Abortion in the developing World and the UK

We suggest in our submission that political pressure has hampered medical advances in abortion care in the UK.

Background to the passage of the 1967 Act

Abortion was made illegal in 1803 as part of the Offences against the Person Act the aim of which was to preserve life. It was amended several times the last being in 1861. A review by the Law Commission reported in 2016 significantly omitted the sections 58 and 59 relating to abortion. The severest penalty for procuring an abortion by the woman or another is life imprisonment. The 1967 Act allows abortion in certain circumstances.

No attempts to change the Act were made during the 19th or early 20th century. In 1929 The Infant Life Preservation Act was passed to cover the period from 28 weeks to term when killing the fetus was neither an abortion nor murder but it was not until 1931 that the basis of the law was challenged.

Justice McCardie sitting in Leeds and trying a series of abortion cases said "..the law on abortion as it exists ought to be substantially modified: it is out of keeping with the conditions that prevail in the world around us". Later that year he said "I cannot think it right that a woman should be forced to bear a child against her will". This sparked controversy and in 1931 at the British Medical Association's annual representative meeting (ARM) a motion to set up a committee to review the abortion law was passed but did not sit until 1935. It recommended therapeutic abortion for physical and mental reasons but went on to say:
"While the Committee had no doubt that the legalisation of abortion for social and economic reasons would go far to solve

the problem of the secret operation, it realises that this is a matter for consideration by the community as a whole and not by the medial profession alone". The surprisingly liberal report provoked fierce debate at the ARM but was carried by 98 to 67 votes.

Maternal mortality had remained stubbornly high throughout the 20th century and unsafe abortion was a major cause of this needless loss of life. Pressure on government by women's organisations including the Abortion Law Reform Association (ALRA) founded in 1936 and some doctors, led the government to set up a committee of enquiry chaired by Norman Birkett in 1937. Their remit included establishing the incidence of abortion and they estimated that between 110,000 and 140,000 abortions a year occurred of which 40% were illegal. In 1939 the committee recommended legalising abortion "if continuance of the pregnancy is likely to endanger her life or seriously impair her health". The one working class member of the committee Dorothy Turtle leader of Labour in Shoreditch Council produced a minority report saying that the incidence of illegal abortion and associated mortality was underestimated and that abortion was a safe operation and should be more widely available than the the committee recommended.

In 1938 the judgement in the famous case of Alec Bourne changed case law as the judge ruled that it was legal to terminate a pregnancy "if the continuance would wreck the woman's mental or physical health". This judgement received widespread approval in the press but was attacked by the Roman Catholic Church.

The war intervened and a couple of legal cases in 1948 and 1958 upheld the Bourne judgement. In 1952, a private members bill was put forward by Joseph Reeves and he

commented on the antagonism from Catholics. He was far down the ballot so had no chance of getting a debate on his bill.

In 1955 the Magistrates Association passed a motion in favour of abortion law reform by 189 to 148 votes despite organised opposition from Catholic magistrates. Kenneth Robinson drew attention to this vote in the House of Commons but was told "there is no hope of legislation on the controversial topic. In 1961 he put forward a bill which was talked out by Catholic MPs who received condemnation in the press. He became Minister of Health in 1965.

In 1961 ALRA was reinvigorated by some younger people. The Thalidomide disaster that year had led to calls for abortion to be available in cases of fetal abnormality with polls showing widespread support for this measure. The climate was changing and although Renee Short's 10 minute rule bill was lost in 1965 as a Catholic MP shouted object at the second reading, Lord Silkin's bill which was more comprehensive had a full debate in November that year and following much discussion and amendment, passed unopposed at third reading in May 1966. It fell as there was insufficient parliamentary time. David Steel MP came third in the private members ballot and agreed to take a bill on abortion law reform based on he Silkin bill. He was given time by the Labour government. During the parliamentary process there was intense debate about the bill. The medical organisations with the exception of the Medical Psychological Association representing 1200 psychiatrists, were not supportive, however the bill passed and received Royal Assent in October 1967. Polls commissioned by reformers and antagonists showed majority support for the bill.

The 1967 Act was passed when abortion had been the leading cause of maternal mortality for a decade and it has succeeded in its objective of eliminating unsafe abortion as a cause of maternal death. It put the abortion decision into the hands of doctors.

Initially because doctors were unsure and unused to making the decisions about abortion, women were referred to psychiatrists, so time was lost and many abortions were done later than necessary. Gynaecologists often insisted on sterilising the woman at the same time thus increasing the risks including death. It took three years before the mortality began to decline.

Resistance to the 1967 Act

Right from the start those opposed to abortion on moral grounds did all they could to amend the Act. The Society for the Protection of Unborn Children (SPUC) was formed in January 1967 to oppose the Steel Bill. LIFE was started in 1970. Both organisations grew rapidly and were active in approaching the public with their message that abortion was wrong. Pressure was exerted in Parliament and in 1969 Norman St John Stevas introduced a ten minute rule bill which aimed to make one of the certifying doctors a gynaecologist. He alleged that in the first three months of 1969, 5000 abortions had been done privately and only 52 in the NHS. The ratio of operations performed by sector in 1968 and 1969 was 2:1 in favour of the NHS. This is typical of the way that the anti-abortion movement distort the truth. He lost the vote by 11 votes.

