**Doctors for Choice UK Position Statement**

**Decriminalisation of Abortion**

*Current UK Law*Abortion remains a criminal offence in the UK under the Offences Against the Person Act 1861, potentially punishable by life imprisonment. The [1967 Abortion Act](https://www.legislation.gov.uk/ukpga/1967/87/contents)brought in certain exemptions to this law, allowing a woman to access safe, legal abortion provided that two doctors agree that the grounds specified in the Act are met.

The 1967 Act was amended in 1990 when a general time limit of 24 weeks was established, with exceptions for certain circumstances - when there is a risk of death or serious permanent damage to a woman’s physical or mental health or a serious fetal abnormality. The Abortion Act 1967 was not extended to Northern Ireland where abortion is only permitted to preserve the life of a woman or if there is a real and serious risk to the woman’s physical or mental health and the risk is permanent or long-term.

*Abortion today*
Abortion is a common medical procedure and an important part of women’s healthcare, with one in three women in the UK having an abortion in her lifetime. Abortion is a very safe procedure, with the risk of serious medical complications very low at all gestations. Medical abortion is now more common that surgical abortion, with this proportion increasing each year. Most abortions in the UK are performed at early gestations, with 77% under 10 weeks and 90% under 13 weeks in 2017.

*Our beliefs*Doctors for Choice UK supports the full decriminalisation of abortion in the UK. This would mean removing abortion from the criminal statute and regulating it like any other medical treatment. We believe that every woman should have the right to make decisions about her pregnancy according to her own circumstances, values and beliefs, with the support of health professionals and without interference from the government or legal system.

We believe that:

* Although the introduction of the Abortion Act 1967 was a great step forward for women and occurred as a result of the tireless efforts of committed groups and individuals, UK abortion law is now out-dated and does not reflect advances in abortion care - particularly early medical abortion
* The current law is not evidence-based and prevents best practice
* The mandatory requirement for two doctor’s signatures can cause unnecessary delays, waste valuable resources and restrict access - particularly in small or rural clinics
* The mandatory requirement for two doctors’ signatures is not in-keeping with the principle of autonomy, or the move towards more patient-centred care and away from paternalistic medical practice
* Although specialist nurses are increasingly providing excellent care in other areas of medicine, their role is restricted in abortion care due to the law, which amounts to a waste of valuable resources and skills
* The requirement to take the first abortion pill, Mifepristone, in a registered premise limits women’s choices and causes inconvenience and potential upset to women. The prevention of women from taking both medical abortion pills at a time convenient for them in their home (which we know to be safe and is already common practice in the management of women who experience miscarriage) is not in-keeping with the principle of autonomy and patient-centred care. \*
* The use of criminal law in healthcare sends a message of strong social disapproval and contributes to abortion stigma
* The current laws put women at risk of prosecution if they procure an abortion outside of the stipulations of the law e.g. using abortion pills bought online. It is inappropriate that any woman would be at risk of prosecution and imprisonment for ending her pregnancy.
* The law plays no role in the safeguarding of women and decriminalisation would in no way threaten the safety of women or increase the risk of a woman being pressured into having an abortion against her will. What does protect women is education and training of staff, an open and non-judgemental approach, access to counselling if needed and policies on screening for evidence of coercion or Child Sexual Exploitation (CSE), including the use of evidence-based tools.
* Decriminalisation would not mean deregulation as a multitude of local and national guidelines and standards already exist that govern healthcare and hold health professionals to account.
* The more restrictive laws in Northern Ireland are grossly archaic, dangerous and are an infringement of basic human rights and gender equality. It is completely unacceptable that Northern Irish women are denied rights afforded to women in the rest of the UK.

Decriminalisation of abortion is supported by numerous professional medical bodies including the British Medical Association, the Royal College of Obstetricians and Gynaecologists, The Faculty of Sexual and Reproductive Health and The Royal College of Midwives.

\*The mandate that abortion pills must be taken in a registered premises can be removed by the Health and Social Care Secretary, without a change in law. Women were permitted to use the second medical abortion pill Misoprostol at home in Scotland in 2017 and in Wales in 2018. Women in England will be permitted to use Misoprostol at home in 2019.

Further reading

* BPAS: 10 reasons to decriminalise abortion
<https://www.bpas.org/get-involved/advocacy/briefings/10-reasons-to-decriminalise-abortion/>
* BMA discussion paper on decriminalisation
<https://www.bma.org.uk/-/media/files/pdfs/collective%20voice/committees/arm/2017/bma-2017-decriminalisation-of-abortion-discussion-paper.pdf>