase in abortions. The Hospital In-Patient Enquiry reported that there were about 9,100 'therapeutic' abortions[43] in 1967 (the year before the Abortion Act came into force) and the RCOG estimated about that time that according to hospital admissions during 1962 there were 14,600 illegal abortions in England and Wales (which included both "backstreet" abortions and those carried out unlawfully by doctors). Following the implementation of the Abortion Act in 1968, the number of abortions notified under the Act had risen to nearly 160,000 by 1972 and now continues at the rate of approximately 180,000 each year.

In fact the passing of the Abortion Act produced even more uncertainty than had existed before, to the point where there is almost no check upon those who carry out abortions under its aegis and there is indeed abortion on demand. In the British Medical Journal, 8 August 1992, Dr Trisha Greenhaigh, a general practitioner in London recounted her experience at declining to authorise an abortion:

"The patient was 38 and had a husband, three

42 House of Commons *Hansard*, 22 July 1966, 732 col 1075

43 By "therapeutic" the Hospital In-Patient Enquiry implies: performed by a doctor and within the accepted constraints of the law.

children, a large house, and a marvellous nanny. She wanted a fourth child but not quite yet. They had a skiing holiday booked for Christmas. Next spring would be a good time to get pregnant. In fact, while she was here she would like to request a home delivery for the definitive pregnancy. Meanwhile, she needed one of those green forms and a referral letter to the local NHS abortion clinic.

"I went through my standard checklist to confirm that the patient was sure of her decision and understood the medical and psychological risks of a termination of pregnancy. I gave advice on contraception and asked her to come for a check up four weeks after the operation. I then told her that I was unable to sign her form but I would ask another doctor in the practice if he would be willing to do so. He was. The woman had her termination and subsequently made a formal complaint about my rudeness and judgmental attitude towards her…

"I am a feminist. I have marched and lobbied in support of a woman's right to choose and I would do so again. But I am not a rubber stamp."

Dr Greenhaigh describes herself as giving "the unmistakable impression of a liberal feminist doctor". But she could find no grounds under the provisions of the Abortion Act 1967 for this patient to have an abortion and explained that her reservation was "purely and simply that the thought of being a party to the conspiracy made me feel sick". And yet the patient demanded her abortion.

This particular story also demonstrates how the abortion law in England is treated with contempt and is largely ignored, for the abortion authorisation forms were then signed by one of this doctor's partners, despite Dr Greenhaigh having found no available grounds for abortion. In response to MPs' questions a Government spokesman defended the abortion as lawful on the grounds that "two doctors" had signed the form. There are, in England and Wales, almost (if not actually) no prosecutions of people for carrying out abortions illegally, despite what pro-abortionists call stringent conditions that are contained in the Abortion Act, and despite the vast numbers of abortions that are being carried out.

The fact is that the Abortion Act 1967 and the Human Fertilisation and Embryology Act 1990 do not make the law "considerably clearer" as Professor Lee states but they do make the *law considerably harder to enforce* and consequently considerably more permissive.

One reason why the Abortion Act 1967 is so unsatisfactory, and makes the law almost unenforceable, can be found in the words "formed in good faith", which appear in section 1 (i). This section provides a defence against a charge of procuring an abortion where two doctors are of the opinion "formed in good faith" that one of the conditions set out in that section (now amended by the Human Fertilisation and Embryology Act 1990) applies. It is almost impossible to challenge successfully a claim of good faith, however wrong, contrary or even negligent that opinion may appear in hindsight to have been.

Another critical flaw in the Act is the use of the notion of comparative risk rather than absolute risk to legitimise abortion. This led Professor Peter Huntingford to form the opinion that "it's always safer for a woman up to fourteen weeks to have a pregnancy terminated than for it to continue and it's on that basis that I grant abortion on request".[44]

A law, such as this, which gives so much power and discretion to doctors (or indeed to any other section of society) cannot be described as precise or certain.

