

Are Abortion Practices Being Indirectly Reversed?



By: Therese Wallin, October 2011

The UK has recently found itself at the centre of a battle around the practices surrounding abortions. Suggestions relating to their transformation have provoked concern about the indirect influence of religious groups. There are fears that such groups are having an impact on the political agenda, as well as on the deliverance of public services.

Conservative MP Nadine Dorries, alongside Labour MP Frank Field, has spearheaded a campaign against charity-run abortion practices. Their efforts have resulted in the Government announcing that it will consider whether to stop sanctioning counselling offered by such bodies. At the heart of the issue is the capacity of abortion practices, administered by charities, to provide neutral advice. There is concern that their judgement is tainted by financial factors.¹ Dorries maintains that any counselling offered by such clinics may be biased towards recommending termination because of a vested financial interest.

¹ <http://www.guardian.co.uk/world/2011/aug/29/abortion-counselling-rules-shakeup-gps>

By making independent counselling available, she estimates that thousands of abortions would not take place. She attached her suggestions to an amendment to the Health and Social Care Bill. However, the proposed changes were voted down by MPs.² Despite such an outcome, the issue remains of importance. Particularly so, for some, amid fears that the current, non-judgemental, abortion system is being reversed.

Earlier this year, a High Court ruling effectively prohibited women from completing an early medical abortion at home. Such an abortion involves taking two pills. The ruling now prevents women from taking the latter one in their home.³ Coupled together, ostensibly this new way of thinking is indeed a cause of concern, as it may erode a liberal state of abortion.

The campaign for revising abortion practices was not sparked through any scandal of malpractice or the like. It appears to have been motivated by a general concern relating to the direction of abortion practices. Field recognises that there is currently no evidence of the system being exposed by financial incentives. However, the Labour MP argues that the void of reported instances is not necessarily indicative of their non-existence – considering that such reports may only surface as the result of a thorough investigation.⁴

Ann Ferudi, chief executive of the British Pregnancy Advisory Service, on the other hand, denies that the practices operate under any financial incentives. She asserts that their sole endeavour is to ensure that each patient is comfortable with their decision.⁵

Clearly, monitoring clinics' safe practice is important. However, to fulfil this purpose it is not necessary to impose measures which will create hurdles for women seeking a termination.

Any attempt to impose new guidelines that will limit the availability of abortion services must be thoroughly scrutinised. This should be the case in particular when they are introduced without any apparent concerns of malpractice. After all, such concerns may be in support of a hidden agenda. This may, for instance, be to lower the number of abortions by implementing redundant obstacles.

² http://www.huffingtonpost.co.uk/2011/09/07/mps-overwhelmingly-reject_n_951987.html

³ <http://www.independent.co.uk/opinion/leading-articles/leading-article-more-hindrance-than-help-2345904.html>

⁴ <http://www.guardian.co.uk/world/2011/aug/29/abortion-counselling-rules-shakeup-gps>

⁵ <http://www.guardian.co.uk/world/2011/aug/28/anti-abortion-lobby-reforms>

The United Kingdom has a high record of women undergoing abortions. Coupled with the wide spread of sexually transmitted infections, there are indications that something needs to be done. Nevertheless, the solution can by no means be to limit the availability of safe and well-functioning clinics. Such establishments offer assistance to those who find themselves caught in an, unquestionably, undesirable situation.

The solution is likely to be found at an earlier level, by raising awareness. Comprehensive sex education needs to become generally available. The introduction of this is likely to see several positive outcomes. Seeing that such forums can, for example, teach, and stress, the difference between abortions and contraception. Moreover, there needs to be an open environment where youngsters' queries can be addressed. For such an atmosphere to flourish its presence cannot be limited to the home, it must also connect to the school environment. Furthering knowledge on intimate relations is not going to drastically alter the age at which individuals decide to engage in them. Rather, it is likely to reduce risky behaviour as parties are more attuned to the consequences of their actions.

