Abortion law: campaign groups and the quest for change

Vincent Argent

Introduction

Many groups seek a change in current UK abortion legislation. Such organisations consist of parliamentary groups, professional bodies, pro-choice and anti-abortion campaign groups and charitable service providers. Individuals have initiated court cases to achieve change. Abortion law in the UK is laid down in the Abortion Act 1967, as amended by the Human Fertilisation and Embryology Act 1990. This law allows abortion in approved circumstances, while illegal abortion is still a criminal offence under the Offences Against The Person Act 1861. Modifications of general abortion law have arisen from case law (e.g. *Paton v. British Pregnancy Advisory Service Trustees*, 1979).

Current proposals for law reform range from complete repeal of the Abortion Act 1967 to reform of the existing legal framework. The main subjects are abortion on request up to 14 weeks' gestation, better access to early abortion, easier access to late abortion, reducing the upper limit, and restricting the definition of serious handicap.

Anti-abortion organisations

Such groups generally prefer to be known as pro-life rather than anti-abortion organisations.

LIFE describes itself as the UK's leading pro-life charity. LIFE's first founding principle is to oppose all abortion.¹ LIFE states that the pressure for root and branch reform of the Abortion Act to save unborn lives and protect women's health cannot be ignored. LIFE calls upon the Government to recognise that real choice involves the guarantee of positive and accessible alternatives to abortion. LIFE particularly supports significant reduction in the upper time limit and recent challenges to the law in court.

The 'Alive and Kicking' campaign has the near-term objective of halving the yearly number of abortions and supports the following legal changes: an immediate, substantial reduction in the upper time limit, eliminating discriminatory abortion of disabled babies up to birth, proper enforcement of the abortion law as originally intended, a prohibition of abortions for social convenience, a cooling-off period before access, and guaranteed regular reviews of the abortion law.²

The Society for the Protection of Unborn Children (SPUC) specifically encourages supporters to lobby and campaign and maintains an informative parliamentary proceedings section on its website.³ SPUC is firmly opposed to current proposals for an upper time limit approach to changing the law because of concern that this would lead to even more early abortions. SPUC takes a critical approach to the pro-abortion lobby's agenda of total deregulation of abortion and focuses on current moves to

liberalise the law such as allowing abortion on demand in the first trimester, demedicalising abortion by removing doctors' involvement and increased use of nurse practitioners, home medical abortion, and extension of the law in Northern Ireland.

The UK Life League is the most militant of the anti-abortion campaign groups. The group states that it is peacefully campaigning to end the violence of abortion. It states clearly that abortion is murder and aims to stop the slaughter of Britain's unborn children. The website contains many pictures of abortions and does not mince its words.⁴

The Christian Medical Fellowship (CMF) is actively involved in submissions to the Government Select Committee of the House of Lords on Medical Ethics, the Nuffield Council and to the Core Values Initiative of the medical profession. The CMF has called for urgent review of Britain's laws, considering them to be out of step with public conscience and the need for reform. The group focuses on upper time limits, especially in view of the advances in neonatal care.⁵

Pro-choice groups

The Abortion Rights campaigning organisation was formed in 2003 by a merger of the National Abortion Campaign and the Abortion Law Reform Association. Abortion Rights claims backing from trade unions, student and women's movement leaders, pro-choice journalists and members of parliament (MPs). The group recently launched a national postcard lobbying campaign calling on MPs not to bend to the cynical anti-abortion groups' lobby pressure to reduce time limits. The mission statement of Abortion Rights is to "defend a woman's right to choose – defend the legal time limit".⁶ The need for the campaign is because the law creates unnecessary obstacles and delays that discriminate against women. These are that abortion in the UK is not available on request, abortion requires the agreement of two doctors, and women can be obstructed by doctors who do not declare their conscientious objection. Recent activities have included the 'Speak Out: Break the Silence on Abortion' meeting in the Committee Rooms of the House of Commons hosted by the MPs Chris McCafferty and Laura Moffatt and supported by *Marie Claire* magazine and Marie Stopes International and also the 'Defend the Time Limit' public meeting in the House of Lords.

