Abortion – 40 years on

A presentation to the Methodist Parliamentary Fellowship by Professor Ian Leck, Professor Emeritus and former Professor of Epidemiology at Manchester University

Introduction

As the title reminds us, it's 40 years this autumn since abortion under medical supervision was legalised in this country by the 1967 Abortion Act. In what follows, we take a brief look firstly at the statistics on how many legal abortions are happening and when and why; secondly at the scientific developments relating to the 1967 Act on which the House of Commons Science and Technology Committee reported just over a month ago; and thirdly at the ethical issues that abortion raises.

Abortion statistics

The simple answer to the question "How many legal abortions are happening?" is that last year just over 201,000 legal abortions were reported in England and Wales. Nearly 194,000 of these abortions were carried out on residents, and it's the statistics for this group on which I shall focus. They imply that among all the conceptions in residents that ended in legal abortion or birth in England and Wales last year, just over 22% ended in abortion. The top graph on the handout shows how this percentage has varied since 1968, when the 1967 Act came into force. There was a rapid rise till 1973, when the percentage was around 14%. It went on rising, more slowly, till 1989. It then dipped for a few years, rose again in 1996 to 2001, and since then has decreased very slightly.

Next, when in pregnancy are abortions being carried out? This is important not just because it's easier and less traumatic for the mother if abortion is carried out early in pregnancy, but also because early abortion is easier than late abortion to justify if we accept that the significance of the unborn human increases as it develops. This sense that its significance increases as it develops, and in particular as it becomes able to survive outside the womb, lay behind the reduction of the upper limit for most abortions from the 28th to the 24th week of gestation which the Human Fertilisation and Embryology Act of 1990 decreed. The lower graph on the handout, which is reproduced from the report of the House of Commons Science and Technology Committee, shows that about two thirds of abortions are now carried out before ten weeks, and that this proportion has risen and the proportion carried out at 10 to 12 completed weeks has fallen during the last decade. Table 1 (p. 4) gives the most recent figures, and shows that only 1½% of abortions are carried out beyond the 20th week – the time to which some have suggested lowering the upper limit so as to bring it below the point when survival outside the womb is possible.

My third question is why? – for what reasons are abortions carried out? Below Table 1 (p. 4), I have listed the grounds on which abortion was permitted in

the 1967 Act, as amended by the Act of 1990; and in Table 2, below this list, last year's abortions are analysed according to the reasons given for carrying them out. The striking finding is that in more than 29 of every 30 abortions, the only reason given was Ground C – that "continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of the pregnant woman". And as the footnote to this table explains, the most recent published data as to the principal medical conditions reported in such women indicate that well over 99% are psychological, generally neurotic or depressive.

It's often said that the inclusion of Ground C in the 1967 Act had the effect of legalising early abortion on demand, since pregnancy and childbirth carry a greater risk to the health of a woman than an early abortion does. This perspective on Ground C is certainly consistent with the findings that almost all abortions are carried out on this ground, and that the principal medical condition recorded in these cases is almost always a non-psychotic psychological condition. Conditions of this kind, such as anxiety or depression, are surely totally normal emotions for a woman who is pregnant against her will; and when she comes asking for an abortion her doctor may well think that the risk of these emotions continuing is greater if the pregnancy is not terminated than if it is, and therefore that Ground C applies. Isn't this abortion on demand – and does it matter if it is?

Scientific questions

So much for the statistics. Let's now move on to the report of the House of Commons Science and Technology Committee - produced I believe in anticipation of the current Government Bill on embryology, and of some MPs' wishes to modify the law on abortion by adding clauses to this Bill. Quite appropriately for a Science and Technology Committee report, this report focuses on scientific and technological issues with a bearing on the appropriateness of abortion as carried out under current legislation, rather than on the ethical dimension. The main questions it addresses seem to me to be, firstly, "Do recent studies of viability and development support any change to the time limit for abortions on Grounds C and D?"; and secondly, "Should changes be made in the law as to where abortions can take place and who can authorise them and carry them out?"; and thirdly, "Does abortion have long-term effects on women's health?".

So firstly "Do recent studies of viability and development support any change to the 24th week limit for abortions on Grounds C and D?" It would not be generally acceptable for this limit to be as high as the 24th weeks if fetuses of 23 weeks gestation or less were generally able to survive outside the womb or to feel pain. However, according to the most reliable statistics reviewed by the Committee, the survival rates among children born at 23 weeks or earlier are very low and have shown little if any improvement since the upper limit for most abortions was set at the 24th week. This is in contrast to children born at 24 or more weeks, in whom medical advances have led recently to better survival rates. So far as the ability to feel pain is concerned, the research reported to the Committee suggests that the nerve cells on which this depends do not connect up before 26 weeks, and also that the unborn human

is sedated or kept asleep by hormones which act on its brain. The Committee concluded that the 24th week should remain the upper limit for Ground C and D abortions.