As evidence of the wide discretion which the law gives to doctors Sir George Baker, President of the Family Division, said in his judgment in Paton v. Trustees of BPAS [1978]:

"The (Abortion Act 1967) gives no right to a father to be consulted in respect of the termination of a pregnancy. True it gives no right to the mother either."

As Professor Lee so wisely says, a "pick and choose approach (to abortion) is unacceptable" and yet this is what we have in England, Wales and Scotland.

Professor Lee refers to the abortion of handicapped babies in Northern Ireland. He says: "It is difficult to see how this could be lawful under the (Offences Against the Person Act 1861) as interpreted by *Bourne*". One is bound to think that if the practice concerned was rewinding the 'clock' of second-hand cars, rather than abortion, prosecution would soon follow and the matter would be quickly resolved in the courts.

Discriminating against the disabled in the womb by practising abortion on eugenic grounds is the most uncivilised reason for permitting abortions to take place and the most difficult to justify, especially in the face of objections by disabled pro-life advocates - the sometime targets of such discrimination.

It should not be forgotten, however, when considering the calls of those who advocate changes in the law that more often than not, (as in Britain both before and at the time of the introduction of the Abortion Act 1967),

44 Radio Medway, 23 February1982

what is really being suggested is that the law should be further liberalised. It is significant that, at the time that this call has arisen in Northern Ireland, similar calls for a change in the law have been made in other parts of the British Isles where the Abortion Act 1967 does not apply such as Jersey, Guernsey and the Isle of Man.[45] Additionally, the Republic of Ireland is being increasingly targeted by abortion proponents seeking to overthrow the protection of the unborn child within the constitution.

In conclusion, one can state:-

(a) the law of abortion in England and Wales is imprecise, almost unenforceable and left to the discretion of doctors;

(b) the abortion law in Northern Ireland is clearer and more enforceable than in England, although not enforced fully.

The benefits of what is called a 'restrictive' law (but might more fairly be termed a 'protective' law) are dramatically illustrated by the fact that World Health Organisation figures show quite clearly that the maternal death rate in the Republic of Ireland (which has had an absolute law) is far lower than the maternal death rate in England and Wales which has abortion on demand.

Conclusion

Professor Lee alleges that there is a lack of respect between opposing sides in the abortion debate. He is wrong to suggest that such lack of respect arises from failing to acknowledge the feelings of the other party. Rather it can come about if one of the sides in the argument displays a lack of honesty about the aims pursued and the facts presented.

"The Twilight Zone" fails to make out any convincing case for new legislation: it offers a spurious middle ground likely to be enthusiastically embraced by pro-abortion law officers and health officials wishing to usher in legalised abortion without stirring opposition.

Legislating to "clarify" the law as Professor Lee suggests will ultimately lead to abortion on demand in Northern Ireland, as the Abortion Act has done in Britain. Those who genuinely want clear law should press for the present law to be observed, and the provision of compassionate support for expectant mothers.

Additional notes

a) Although a member of the Roman Catholic Church, Professor Lee evidently accepts so many pro-abortion arguments that it raises problems for anyone seeking to be objective. This is evident, for example, in the suggestion that the abortion law does not have a very important effect on the number of abortions that take place (s.19). This is a classic assertion of the pro-abortion lobby. It is true, as "the Twilight Zone" says, that the culture of a society affects the abortion rate. But the law is a major influence in determining that culture. Looking at the enormous increase in the abortion rate in countries like Britain, the USA and elsewhere in the western world where abortion has been legalised, gives the lie to the notion that the law is only a minor factor.

b) Professor Lee's proposals align closely with the strategy adopted by pro-abortionists in Northern Ireland and elsewhere. In Britain for example, the 1966 Medical Termination of Pregnancy Bill carried the long title: "An Act to *amend and clarify* the law relating to the termination of pregnancy…"

c) In s.19 Professor Lee asserts that "the best way to stop 14-year-old girls seeking abortions is to stop 14-year-olds being raped". This statement is felt to be naive in the implication that rape victims account for a major proportion of pregnancies (among women of any age), damaging to the prospects of teenage rape victims receiving supportive care in the aftermath by promoting the perception of abortion as the automatic consequence, and gratuitous in its assumption that rape victims would inevitably seek abortion. For Professor Lee to make such a statement is a matter of the deepest concern.