In February 1970 Bryan Godwin Irvine introduced his private members bill "…designed to limit the more blatantly commercial exploitation of the new law that is largely carried out in London". The Lancet, quoted by David Steel said Mr Irvine's Bill is out of place….Perhaps, under the cover of this device, some supporters of

the Bill are reviving long-rooted opposition to the reform. This bill was talked out.

By 1970 it was apparent that the criteria for approving clinics were inadequate and PQs and articles in the press reporting on taxi touts at Heathrow and excessive fees for foreign women led to the Heath government appointing a Committee on the Working of the Abortion Act chaired by a woman, the Hon Justice Lane in 1971. The terms of reference were "To review the operation of the Abortion Act … on the basis that section 1 of the Act remains unamended, and to make recommendations. The three volume report was published in April 1974 and "… we
are unanimous in supporting the Act and its provisions. We have no doubts that the gains facilitated have much out-weighed any disadvantages for which it has been criticised.

The main recommendations were that the NHS should be the main provider of legal abortion, through existing gynaecological services rather than in specialist units, abortions should be before 12 weeks, day care should be encouraged, NHS contraceptive services should be adequate and acceptable, contraceptive advice and prescription should be offered to all maternity and abortion patients, health professionals should have improved training and sex education should be provided in schools. The time limit should be reduced to 24 weeks.

David Owen as Minister of Health responded for the Labour government saying that conditions had been imposed on private clinics and that:
The Lane Committee concluded that by facilitating a greatly increased number of abortions the 1967 Act has relieved a vast amount of individual suffering. He mentioned the strain on the NHS, the regional variation in NHS provision and the important role of the private sector but deplored a small number of doctors and their financial backers who have used the Act to make large

sums of money.

Just before the Lane report was published two journalists published a series of articles after the woman posed as a pregnant women and claimed that several clinics confirmed the non-existent pregnancy and offered her an abortion for trivial reasons. Based on this "research" in December they published *"Babies for Burning"* which linked abortion doctors to facism and alleged that fetuses were sold to cosmetic companies for their fat although they had no direct evidence of this. Many parliamentarians accepted the book as fact as did antiabortion organisations but in 1977 and 1978 successful law suits meant that the book was ordered to be destroyed.

Despite the endorsement of the 1967 Act by the Lane Committee and the government assurance that action had been taken to curb abuses in the private sector, antiabortion pressure continued. Further amendments were proposed by antiabortion MPs, the next being James White's private members bill in 1975. He wanted to reduce the time limit, remove the risk clause and make foreign women resident for 20 weeks before being eligible to have an abortion. This passed its second reading by 203 votes to 88 and was then passed to a Select Committee. This met on 50 occasions and presented their recommendations to parliament in July 1976. Barbara Castle as Secretary of Sate for Health had already passed revised regulations by statutory instrument in February 1976 so the government response in October was that further change was unnecessary.
Bernard Braine introduced a 10 minute rule bill in Feb 1977 to reduce the time limit to 20 weeks, strengthen the conscience clause and separate pregnancy advice bureaux from clinics. It passed by 181 to 175 votes but lapsed due to lack of time.

Prior to the election in 1979 there was intense lobbying by SPUC, LIFE and the Catholic Church against the 1967 Act. John Corrie gained first place in the private members ballot in 1978 and his bill also proposed adding the words "serious" and "grave" to the effect on the woman's health. Second reading was won by 242 to 98 votes. There were an unprecedented number of meetings in the committee stage and the bill was amended several times because of differences between those supporting Corrie. At report stage the bill ran out of time. For the first time MPs said they had received similar numbers of letters from pro- and anti-choice constituents as the Co-ordinating Committee in Defence of the 1967 Act (CO-ORD) had mobilised its supporters effectively.
David Alton in 1980, in a 10 minute rule bill proposed a reduction fron 28 to 24 weeks, this was rejected without a division, In 1987 he proposed a limit of 18 weeks and to severely restrict a woman's right to have an abortion. It passed by 296 votes to 251 but failed at report stage because of lack of time. Public pressure on Parliament was great and Mrs Thatcher said she had personally received 15,000 letters from both sides.

Later in 1987, the Bishop of Birmingham introduced a bill in the House of Lord to reduce the time limit to 24 weeks by amending the Infant Life Preservation Act (ILPA) there was support in committee for lowering the time limit to 24 weeks. This fell due to lack of time but in 1989 Lord Houghton introduced a private members bill reflecting the Lords opinion.