The second question I listed was "Should changes be made in the law as to where abortions can take place and who can authorise them and carry them out?" The Committee's answer was to recommend several such changes. One was to remove the requirement for every abortion to be approved by two doctors, at least in cases of 12 weeks gestation or less. Reasons for proposing this change were that such cases always satisfy Ground C and that getting a second signature can delay the abortion. Secondly, it was argued that nurses are as competent as doctors to sign the form notifying that an abortion has been approved, and to prescribe the medication used in medical abortion, and to perform surgical abortions in early pregnancy. The Committee therefore said that they should be authorised to do all these things. Thirdly, it recommended that women undergoing a medical abortion should be able to stay at home while they take and await the effects of the drug which causes the womb to expel its contents. This need not involve new legislation, since the 1990 Act empowered the Secretary of State for Health to approve the carrying out of abortions in "classes of places" other than hospitals.

The third question I listed was "Does abortion have long-term effects on women's health?" The research reviewed by the Committee includes evidence that women who have had an abortion are slightly more likely to miscarry or deliver before term in future pregnancies. The results of studies as to whether having an abortion affects women's long-term mental health were however found to be equivocal. Such studies are difficult to interpret because it seems possible that women who opt for abortion are more likely than others to be already predisposed to psychological problems, in which case their subsequent mental health would be less good than other women's even if it was not affected by the abortion itself. So the jury is still out on whether this affects mental health adversely.

Ethical issues

It is perhaps worth quoting an observation by the Committee on the comments they received on one widely quoted survey in which the rates of some mental health problems were higher in women who had undergone an abortion. The observation was (and I quote) "that references to [this survey] from some pro-life groups make no mention of the weaknesses … and those from some pro-choice groups make no mention of the strengths" *(Scientific developments relating to the Abortion Act 1967, ¶133)*. That's hardly surprising; but it moves us on from the scientific issues to the ethical debate – the third and final thing on which I said I would comment, in the hope of opening the ethical perspectives up for discussion. The debate is basically about whether there is a specific point in the development of human beings from conception onwards from which they, we, should be credited with full human status, so that anyone who ends the life of a human beyond this point is guilty of murder – and if there is such a point, when is it reached? Basically, there seem to be three widely held views on this question, and the

supporters of each view include Christians who have thought about the matter theologically. Let me end by referring to these views in turn.

Firstly, there's what's often called the *pro-life view* – the view that humans should be credited with full human status from the time of conception, and that therefore abortion is murder. One argument for this view is that from conception onwards the unborn human has the *potentiality* for developing into a *person* who is self-aware, able to formulate wishes and make choices and to feel pleasure and pain, even though these characteristics do not appear until much later. Another argument is that as development is a continuum with no identifiable point at which all these characteristics appear, anyone who sanctions the taking of life at *any* point after the start of development is on a slippery slope, so that the only way to play safe is to treat the unborn as a person from conception onwards. This of course is the view of the Roman Catholic Church and of many other Christian groups, who might express these ideas in theological terms by saying that we each have a God-given soul which it's at least possible that we're given as early as at conception, or that each of us bears God's image from that time as opposed to having this image stamped on us later.

Opposed to this is of course the *pro-choice view*. Because the unborn human is carried in a mother and depends on her for life, it is argued that a mother should have the right to choose that the life of her child should be ended before birth although she does not have that right later. Supporters of this view stress the present state of the unborn human rather than its potential – they stress that it does not show the attributes of personhood like self-awareness whilst it is in the womb. They also point out that when legal abortion is not available, women often choose back-street abortions. As a result many die – more than 66,000 per year across the world, we're told *(British Medical Journal 2007; 335:845)* – and many more suffer lasting damage to their health. Christians are mainly known for arguing for the pro-life view rather than for the pro-choice one; but in a recent book on ethics by the Principal of one of our Methodist theological colleges, the section on abortion ends with the sentence: "Given … that the developing claims of the unborn are more precarious than the actual claims of the mother it seems difficult to resist the argument that a woman has an overriding right to make the considered and responsible judgement that a particular pregnancy is for her an unreasonable burden to bear" *(John Harrod (2007) – "Weaving the Tapestry of Moral Judgement - Christian Ethics in a Plural World", Epworth, p. 317).*

