



The 1967 Abortion Act

Legislation no longer meeting women's needs

When passed in 1967, our Abortion Act was designed to protect women's health – yet in the 21st Century it prevents the provision of the best possible medical care for women. The Act also keeps women and healthcare professionals at risk of prosecution as it did not repeal or replace sections 58 and 59 of the Offences Against the Person Act, rather created exemptions to prosecution when specific conditions were met. This short briefing illustrates 4 key problems posed by the Act today.

Delay

Abortion is the only clinical procedure which requires 2 doctors to provide legal authorisation before the procedure can go ahead and can only take place in hospitals or settings specifically licensed by the Secretary of State for Health. The need for 2 doctors' signatures is a purely legal one which is entirely unrelated to safety or clinical care, the process of obtaining informed consent, or the protection of vulnerable women. **But it can compromise clinical care** by causing delay for a woman who is sure of her decision. Abortion is an extremely safe procedure, but the earlier it can be performed the better for women's physical and mental health. Legal requirements prevent the development of GP/primary-care led services which are now the model in many other countries and which could easily improve women's access to the earliest possible care.

"I am currently between 7-8 weeks pregnant and want a medical termination however all abortion services in the U.K. are heavily backed up and cannot offer me an appointment for over three weeks. I've called every service provider in my area and also gone through my GP. There is a difference between legal and accessible and a wait of a month to terminate pregnancy is much too long. I can't endure the mental anxiety of staying pregnant for another three weeks and then having a surgical procedure." (source: Barriers to accessing abortion services in Great Britain, Contraception, September 2017)

Denial of services

The threat of prosecution that is unique to abortion can deter many doctors from wanting to enter this area of women's healthcare. This presents real problems for women with medical conditions such as epilepsy, asthma and heart conditions, who cannot be cared for in stand-alone clinics such as those run by bpas but must be seen in a hospital settings, so that specialist care for their condition is available if needed. **On a regular basis British women are forced to continue with pregnancies they do not want and which risk their health because they cannot find doctors to care for them.** Bpas runs a specialist placement service for these women, examples of the women we could not place last year below:

Teenager who recently left foster care. Lives alone and feels unprepared to become a parent. Thyroid condition. Contacted bpas at 22 weeks. No appointment available.

Heart condition. Presented at 22 weeks, Currently attempting to get a non-molestation order against ex-partner due to domestic violence. Has a child with a serious illness. No appointment available for termination.

Presented at 23 weeks. Client has had multiple surgeries for arteriovenous malformation, embolization, and amputation. Weakness in her blood vessels are causing her health to deteriorate. No appointment available for termination. (source: Medically complex women and abortion care, bpas, 2018)

Obstacles to lawful service

These obstacles mean women must take matters into their own hands, and risk prosecution in the process. The requirement that abortion can only take place in specifically licensed clinics that may be some distance from where women live presents particular issues for women in challenging circumstances, such as those in co-ercive relationships, or with dependents, particularly when coupled with the need to attend multiple appointments. Increasing numbers of women are turning online for medication, yet any woman who uses pills she has obtained this way risks criminal sanction as her abortion is taking place outside the confines of the 1967 Abortion Act. These testimonies from one online provider, Women on Web, illustrate the challenges British women can face:

"I've just found out I'm pregnant and I can't keep the baby, can you tell me if I can get the tablets from you please. I am in the UK but it's impossible for me to get to a clinic due to having a disabled daughter who I can't leave and I have no one else I can trust.

"I live in [a rural area in England] and have no friends and the relatives I have I am not close to. I was hoping to have a termination in the comfort of my own home without judgmental eyes and without worrying about my husband knowing. I fear what would happen if he did. I have 3 children and my 3rd is 11 months old. I considered an abortion when he was conceived and had a terrible pregnancy and still suffering from post-natal depression. I will try to seek help, anonymously if possible. I'm in great need of help."

"I have visited my GP last week and he referred me to my local NHS service. They can only offer me a medical abortion with three visits to the hospital on separate days. On the second visit I am expected to stay there all day. I work full time and have two young sons so getting all that time off and childcare is going to be very difficult, probably impossible."

Prevents development of modern healthcare framework

The Act prohibits the development of nurse and midwife-led services that are now the model in other healthcare services, including maternity care, and which many women may prefer. Nurses and midwives can already offer care for women who have suffered incomplete miscarriage: exactly the same skills are needed for abortion but the Abortion Act stipulates that only doctors can provide this care. This means that many nurses and midwives are denied the opportunity to use their professional knowledge and skills to support women in their time of need.