

The fact that British law *de facto* allows abortion on request is not an argument against reform. It is time to look ahead and frame what an abortion law should look like that could take us forward for the next 40 years. Such a law should reflect our social attitudes and views, ending the hypocrisy that pretends abortion is rare and attempts to 'ghettoise' it. We should not have to work around an Act that stigmatises abortion, setting it aside from other procedures and privileging doctors' opinions about unwanted pregnancy above those of the women who experience them.

Women deserve better: a modern, fit-for-purpose law accepting that restrictions on abortion should be solely to protect health. Current legal anachronisms about who provides abortions, and where they should be carried out, should be modernised to take account of new medical technologies and the developing role of nurses. Early medical abortion and manual vacuum aspiration is suited to nurse delivery and is practised successfully in the USA, South Africa and across the developing world.

The law should recognise that a decision about the future of a pregnancy should lie with the woman who carries it. Women are not less morally literate than doctors. They (we) can be trusted to make responsible, complex decisions about pregnancy. Given that someone has to make a decision about whether an unwanted pregnancy should be ended or continued, it is surely right that that someone should be the person most affected by the decision: the pregnant woman who will live with the consequences of the decision for the rest of her life.

The law should also be consistent with modern medical ethics, in that competent people can legitimately refuse to compromise their bodily integrity. In refusing a Caesarean section, a mentally competent woman may guarantee that she is not delivered of a living child, but she commits no crime in doing so. We may disagree with her decision, but it is her bodily autonomy that the law is concerned with. The law often requires us to distinguish between what is legal and what we think is right and wrong; but most of us accept that allowing un-consented medical intervention is a greater social evil than tolerating an occasional, unpalatable individual choice. So it should be with abortion.

What would this mean for legal reform? Arguably, a law that would explicitly allow abortion at the request of a

woman because her pregnancy is unwanted; permit suitably qualified health care providers other than doctors to carry out abortions; remove 'class of place' restrictions; require the NHS to fund services to meet local demand; and remove the geographical anomaly that excludes Northern Ireland from the reach of the Abortion Act. More simply, Britain could look simply at decriminalising abortion. In Canada, abortion care is successfully managed under the Canada Health Act in the same way as any other necessary medical intervention.

In summary, a comprehensive parliamentary review of the abortion law is long overdue.

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Competing interests The author is Chief Executive of a not-for-profit charity that provides abortion services.

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BOOK REVIEW

Lost: Illegal Abortion Stories. J Wainer. Melbourne, Australia: Melbourne University Press, 2006. ISBN: 0-5228-5231-9. Price: £15.00. Pages: 224 (paperback)

As Jo Wainer writes in her introduction: "Abortion is an act so laden with raw emotion that otherwise civilized societies would rather have mothers die than let women decide whether they will mother".

Jo Wainer was a university student when she became secretary of an abortion law reform association in Melbourne in the late 1960s, and met Bertram Wainer, a Scots-born general practitioner, who was shocked at the corrupt hierarchy of illegal abortion provision that existed in Victoria at that time. Together, and with

the help of friends and supporters, they began to gather evidence about the conditions under which poor women particularly obtained abortions, and they mounted some of the first test cases to establish what constituted lawful abortion in Victoria. They endured threats to their livelihoods and their lives, and their story is fascinating. Jo Wainer isn't focusing on that story in this book. She is recounting the stories of women who came forward to Dr Wainer in the 1980s to give their personal accounts of illegal abortion, so that their experiences would not be lost. It is an oral history that reminds readers how little power women had in their relationships with men and family, and the often-devastating consequences of that. Women are frank about their relationships, their emotions and their own shortcomings. There are

also some contributions from hospital staff, recounting the public hospital response to the consequences of illegal abortions, and from the mother of a young woman who died.

Abortion is now widely available in Australia, but access is difficult in many areas and it remains on the criminal codes in several states. In the USA and elsewhere, women's rights to safe abortion are constantly being eroded. This book reminds us that where state law makes abortion illegal, abortions continue to happen, but women are exposed to humiliation, fear and danger.

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FOCUS ON ABORTION

2007 marks the 40th anniversary of the Abortion Act 1967. In view of this fact, the July issue of the Journal includes a greater than usual number of commissioned articles and submitted papers on abortion and related topics.