



Further abortion votes this autumn

— act now to defend and extend rights for women to choose

1) Introduction

Following a successful campaign to defend the time limit for abortion at Committee stage of the Human Fertilisation and Embryology Bill, MPs have tabled further abortion amendments for the Report stage, due to be debated this autumn. Despite public opinion and the clear voting in May, many still attack women's current rights in law. Others, however, seek to advance the law for women by ending delay and obstruction and improving access to abortion. These amendments are tabled for debate and vote at the Report Stage of the Bill, which will be during this autumn. Abortion Rights urges you to:

Lobby MPs against any restrictions in women's abortion rights in law

- Please urge your MP to vote against any amendments that would restrict women's existing abortion rights. Some amendments tabled would introduce further delays in women's access to services. Already women commonly face more than three weeks of delays, including 23 per cent of women seeking abortion in the second trimester.

Other amendments try to restrict the grounds for abortion, impose compulsory 'counselling' or introduce obstacles to later abortion.

Lobby MPs to support the positive changes in the law that women need by voting to

- Allow one doctor, rather than two as at present, to approve an abortion — a change widely supported by the pro-choice movement, doctors, parliamentarians and ethicists.
- End unduly restrictive rules about where abortions can take place and who can perform them.
- Extend the Abortion Act to Northern Ireland to end an historic injustice that results in women paying £2,000 and travelling long distances for a safe abortion or bearing a child against their will.

These and other proposals have broad support from medical bodies, family planning groups, trade unions and women's groups. **This is an important opportunity. Please encourage your MP to vote to secure them.**

2) Don't turn the clock back - oppose restrictive amendments

Increasing the number of doctors required to approve later abortions: Amendments proposing to increase the number of doctors required to approve abortions post-24 weeks (a tiny number needed in very exceptional circumstances) from 2 to 3 have been tabled by Frank Field MP, in *New Clauses 4, 5 and 17*. These would add complications and delays and contribute further stress to women in very vulnerable situations. *New Clause 4* proposes combining an increase in the number of doctors' signatures post-24 weeks with a reduction to 1 doctor under 13 weeks. This should be opposed: the human rights of one group of women should not be traded off against another; there is no case for supporting a tightening in the tiny number of very late cases and it is not supported by any medical organisation. *New Clause 16*, also tabled by Frank Field, suggests abortions up to 13 weeks should only require 1 doctor's signature but with 2 doctors being needed thereafter. This would introduce an arbitrary distinction between abortions before and after 13 weeks.

Any MP in support of the positive change of a reduction in the number of signatories required should vote for *New Clause 1* tabled by Evan Harris (see below).

Restricting the grounds for abortion – foetal impairment: *New Clause 6* (tabled by Nadine Dorries MP) would exclude abortion in a number of cases where there is impairment of the foetus by identifying specific conditions that should be excluded. While *New Clause 15* (by Charles Walker MP) would restrict the definition of 'seriously handicapped'. These amendments attempt to politicise an area that is medically complex and should be left to the individual woman concerned, supported by her medical counsel. Women must be free to make their own decisions about continuing with or terminating a pregnancy. Abortion Rights strongly supports the rights of disabled people but does not believe that restricting women's rights to choose on abortion will help bring disability equality closer. Such changes were not supported by the then Disability Rights Commission.

Imposing information, counselling and ‘cooling off’ delays to obstruct women: *New Clause 19* (Angela Watkinson) would delay abortions until a range of biased information has been foisted on women about the ‘psychological risks’ of abortion or availability of adoption services. *New Clause 20* (Dr Nick Palmer) disingenuously proposes a requirement for doctors to give scientific information about impairments and treatment options, when such information already exists. *New Clause 26* (Edward Leigh) proposes a 7 day ‘cooling off’ period, which would introduce further stress and delay for women. Parliament has previously rejected similar proposals and should do so again, if these amendments are selected.

Restricting grounds for abortion on mental health grounds: Dr John Pugh’s *new Clause 22* says one doctor must be a mental health expert so as to decide whether a woman would face a ‘serious’ risk to her mental health by continuing with an unplanned pregnancy as opposed to a ‘trivial’ risk. This change would be highly impractical, and lead to further delays for women as a result of an unnecessary requirement to involve mental health experts. It is a proposal

which disrespects women’s health rights and implicitly ignores the mental distress that results when a woman forced to bear a child against their will. It would mean significant delay. It is unnecessary, impractical and would result in serious delays and should be opposed.

Banning abortion after 24 weeks on grounds of foetal impairment: Ann Winterton MP’s *New Clause 28* would remove from women the right to choose late abortion on grounds of foetal impairment. The claim that this would advance disability equality is false. Those women denied choice would include any disabled woman seeking a termination after 24 weeks on these grounds. Under this amendment a woman would be forced to carry on with the pregnancy even if the foetus was diagnosed with an extremely serious condition such as anencephaly where there is no chance of survival. This amendment is not about disability equality but about attacking women’s rights to decide, and in very difficult circumstances. We can support disability equality by campaigning for better rights and independent living for disabled people and a change in public attitudes.

3) Improving women’s rights: Support these amendments

Removing anti-abortion doctors’ obstruction: *New Clause 1*, tabled by Evan Harris MP, would mean one doctor, rather than two, would be required to authorise the procedure, in line with ‘good medical practice’. This will improve access to early abortion by removing a source of unnecessary delay and pretext for obstruction. Abortion is currently the only medical procedure except involuntary treatment under the Mental Health Act that requires two doctors’ authorisation. This amendment is widely supported, including by the BMA and others.

Extending access to safe, legal abortion to women in Northern Ireland: *New Clause 30*, tabled by Diane Abbott MP, would extend existing law on abortion to Northern Ireland. Women in Northern Ireland still do not enjoy the protection of the 1967 Act – even if they are the victim of rape or incest. If they can raise the financial resources, they must travel abroad for a safe termination at great personal cost, often resulting in much later abortion than women would prefer. There have been at least five known deaths due to unsafe abortion practices and countless women have been forced to continue a pregnancy against their will. The UN Committee on the Elimination of Discrimination against Women, the Equality Commission for Northern Ireland, the fpa, Alliance for Choice and a wide range of Northern Ireland women’s organisations, rape crisis groups and trade unionists all support change in this area.

Increasing the pool of abortion practitioners: *New Clause 2*, tabled by Frank Dobson MP, would enable suitably trained nurses to carry out early abortions. Nurses commonly do this in other parts of the world such as the USA and South Africa. The medical consensus is that this will extend women’s access without in anyway compromising safety or quality of care.

Allowing more local abortion services: *New Clauses 7 and 10*, tabled by Jacqui Lait MP, would allow abortions to be performed in GP surgeries and family planning clinics rather than just hospitals, and abortion clinics. This will help speed up access to early abortion and could facilitate better contraceptive follow-up, contributing to lowering the likelihood of unintended pregnancies and repeat abortions.

Allowing women to take the second stage of an early medical abortion at home: *New Clause 9*, tabled by Chris McCafferty MP. The cross-party Science and Technology Committee said women should be given the option of taking the second stage of the early abortion pill at home, with appropriate follow-up and care. This amendment removes the requirement for two clinic visits, increasing capacity for early abortion treatment appointments, helping to reduce distressing delays for women.

Banning deliberately misleading advertising: *New Clause 11*, tabled by John Bercow MP, would protect women from being misled into using ‘crisis pregnancy counselling’ services that do not provide clear, non-directional, evidence based information. This amendment would make it an offence for an organisation which provides biased information to fail, in their advertising or promotional material, to make clear that they are anti-abortion on principle .

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