d) On one hand his stance is narrowly legalistic, demanding that the "international law of human rights" be satisfied in respect of the clarity of the law, "whatever the content of the law is" (s.19). On the other hand he is extremely vague, failing to identify the source of the uncertainty he feels in any exact legal sense. He demands that we should all agree to strain an ill-defined gnat and not bother whether we might be swallowing a camel.

e) Professor Lee's style is often scaremongering. This is notable in s.4 particularly which is almost alarmist in its tone. Phrases like 'internal exile' (s.17) and indeed the title of the document, 'Twilight Zone', lend an unhappy aura.

f) S.12 alleged that pro-lifers "led a campaign to reduce

45 Since this submission was printed in 1993, abortion has been legalised in all three jurisdictions.

the time limit to what, in legal reality, it already was!" Pro-life organisations such as SPUC were fully aware of the meaning and effect of the Infant Life (Preservation) Act. From the outset SPUC pledged support for the "Oxford student" case. In this case it was asserted that a proposed abortion at 18 weeks of pregnancy, where the baby could have been delivered alive albeit with no chance of surviving in the long term, contravened the 1929 Infant Life (Preservation) Act, on the basis of the 'self-adjustment' of that Act to which 'The Twilight Zone' refers. Furthermore, when ultimately backing efforts which took advantage of the strong public support to reduce time limits, the pro-life lobby was bitterly criticised by pro-abortionists for refusing to 'compromise' by accepting a 24 week limit!

Appendix 3

SPUC's aims and achievements in the UK

Aims of the society

To affirm, defend and promote the existence and value of human life from the moment of conception, and to defend and protect human life generally.

To reassert the principle laid down in the United Nations 1959 Declaration of the Rights of the Child that the child "needs special safeguards and care, including appropriate legal protection, before as well as after birth."

To defend, assist and promote the life and welfare of mothers during pregnancy and of their children from the time of conception up to, during and after birth.

To examine existing or proposed laws, legislation or regulations relating to abortion and to support or oppose such as appropriate.

The society's achievements

Recognition

SPUC is recognised in parliament, in the media, and, increasingly, internationally, as a highly respected lobby. SPUC's presence has helped save the lives of many babies, and has served as a constant witness to the victims of abortion.

Political and legislative successes

SPUC has been described by *The Times* (5 January 1987) as "consummate lobbyists". The society's campaigns have brought about an increase in strength of the pro-life lobby in parliament, the enactment of pro-life legislation and the defeat of proposed legislation promoting abortion and euthanasia.

Pro-life strength in Parliament

At its first vote in 1966, the Abortion Act was opposed by only 31 members of parliament. There are now upwards of five times that number of MPs who will vote with the pro-life lobby. In 1984 the All-Party Parliamentary Pro-life Group was formed as the principal forum for pro-life action by MPs and peers.

Amendment to the Abortion Act

During the passage of the Abortion Act, MPs supporting the pro-life lobby secured the rejection of the "future good of the child" as grounds for abortion—wording which could in another context have been used to enshrine the principle of euthanasia in law.

Rejection of easier abortion on demand

Repeated attempts to make the law more permissive by making abortion more easily available, and creating a legal right to abortion, have been rejected by a majority of MPs.

Rejection of the Abortion Act in Northern Ireland

The strength of SPUC's lobby in Northern Ireland has been instrumental in the long preservation of Northern Ireland's laws which provide most unborn children with a substantial measure of protection. Despite persistent pressure from the international pro-abortion lobby and its allies at Westminster, opposition to liberalising abortion legislation unites Northern Ireland's religious groupings and political parties represented at Westminster. Mr John Major, the then prime minister, gave an undertaking in 1995 that his government would impose no change on Northern Ireland's abortion laws without a radical change in public opinion.