Nevertheless, the proposed measures were criticised as putting a well-working system in jeopardy. A danger highlighted by Clare Geralda, head of the Royal College of General Practitioners.⁶ There were also concerns of the suggestions being a direct outcome of the increased influence of religious networks behind the scenes.⁷

Furedi drew comparisons between the campaign and previous, similar, attempts by groups to modify practices via their delivery. That way, change is not achieved through open debate. This process is common in the United States.⁸ Matching concerns were voiced by a spokesperson for the pro-choice campaign group Abortion Rights. Who saw direct similarities between recent developments in the UK and tactics used in the US to restrict abortion. Stressing that the compulsory offering of counselling is likely to make many women feel as

⁶ <http://www.guardian.co.uk/world/2011/aug/29/abortion-counselling-rules-shakeup-gps>

⁷ <http://www.guardian.co.uk/world/2011/aug/28/anti-abortion-lobby-reforms>

⁸ <http://www.independent.co.uk/news/uk/politics/prolife-mps-refuse-to-back-down-over-bid-to-change-abortion-advice-2345862.html>

though they need it. Such an approach would enhance the notion of abortion being a mentally hazardous procedure.⁹

Despite the heated responses generated by the campaign, the Department of Health has taken on Dorries' concerns to a certain extent. They have expressed an intention to launch a consultation looking into implementing independent counselling for women seeking an abortion. It is not yet clear when this is to start or what the expected costs are. Nor is it clear whether this will lead to any delays in terminations. However, it seemed rather certain that women who declined counselling would still be able to undergo an abortion within 24 hours.

Critics received the news of the consultation with scepticism, claiming that it is a conscious attempt to restrict women's choice. Conversely, the Department of Health insists that its planned action is about providing women with a choice, not because of doubts over the sincerity of current abortion practices.¹⁰

Even though a majority of MPs voted against the amendment, 18 to 38, constituting a majority of 250 votes, Dorries still saw it as a victory. She said that the question was now receiving the attention it is in need of. She added, in a similar spirit to Field, that the abortion industry has functioned for nearly five decades without being properly scrutinised.¹¹

Guidelines that risk, even indirectly, limiting the availability of abortion practices should be carefully scrutinized. Such instances have been proved to limit the availability of abortion clinics in the United States. One state that is currently facing such difficulties is Virginia. The state has few abortion clinics, and their presence risks decreasing further due to new building guidelines. Although the clinics have not been considered to be in bad conditions, the new guidelines are justified as protecting women's health. Their original focus was new hospitals, not practices such as existing abortion clinics. The guidelines relate to structural issues, such as the width of hallways and ceiling height, which many clinics cannot implement. Such

⁹ http://www.huffingtonpost.co.uk/2011/08/28/new-abortion-independent-counselling_n_939422.html?view=print

¹⁰ http://www.huffingtonpost.co.uk/2011/08/28/new-abortion-independent-counselling_n_939422.html?view=print

¹¹ http://www.huffingtonpost.co.uk/2011/09/07/mps-overwhelmingly-reject_n_951987.html

implementation may be prevented, either due to lack of space or because of the high cost of such reconstructive work. Their implementation does not follow previous instances, where existing buildings have been distinguished from new ones.¹²

Another recent example was the decision of a Texas federal judge to strike down an anti-abortion measure. The provision required doctors to perform sonograms prior to termination, describing the images to their patient.¹³ The judge ruled that the measure violated the right to free speech of both doctors and patients. Women could only be exempt if they could, in writing, declare that they had been victims of some form of sex crime. However, to be exempted, the woman in question needed to make a written declaration. The judge stressed that such information may not even be disclosed by the victim to the police. He considered such a requirement to be an attempt by the state to “permanently brand women who choose to get an abortion”.¹⁴

The above clearly shows that abortion practices can be limited through different ways. It may of course not always be the indirect purpose of measures. Regardless, any possible detrimental consequences need to be carefully considered. That is the only way to ensure that abortion does not, once again, become a stigmatised practice.

Even with the wide use of contraception, unplanned pregnancies do happen. It is not a desirable situation for any women to find herself in. Nor is it about the human rights of the mother being above those of the unborn child. If the child is not wanted, or is the result of a troubled relationship, it risks facing a difficult childhood. As such, it is a thorny situation where the choice might be the lesser of two evils. Nevertheless, undeniably measures seeking to limit abortions may have harmful consequences. Many women may find the process intimidating; subsequently choosing not to seek advice at all.

¹² http://www.washingtonpost.com/opinions/virginias-abortion-end-run/2011/09/16/gIQAZzeZdK_story.html

¹³ http://www.huffingtonpost.com/2011/08/30/texas-sonogram-law-judge-abortion_n_942628.html?view=print&comm_ref=false

¹⁴ http://www.nytimes.com/2011/08/31/us/31brfs-JUDGEHALTSAN_BRF.html?_r=2&scp=2&sq=abortion&st=cse