



Abortion

January 2011

FPA defines sexual health as *the capacity and freedom to enjoy and express sexuality without exploitation, oppression, or physical or emotional harm*. Abortion is a crucial aspect of the sexual health of many women, as shown by the more than 6 million abortions performed in England, Scotland and Wales since the 1967 Abortion Act was passed.

1. FPA is a pro-choice organisation. We believe that abortion is an essential part of fertility control and should be available through the NHS to all women, wherever they may live in the United Kingdom.
2. FPA believes that the decision to have an abortion rests with the woman herself. Abortion access and treatment should be based on this principle, and we call for a change in the law to enable women to access abortion on request, within legal time limits.
3. FPA believes that all women have the right to confidential, non-judgemental, accurate and up to date information about abortion.
4. FPA believes that all women who want it should have access to free, non-directive pregnancy counselling and post abortion counselling.
5. FPA believes that, having taken the decision to end a pregnancy, all women should be able to access abortion services promptly and without delay. We recommend that there should be a target waiting time of 72 hours after they have been referred for abortion, with one week as a minimum standard.
6. FPA believes that all women seeking an abortion should be offered a choice of methods and procedures in line with evidence-based practice and clinical governance. This would ensure both quality and choice in service provision.
7. FPA believes that clinical and societal changes since the Abortion Act (1967) was passed have rendered crucial aspects out of date, and that it should be amended accordingly.

FPA believes that, while women should have the right to choose and pay for an abortion privately, all women who want to do so should be able to access abortion services funded by the NHS. As a minimum, we recommend that at least 90 per cent of abortions should be paid for by the NHS.

Despite being legal in England, Scotland and Wales and in extremely restricted circumstances in Northern Ireland for more than 40 years, abortion continues to receive little balanced coverage in the media, politics or formal education. Instead, abortion is viewed with moral outrage in some sections of the media or is the subject of polarised debate in politics and schools.

Abortion is legal in Northern Ireland in specific circumstances, but in a Judicial Review of abortion and abortion services initiated by FPA, the Belfast High Court of Appeal ruled that the Department of Health, Social Services and Public Safety (DHSSPS) had actively sought to avoid its responsibilities in this area and ought to investigate the issue. Almost eight years after FPA first took the issue to court, the DHSSPS published guidance on the law and policy on abortion in Northern Ireland. However, this document has been subject to two further judicial reviews sought by the anti-choice organisation the Society for the Protection of Unborn Children (SPUC) on the grounds that the guidance was illegal. In 2009, the Court ruled that the guidance was not illegal but that two sections on non-directive counselling and conscientious objection did not give clear guidance. These sections were subject to a further consultation period which ended in October 2010. Final guidance has yet to be published. FPA continues to campaign for the law in Northern Ireland to be changed so that women there have the same rights to access abortion as women in the rest of the UK. This would end the inequality which forces women from Northern Ireland to travel and pay for abortion services which women in the rest of the UK can access free of charge.

In the rest of the UK, opinion polls highlight the considerable confusion among the British public about how women can obtain an abortion. In contrast, public opinion is clear on the issue of whether abortion is primarily a woman's decision. A poll conducted in 2006 by Ipsos MORI showed that 63 per cent of adults in Great Britain agreed that if a woman wants an abortion she should not have to continue her pregnancy¹. In practice, GPs are the gatekeepers to services and it is they who decide on a woman's right to abortion. The requirements of the Abortion Act, based on a view of society from over 40 years ago, conspire to make access to abortion services an obstacle course for women.

A survey conducted in 2007² indicated that a significant minority of GPs feels that there should be no requirement for GPs with a conscientious objection to abortion to declare their position, despite British Medical Association (BMA) ethical guidelines and General Medical Council (GMC) guidance to the contrary. Enquiries to the FPA helpline support this finding and suggest that a group of GPs and other health professionals either do not provide information or delay a woman's access to abortion services. The absence of a non-judgemental, non-directive counselling service or self-referral for abortion in most areas exacerbates this situation.