Voice for Choice is a national coalition of organisations working with the All-Party Parliamentary Choice and Sexual Health Group to campaign for woman's choice.⁷ The coalition consists of Abortion Rights, Antenatal Results and Choices, bpas, Brook, Doctors for a Woman's Choice on Abortion, Education for Choice, the fpa (Family Planning Association), the Irish Abortion Solidarity Campaign, Marie Stopes International and the pro-choice forum. Voice for Choice campaigns for abortion on request within existing time limits, trained nurse practitioners as providers of medical and surgical abortions, and Northern Ireland law to be brought into line with the rest of the UK. The group has produced briefing papers such as 'Why Some Women Need Late Abortion'.

Doctors for a Woman's Choice on Abortion aims to inform the public and MPs that most doctors favour change in the law in order to give women the right to make the abortion decision and to press for such a change in the law.⁸

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East Sussex Hospitals NHS Trust, Eastbourne District General Hospital, Eastbourne, UK

Vincent Argent, FRCOG, LLB, *Consultant Gynaecologist and Medical Director, bpas*

Correspondence to: Dr Vincent Argent, Department of Obstetrics and Gynaecology, Eastbourne District General Hospital, Kings Drive, Eastbourne, East Sussex BN21 2UD, UK.
E-mail: vincent_argent@hotmail.com

COMMENTARY

Charitable providers

bpas and Marie Stopes International are the two charitable providers of abortion services in the UK. These organisations have become more active in campaigning for abortion support as restrictions on campaigning activities by charities has been eased. The Chief Executive of bpas, Ann Furedi, is very vocal in her support for women's choice. She takes a pragmatic view that women should be supported in the real, human situation of unexpected pregnancy and should not be subject to judgement. bpas consider UK Abortion Law to be very strict compared to that in many other Western countries (e.g. two doctors are needed for authorisation).

bpas aims to inform and educate policymakers, opinion formers, the media and the public on issues relating to unwanted pregnancy.⁹ It also supports other campaigns such as 'See Change' and Voice for Choice.

Marie Stopes International is well known for its campaigns in the UK but also for supporting safe abortion in developing countries where unsafe practice is a leading cause of maternal morbidity and mortality. Marie Stopes International is very keen on advocacy and plays an important role in shaping UK government policy on, and funding allocations for, reproductive health.¹⁰ Marie Stopes International maintains regular contact with special interest groups at Westminster, providing written briefings, inputs into policy papers and answers to Parliamentary Questions.

Parliamentary Groups

The All-Party Parliamentary Pro-Choice Group was established at Westminster in 1998 as the political mirror of the Voice For Choice consortium. It strives to reform the outdated Abortion Act 1967 and to extend any revised legislation to Northern Ireland. It seeks to raise awareness in parliament of the needs of women seeking abortion.¹¹

The All-Party Parliamentary Pro-Life Group is a forum within parliament for the promotion of the sanctity of human life from conception until natural death, and places particular emphasis on abortion. The group generally opposes abortion and raises the issue in both Houses and produces briefing material on Government policy and legislation and reports such as 'Link Between Breast Cancer and Abortion'.¹²

Science and Technology Committee

The House of Commons Science and Technology Committee Report – Human Reproductive Technologies and the Law (Fifth Report of Session 2004–05) noted the desire to loosen the requirements on those who control access and undertake abortions and the environment in which abortions take place. They stated, however, that any new legislation introduced to amend the Human Fertilisation and Embryology Act 1990 should not include abortion, which should be dealt with in a separate bill. The Committee called on both Houses to set up a joint committee to consider scientific, medical and social changes in relation to abortion since 1967 considering options for new legislation.

