

Abortion Laws in the UK

Why we need reform - Whose Choice?

It is a popular misconception that the current law allows for abortion at the request of the women concerned. In fact, abortion is legal only if two doctors certify that it is necessary under the terms of the 1967 Act; unwanted pregnancy is not one of these terms.

Some doctors accept that an unwanted pregnancy is potentially harmful and will support her request for this reason

They are legally permitted to do this

Other doctors may be judgemental, obstructive and unhelpful, delaying women or turning them away in circumstances where another doctor would consider an abortion to be warranted

They are legally permitted to do this

By allowing doctors to exercise wide discretion and make personal judgements over women, the 1967 Abortion Act creates a climate of uncertainty and potential for unfair and arbitrary discrimination. It places an additional, unjust emotional burden on women who may already be facing one of the most difficult and traumatic decisions of their lives

The law must be amended to recognise that the only person capable of deciding whether or not a pregnancy should continue is the person most affected by that decision - the woman herself

Why we need reform - Barriers to access

Recent studies in the United Kingdom have demonstrated the wide disparity in the provision of NHS abortion services in various parts of the country; the level of NHS provision ranges from more than 90% of local demand to less than 60% in some health authority areas. And, of course, in Northern Ireland, where the 1967 Abortion Act does not apply, both NHS and private sector provision is non-existent.

Some health authorities do not consider abortion services to be particularly important and accord them low priority for funding, which means they fail to meet the needs of local women. A woman with an unwanted pregnancy cannot expect to be referred for an NHS abortion in the way that a woman with a wanted pregnancy can expect NHS ante-natal and maternity care.

Lack of provision may have grave implications for women's health, since inadequate local NHS funding tends to result in long waiting lists, or arbitrary restrictions, such as refusing women who have previously had NHS abortions or are beyond a certain number of weeks of pregnancy. Women in low income groups are particularly vulnerable, as they cannot resort to the private sector in the event that local NHS providers turn them away.

By placing a duty on health authorities to fully fund abortions for local women, the number of late abortions will be reduced, with a consequent reduction in physical complications and emotional traumas associated with later procedures.

Why we need reform - Northern Ireland

The women of Northern Ireland have to travel to Britain in order to secure abortion, because the 1967 Abortion Act does not extend to Northern Ireland. An average of 40 women every week make the journey to private clinics, largely travelling in secret, at great personal cost, both financially and emotionally. They are denied medical treatment legally available to other women in the United Kingdom, and will frequently be unable to obtain proper post abortion care or counselling, because doctors in Northern Ireland - who are understandably dubious about their precarious legal position - are poorly trained in, and reluctant to deal with, the complications of abortion.

Implementing a right to access legal abortion services in Northern Ireland will end thirty years of the most blatant discrimination against a section of the United Kingdom community, and will reflect the public will of the people of Northern Ireland, who have consistently supported legal abortion.

Why we need reform - Union with Europe

In 1967, Britain led the world in framing a progressive legislation for abortion. The 1967 Abortion Act has since been superseded and rendered archaic and paternalistic by the legislative reforms made by Britain's European partners, most of which have introduced laws which provide abortion on request in

the first trimester of pregnancy.

There is no evidence that a liberal reform of abortion legislation will result in an increase in the numbers of women seeking to access the service. On the contrary, if coupled with progressive sex education programmes and access to comprehensive family planning services, the evidence suggests an opposite effect, as experience from the Netherlands and Finland, where abortion rates are amongst the lowest in the world, clearly demonstrates.

The United Kingdom needs to follow the example of the majority of its European partners and extend to the women of Britain and Northern Ireland similar rights to those enjoyed by millions of women throughout Europe.