Within Britain access to NHS abortion varies considerably according to where an individual lives. Figures for abortions carried out in England in 2009³ show that while in many Primary Care Trust (PCT) areas almost all abortions are NHS funded, in some areas only around two thirds of abortions are. There is also significant geographical variation in waiting times for abortion services. Figures show that there are particular variations between PCTs in the number of NHS-funded abortions which take place under 10 weeks, which range from as low as 48 per cent in some areas to as high as 85 per cent in others.

A combination of factors has been shown to be effective at reducing waiting times for abortion and include:

- High commitment to funding NHS abortion services
- Centralised booking systems
- Availability of medical abortion, which allows abortion at an earlier stage.

Advances in technology or initiatives to improve the quality of the service provided are not always reflected in clinical practice, as seen in the limited choice of abortion method or procedure often offered to women. In England and Wales use of medical (that is non-surgical) abortion remains relatively low, with only 40 per cent of abortions being by this method in 2008. In Scotland uptake is much higher at nearly 70 per cent⁴. Medical abortion costs less, is less invasive, and is preferred by many women. If used more widely it would offer a greater level of choice to women, and could significantly speed up access to the process, thereby reducing waiting times. Similarly, using local anaesthetic for surgical abortions offers benefits to some women but usage is patchy and largely dependent on the personal preferences of the clinicians involved. Research has shown that improvements in the provision of these methods, as well as a reduction in waiting times, would not only improve the quality of services for women but could also save the NHS in England up to £30 million per year⁵.

Choice of methods and indeed access to abortion services is in some areas restricted by a lack of clinical staff willing to take part in the abortion process. Although no figures are held centrally on the number of doctors refusing to perform abortions, anecdotal evidence from the Royal College of Obstetricians and Gynaecologists (RCOG) suggests that the problem of doctors declaring a conscientious objection is widespread⁶. The law currently allows nurses to be delegated to perform many of the tasks involved in abortions, especially medical abortions, and some nurse-led services have already been established. An expansion of nurses' roles could offer significant improvements in quality and access within the current law, and we believe that the law should be changed to allow suitably trained nurses and midwives to perform early surgical and medical abortions, which would further improve access. Overall there is a need for greater training for nurses and doctors to improve access to abortion services and the availability of different abortion methods.

Further information

FPA factsheet on *Abortion* (August 2010)

Royal College of Gynaecologists and Obstetricians, *The Care of Women Requesting Induced Abortion, Evidence-based Clinical Guideline No. 7* (London: RCOG Press, 2004)

British Medical Association, *The law and ethics of abortion: BMA views* (London: BMA, 1999)

British Medical Association, *Abortion time limits: a briefing paper from the BMA* (London: BMA, 2005)

British Medical Association, *First trimester abortion: a briefing paper from the BMA's medical ethics committee* (London: BMA, 2007)

Royal College of Nursing, *Abortion care: RCN guidance for nurses, midwives and specialist community public health nurses* (London: RCN, 2008)

Mawer C and McGovern M, *Early abortions: promoting real choice for women* (London: FPA, 2003)

¹ Commissioned by bpas: *Attitudes to Abortion* (London: Ipsos MORI, 2006)

² Marie Stopes International, *General Practitioners: attitudes to abortion 2007* (London: MSI, 2007)

³ Department of Health, *Abortion Statistics, England and Wales: 2009*, Statistical Bulletin 2010/01 (London: DH, 2010)

⁴ ISD Scotland, 'Abortions data', <<http://www.isdscotland.org>> accessed 14 January 2011

⁵ Armstrong N and Donaldson C, *The Economics of Sexual Health* (London: FPA, 2005)

⁶ Laurance J, 'Abortion crisis as doctors refuse to perform surgery', *Independent*, 16 April 2007