Rejection of euthanasia

The presence of the pro-life lobby in parliament has helped ensure the opposition of a majority of MPs to the legalisation of euthanasia. In 1993, evidence submitted by SPUC and the SPUC handicap division contributed to the enquiry of a House of Lords select committee which, while some of its members had shown themselves disposed to favour euthanasia, unanimously rejected its legalisation. In 1996 the government of the day rejected a law commission Bill which could have led to doctors being forced to comply with intentional killing by omission (including the withholding of tube-feeding) through making advance directives legally binding.

Welfare of expectant mothers

SPUC lobbied successfully for an amendment to the Housing (Homeless Persons) Act 1977 to secure the priority entitlement of an expectant mother to housing.

Pro-life legislation on the use of foetal eggs

SPUC's lobby in 1994 resulted in the enactment of a pro-life amendment to the Human Fertilisation and Embryology Act to ban the use of eggs from aborted baby girls in fertility treatments. The amendment received overwhelming public support.

Influence on public opinion

Parliamentary campaigns seeking protection for unborn children bring that goal a step closer because of the greater number of people who hear the case for the right to life of the unborn. Increasing support for pro-life legislation, reflected in the growth of the pro-life movement and more equitable (and sympathetic) treatment of the movement's concerns in the media, may be accounted for by a combination of factors. These include more widespread use of technology to visualise the child in the womb as well as SPUC's unremitting educational and campaigning work.

Opinion polls

Opinion polls which ask respondents the grounds on which they believe abortion should be allowed have always shown a majority opposed to abortion on demand or for social reasons. Despite over three decades in which much of the political, legal and medical establishments have been dominated by a pro-abortion mentality, a majority of public opinion is still demonstrably against abortion on demand. Surveys promoted by pro-abortion advocates typically ask whether a woman should have the right to choose abortion in consultation with a doctor, which suggests a medical reason, which is rarely the case.

The increase in opposition, particularly among young people, to abortion on grounds of disability in the child, is attributable to the educational work of SPUC specifically on that issue.

Press and media releases

SPUC has published media releases which have made a large public aware of the humanity of the child in the womb. The *Foetal Sentience* document, published by the All-Party Parliamentary Pro-life Group in 1996, made the capacity of the unborn child to experience pain a major press item and provoked highly publicised revelations in the media about abortion practice in Britain.

Schools activities

The widely welcomed gift of foetal model sets to every state secondary school in the country by the SPUC Educational Research Trust has made a major contribution to education on the development of the unborn child. SPUC has also established programmes of speaking engagements in many schools nationwide as a contribution to discussion on abortion and related ethical issues in accordance with the curriculum.

Pro-life witness in social, political and religious sectors

SPUC's support for professionals and others seeking to

defend their right to protect unborn children (including successful legal actions by healthcare professionals, and pro-life initiatives by political activists, trade unionists and students) has helped ensure a continuing voice for the unborn in these sectors. SPUC is also continually seeing the fruits of its work in religious groupings as more and more Christians and Muslims become involved in pro-life campaigns. Of major significance in this respect has been the society's promotion of *Evangelium Vitae* (The Gospel of Life), Pope John Paul II's 1995 encyclical, which is addressed to all people of goodwill and has been described as a "*magna carta* for the pro-life movement."

Promotion of pro-life concerns internationally

SPUC has assisted pro-life initiatives overseas, including the successful campaign for the 1983 amendment to the Republic of Ireland's constitution guaranteeing protection for the right to life of the unborn. The group called SPUC in the Republic is a separate organisation. SPUC's international achievements have taken place in a number of contexts.

International Right to Life Federation

SPUC's involvement in the foundation and development of the federation has helped ensure the presence of an effective international forum for leading pro-life organisations.

Upholding pro-life laws at the UN

Developing countries have been strengthened by pro-life groups attending United Nations conferences to secure the inclusion of language in conference reports safeguarding their national laws which protect the right to life of unborn children.

Lives saved

Through educational and welfare activities, SPUC has saved many babies. The fact that one child is alive and his or her mother spared the suffering of abortion would itself be a reward for our work, the value of which cannot be measured.