This was the first amendment put forward by a pro-choice advocate and resulted in clarification of the law, reduction of the time limit to 24 weeks except for severe fetal anomaly and grave risk to the woman's health and liberalisation rather than restriction. When passed to the Commons the government

agreed to add a clause to the 1990 Human Fertilisation and Embryology Bill (HFEB). 24 weeks, (supported by the BMA and RCOG) passed by 335 votes to 149 compared with 18 weeks supported by David Alton which had 165 vs 355 despite much media support. Provision was also made to approve other places than NHS hospitals and registered private clinics for the administration of medicines thus opening the possibility of medical abortions being carried out in GP surgeries or at home.

The passage of these amendments was a severe blow to the antiabortion organisations who had invested much time and money into lobbying parliament.. Estimates were that up to £500,000 was spent by SPUC and £46,500 by LIFE during the six month campaign.

During the next decade there was little parliamentary activity. It was not until 2001 that Joanna Jepson challenged a doctor's interpretation of the law in the case of a termination for fetal abnormality. This received much press coverage. In 2003 59 members signed an early day motion condemning the 26 abortions for cleft lip and palate performed since 1995 but there were no debates. She lost her case in 2005.

In July 2005 the pro-choice MP Evan Harris secured a Westminster Hall debate and called for a review of the Act and in the 2006-7 session chaired a Science and Technology Committee on Scientific Developments Relating to the 1967 Abortion Act (STC). This was designed to inform MPS prior to the review of the HFEB in 2008. They did not recommend changing the time limit but did recommend that nurses should be able to be more involved, that there was no need for two doctors signatures and that women should be able to take the second abortion pill at home.

In 2008 considerable lobbying by both sides occurred prior to the HFEB debate. Prochoice campaigners were devastated that the Labour government did not find time for a debate on the positive recommendations based on the STC report though relieved that the time limit was not reduced. Many young women were amazed to find that they did not have the automatic right to an abortion as the antiabortion propaganda alleged.

No further debates occurred until 2012 when following a Daily Telegraph 'sting' where recorded consultations with two doctors of a woman posing as a pregnant woman wanting an abortion because she was carrying a female fetus were published on line. This generated a huge amount of publicity and Andrew Lansley then Sectary of State for Health ordered the CQC to investigate all clinics. 294 were visited and none were found to be practicing sex selective abortions but twelve were found to pre-sign forms so nurses could carry out medical abortions. The cost of this exercise was said to be £1,000,000. The CMO circulated all doctors and the Department of Health (DH) issued guidance.
At a Westminster Hall debate on 9.10.13 calls to amend the law to prevent sex selective were made. On 4.11.14 Fiona Bruce's Sex selection bill passed its first reading by 281 votes to one, Glenda Jackson. Government agreed to add a clause to the Crimes Act and intense lobbying by pro-choice organisations meant that in February 2015 the amendment was defeated by 292 votes to 201. A second motion calling on government to investigate whether sex selection was a problem in GB was passed 491 to 2.

The DPP in October 2013 ruled that it was not in the public interest to prosecute the two doctors both of whom had restrictions placed on their registration by the GMC. These

were not lifted until 2015 after a private prosecution funded by an anti-abortion group failed.

Has political pressure affected advances in abortion care?

The recommendations of the STC in October 2007 Committee that nurses and midwives after suitable training should be able to carry out abortions without the involvement of doctors abortion has not received much attention in parliament or in the media Why not?

It is 17 years since the HFEB made it possible for other places to be recognised for abortion care and this has not happened. We believe this is a result of political pressure making successive governments reluctant to court controversy. Reputable research from abroad has shown it is safe for early medical abortions using mifepristone and misoprostol to be done outside hospitals and that is safe for women to take the second pill at home. The DH commissioned a study published in 2008 confirming these findings but has consistently refused to allow this to be done at home. In 2011 bpas took them to court arguing that the law applied to the prescription not the administration. They lost but the Judge said it was possible for the Secretary of State to authorise home administration. Neither Lansley nor Hunt have done this.

Those working with civil servants know how reluctant they are to take on controversial topics such as abortion, as are many MPs. I hope this list of parliamentary activity explains why this is so.

The media who emphasize controversy and not the positive effects of the Act, and the wealth and high profile of anti-abortion organisations enable the views of an unrepresentative

minority to take precedence over the rational evidence-based arguments of the prochoice movement and the medical profession. They ignore the majority of the public who believe it is up to the woman to make the abortion decision with her doctor as in other medical treatment.

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Background

1 This short but intense project was commissioned by the Department of Health to assess the safety, effectiveness and acceptability of early medical abortions (EMAs) in non-traditional settings, and to help establish a protocol to cover the

elements and processes required for a safe EMA service in non-traditional settings.

Conclusions

1. 34 Subject to the fairly considerable limitations of the current study, and from a range of sources, including medical records, and staff and client views, there are no discernible differences between the pilot sites and their matched comparator sites in terms of the safety, effectiveness or acceptability of non-traditional sites for the administration of early medical abortions. These findings confirm the experience from other countries with longer experience of early medical abortions in non-hospital settings.