The pro-life view credits humans with full human status from the time of conception; the pro-choice view rejects this status for the unborn human. The third view I shall mention may be called the *gradualist* view, since it holds that the status of the unborn human *gradually* increases from conception onwards. British abortion law seems to embody this view; by restricting abortions on Grounds C and D to under 24 weeks, it implies a higher status for unborn humans beyond this point than for younger ones, on the ground that those born at 24 weeks or later may be able to survive. The Methodist Church's position on abortion is also gradualist; it is still as defined in the Statement on Abortion which the Methodist Conference accepted in 1976, which took the

view “that from conception, the unborn human never totally lacks human significance, but that its significance manifestly increases; abortion therefore becomes more unacceptable as pregnancy proceeds but is not thereby ruled out” *((Summary of the Methodist Statement on Abortion (1976) in “Status of the Unborn Human” (Methodist Church, 1990) ¶1.1.2, p.9).* Again bearing in mind the earliest time in pregnancy at which those born may be able to survive, this Statement argued for restricting “all abortions to the first *twenty* weeks except where there is a direct physical threat to the life of the mother or where new information about serious abnormality in the fetus becomes available after the twentieth week” (*Methodist Statement on Abortion (1976) ¶9).* Except in such cases, the Statement thus advocates treating the unborn as having full human status from 20 weeks onwards.

Alongside that, we must set the Statement’s assertion “that from conception, the unborn human never totally lacks human significance”. This implies that the unborn should be respected from the very beginning. The Statement goes on to say that “The termination of any form of human life can never be regarded superficially and abortion should not be available on demand, but should remain subject to a legal framework, to responsible counselling and to medical judgement” *(Methodist Statement on Abortion (1976) ¶14).* And to add to that a quote from a more recent source, “The purpose of offering couples counselling is to help them to reach their own decisions … To this end, counselling is non-judgemental and non-directive” *(N. Wald & I. Leck (2000) – “Antenatal and Neonatal Screening”, 2nd Ed., p.547).* After-care must also be available, since “many couples need support in coping with the consequences of their decisions” *(ibid., p.548).*

The Methodist Statement ends with the words: “In an imperfect world, where both individuals and society often fail, abortion may be seen as a necessary way of mitigating the results of these failures. It does not remove the urgent need to seek remedies for the causes of these failures” *(Methodist Statement on Abortion (1976) ¶14).* This is indeed an urgent need. Writing in “The Guardian” just over a month ago, Madeleine Bunting said that in this country the abortion “rate per thousand women is more than three times that of the Netherlands … For the first time in two generations a degree of consensus emerges in which protagonists as far apart as Ann Furedi … of … the British Pregnancy Advisory Service, and the English Catholic hierarchy, can agree along with Lord Steel that, as Furedi put it to me ‘all of us would like the number of unwanted pregnancies reduced’” *(The Guardian, 30 Oct. 2007).* Or, as Professor Djerassi, the inventor of “The Pill”, said of abortion on radio recently: “Easier or more difficult? – I would make it unnecessary” *(Carl Djerassi – Radio 4, 4 Nov. 2007).*

Table 1: Number and percentage of abortions by gestation weeks, 2006

Gestation in weeks	Number	Per Cent
3-9	131,041	67.6
10-12	41,831	21.6
13-19	17,917	9.2
20 and over	2,948	1.5
Total	**193,737**	**100**

Statutory Grounds for abortion

Two registered medical practitioners must agree that at least one of the following conditions is met:

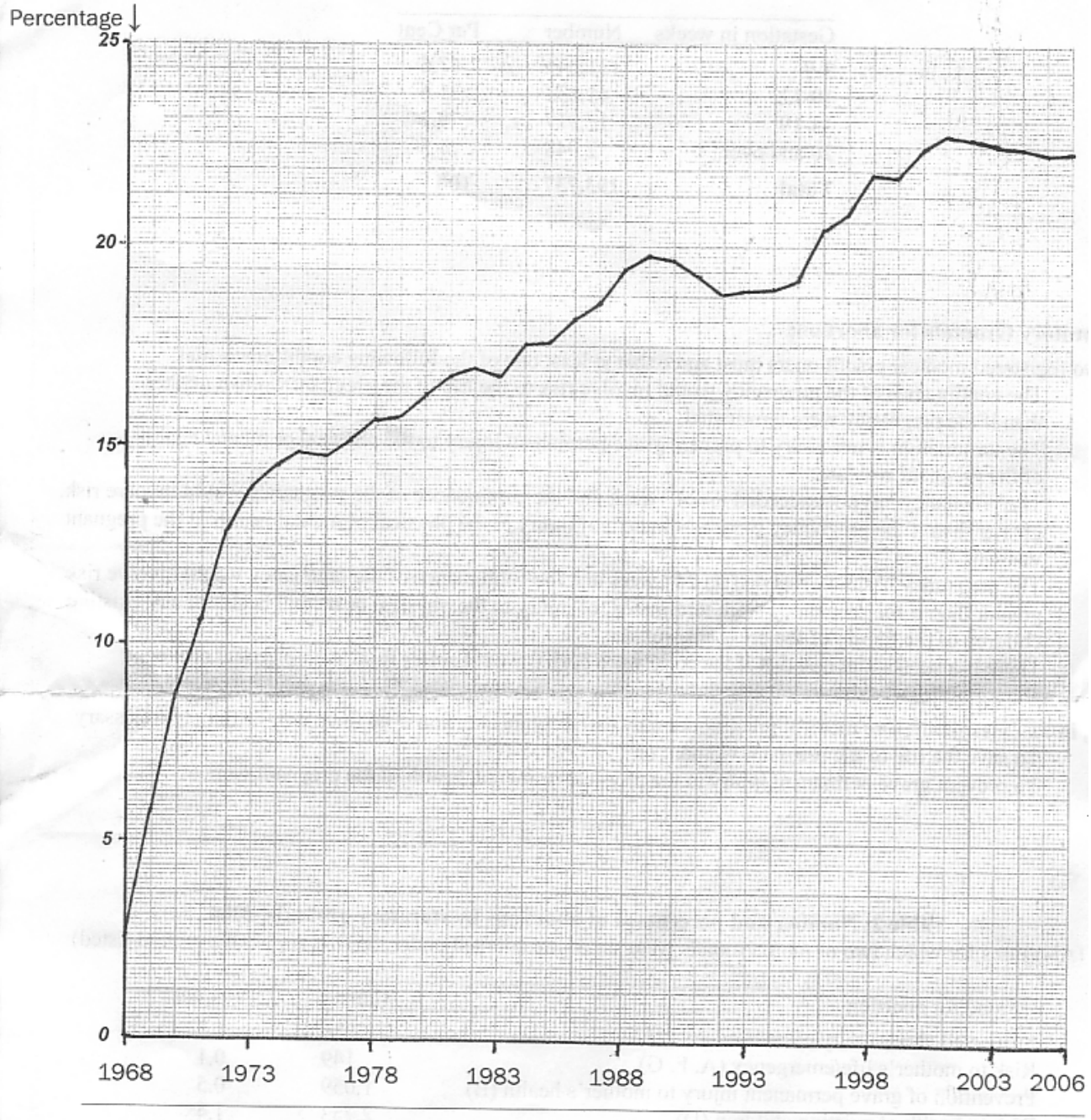
A. The continuance of the pregnancy would involve risk to the life of the pregnant woman greater than if the pregnancy were terminated;
B. The termination is necessary to prevent grave permanent injury to the physical or mental health of the pregnant woman;
C. The pregnancy has not exceeded its 24th week and the continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of the pregnant woman;
D. The pregnancy has not exceeded its 24th week and the continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of any existing children of the family of the pregnant woman;
E. There is a substantial risk that if the child were born it would suffer from such physical or mental abnormalities as to be seriously handicapped;
or, in an emergency, *one* medical practitioner may carry out an abortion if he finds it immediately necessary
F. To save the life of the pregnant woman; or
G. To prevent grave permanent injury to the physical or mental health of the pregnant woman.

Table 2: Number and percentage of abortions by statutory grounds, 2006
(Abortions for which two or more grounds were stated are counted under the first applicable ground listed)

Ground for abortion	Number	Per Cent
Suspected abnormality of unborn child (E)	2,036	1.1
Risk to mother's life/emergency (A, F, G)	149	0.1
Prevent grave permanent injury to mother's health (B)	1,059	0.5
Risk to health of existing children (D)	2,753	1.4
Other risk to mother's health (C)	187,740	96.9
Total	**193,737**	**100**

No data have been published as to the medical reasons *why* continuance of pregnancy was considered a risk to mother's life or health in these cases. In 1998, the last year for which such data were published, the principal medical conditions reported were psychological in 99.7% of women who had abortions on grounds other than D alone or E. The last year for which more detailed statistics were published was 1992, when "neurotic disorders" were reported in just over two thirds and "depressive disorder not elsewhere classified" in nearly one third of women whose principal medical condition was classified as psychological.

Percentage of all conceptions (excluding miscarriages) terminated by legal abortion, by year of abortion/birth



Numbers of abortions by gestation weeks, England and Wales, 1995–2006