Early Day Motion

The most recent action consisted of an Early Day Motion signed by 130 MPs (June 2006: Number 2379) calling for a review of abortion law. It states: "That this House endorses Recommendation 77 of the report of the Science and Technology Committee, Human Reproductive Technologies and the Law; and calls on the Government to set up a joint committee of both Houses to consider the scientific, medical and social changes in relation to abortion that have taken place since 1967, with a view to presenting options for new legislation".¹³

Following this, Caroline Flint, Health Minister, rejected calls for parliamentary review of the law. She said that the pressure for review was not coming from scientific professional bodies – the British Medical Association (BMA), the Royal College of Obstetricians and Gynaecologists and the Royal College of Nursing – that are opposed to a reduction in the time limits for abortion.¹⁴

Public opinion

Opinion polls vary but a recent MORI poll claimed that 47% of women believe the legal time limit for abortion should be reduced from 24 weeks. Some concern was expressed about the leading nature of the poll questions. Other polls generally show support for earlier abortion on request and improved access.

Recent legal cases

The Crown Prosecution Service has decided not to take legal action in the test case brought by the Reverend Joanna Jepson. She claimed that a late abortion for a fetus with cleft palate does not constitute a sufficiently serious handicap to allow legal abortion.

Sue Axon lost her case in the High Court where she wanted abortion law changed to allow a parent's 'right to know'. Mr Justice Silber decided that the parent has no right to know, adding that abortions should not be made available if the young person lacked the maturity to understand advice.

The medical profession

The BMA has voted against proposals to lower time limits but believes it is important to keep legislation and public policy under review based on good factual information, and has produced a briefing paper on abortion time limits. The Faculty of Family Planning and Reproductive Health Care and the Royal College of Obstetricians and Gynaecologists generally support improved access and provision of abortion care within existing law.

Discussion

Anti-abortion campaigners argue that recent medical advances enable the survival of some fetuses born before 24 weeks and that the time limit should be reduced. Their expressed rationale is to prevent abortions altogether because they believe human life begins at fertilisation but, in the meantime, to whittle away at the legal provision of abortion. Some ethicists would object that either abortion is wrong or it is not, and the length of gestation is immaterial. Others would argue that if the fetus cannot exist independently outside the uterus then it does not have the same rights as a human being. Many people have a common-sense pragmatic view that the smaller and less well developed the fetus is, the less they feel uncomfortable about the idea of abortion. So, it is not surprising that an opinion poll showed nearly half those interviewed as being in favour of a re-examination of the time limits. However, last year the BMA voted to keep the abortion time limit at 24 weeks because of fetuses' poor survival rates before that time. The BMA based its decision on a study that found that of 761 babies born up to the 24th week, 41% died in the delivery room while 42% died in intensive care. The majority of survivors had either a severe or moderate disability. Late abortions take place for exceptional or unforeseen reasons and are not taken lightly by anyone involved. Only 0.6% of abortions take place between 22 and 24 weeks.

The ultrasound images published in June 2004 showed developing fetuses appearing to smile, wave and walk in the womb. These images persuade many people that the fetus is a miniature baby and increases their discomfort at

the idea of abortion; that is, until they are in the position of having an unwanted pregnancy themselves. One in three women in Britain has had an abortion and 76% of people support the current legal right to abortion.

Many people are misinformed about the availability of abortion and believe that it is available on demand. This is contradicted by extensive evidence that women face serious obstacles and long delays in accessing abortion. A quarter of the women having abortions in England and Wales have to pay for them and there are no public funds available specifically to help poorer women in these circumstances. Improving access and National Health Service provision would make a real difference to women's lives.

The enforcement of statutory sex and relationships education, more open discussion of sexual activity, and more widespread access to free contraception and emergency contraception would help to reduce the number of abortions. We have to recognise, however, that human beings are fallible and so is, to a lesser extent, contraception. Abortion, whether legal or illegal, will continue to be sought by women who find continuing with an unwanted pregnancy unacceptable.

Conclusion

It appears that the majority of women in the UK agree with those groups calling for change in the law to allow easier and earlier access and women's choice on abortion but would support stricter regulation of late abortion.

Statements on funding and competing interests

Funding. None identified.

Competing interests. Dr Argent is the Medical Director of bpas.

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