

Science, politics and abortion

At present, women in the UK are permitted to have an abortion within 24 weeks of pregnancy. Such a procedure requires the consent of two doctors. This deadline can be extended in the event that there is a risk to the life of the women, evidence of severe foetal abnormality or the risk of grave physical and mental injury. This follows the 1967 Act which legalised abortions and the Conservative-led change to the Law in 1990, which reduced the time limit from 28 to 24 weeks.

In Scotland, there were 12,826 abortions in 2010. In England and Wales the number was 189,931 in 2011. In the first case, the main age range is 20-24, typically coinciding with deprived areas. In England, roughly half are undergone by women under 24. While there has been an incremental increase - not visible year on year but apparent when observed decade on decade - since the initial peak in the early 1970s after legalisation, the number has remained relatively stable. In Northern Ireland, however, abortion is almost completely unavailable, leading to a number of women having to travel to the UK to receive services. The total number is around 1,500, with a further 5000 coming from the Republic of Ireland. The first clinic in Northern Ireland was, however, opened earlier this year.ⁱ

Regarding the present Law, while there is wide availability and a high quality of service is typically provided, a number of groups have still criticised some unnecessary restrictions. Abortion Rights, for instance, point out that the law does not guarantee a 'right', and that comparatively most European countries offer abortions on demand in the first three months of pregnancy.

The health arguments

The recent upsurge of comment in this area was set off by two Tory Ministers – Maria Miller and Jeremy Hunt – both arguing that the time limit should be cut. In the former case it was to 20 weeks

and in the latter, a whopping change from 24 to 12 weeks. So what was the evidence that made these Ministers take up this controversial position? In the first case, with Maria Miller, it seems to be a matter of the mother's wellbeing. As she explained in an interview with Daily Telegraph: "You have got to look at these matters in a very common sense way...looked at it from the really important stance of the impact on women and children."¹

Certainly, modern politics is awash with contradictions, but one that particularly sticks out is the overriding emphasis on choice and individualism that comes from the Conservative Party. Trying to square this with an attitude that paternalistically restricts women's choice on the basis that the Ministers have a better calibration of their life than they do isn't easy.

It's not clear whether the Rt Hon. Miller means the unborn or born children, but as for women's health, there is strong evidence which contradicts her concern. A recent review in the Harvard Journal of Psychiatry found that, when studies were undertaken without the methodological errors found in a lot of work in this area, the greatest predictor of whether a woman will develop mental health problems is the pre-existence of those conditions, rather than the abortion in question.ⁱⁱ As for physical risks, the Royal College of Gynecologists concluded that there are "...no proven associations between induced abortion and subsequent ectopic pregnancy, placenta praevia or infertility...". Although: "Abortion may be associated with a small increase in the risk of subsequent miscarriage or preterm delivery".ⁱⁱⁱ The evidence for the second part isn't particularly firm, but whatever risk there is can be alleviated by inducing abortion earlier.

The 'medical science' arguments

The second part of the argument, about the improvements in medical science, has also been

echoed by Theresa May and David Cameron. Here, the notion is that since a baby could, in some rare circumstances, be treated by doctors at 24 weeks and thus, arguably, should be protected by the law. First of all, the notion that abortions within the 20-24 month time limit is an issue of pressing social concern is relatively far-fetched. To quote Jane Martnison of the Guardian: "...89 per cent of abortions are carried out before 13 weeks of gestation while just two per cent took place at 20 weeks or over. A far higher proportion of these were due to foetal abnormalities, many of which can only be picked up at the 20-week abnormality scan."

While the straightforward choice argument remains valid as before, one has to consider the fact that, at six months of pregnancy, it is hard to conceive of an abortion being undertaken lightly. Certainly, it's hard to imagine what this move could achieve in a positive sense. Evidence from the Science and Technology Review demonstrated that the majority of women who have late terminations do so either because they did not know they were pregnant early enough or that they were indecisive about what to do with the pregnancy.

Second, the notion that science has progressed significantly, thus re-opening the debate, is far from convincing. Again, this was debated by the Parliamentary Committee on Science and Technology as recently as 2007, which concluded that: "... we have seen no good evidence to suggest that foetal viability has improved significantly since the abortion time limit was last set, and seen some good evidence to suggest that it has not."iv

This sentiment was echoed at a gathering of the British Medical Association, where 61 per cent of delegates rejected calls to amend the time limits. Public opinion has also remained relatively similar. Recent polling from YouGov, which are broadly consistent with other polls in the area, found only 34 per cent in favour of reducing the time limit (although this is slightly lower in Scotland) with a seemingly intractable six per cent in both countries who wanted an outright ban.

Naturally, these are not decisions that can be answered entirely by science, which brings us on to the broader considerations about reproductive rights and the likely unintended consequences of any move to limit women's access. There is

little reason to believe that limiting access to abortion prevents it, but instead just displaces it, as the evidence from Northern Ireland above shows. While there isn't systematic data on unsafe abortions, globally it is estimated the 68,000 women die every year as a result of illegal abortions, not to mention the millions who experience considerable complications.v Certainly, given the myriad of options in the EU, the likelihood is that many women would simply travel elsewhere.

The politics

Throughout the debate, however, there has been a marked reluctance to invoke morality, at least among the upper echelon of Conservatives. While Jeremy Hunt's comments were rather extreme, they were allegedly grounded in his view of science, rather than of morality. This is encouraging, simply because the consistent invocation of black and white morality in extremely complex situations (crime and punishment, in particular) is a mark of right-wing electioneering. Certainly, the politicisation of abortion in the US was an intentional move on the right to split the Democratic vote. A considered reading of the evidence above simply demonstrates that, if we are to take very seriously the concerns about women's health (which may well be negligible) and improved medical technology (which is far from convincing) we are left in a situation which points not to a change in the Law, but on better provision of abortions at an earlier stage.

References

i: These statistics can be found here: <http://www.bbc.co.uk/news/uk-scotland-13602983> and <http://www.guardian.co.uk/news/datablog/2011/may/24/abortion-statistics-england-wales>

ii: <http://informahealthcare.com/doi/abs/10.1080/10673220903149119>

iii: The Care of Women Requesting Induced Abortion: Evidence-based Clinical Guideline Number 7, RCOG, September 2004 p 33

iv: You can find this here: <http://www.publications.parliament.uk/pa/cm200607/cmselect/cmsctech/1045/1045i.pdf>

v: Unsafe abortion: the preventable pandemic, (2006) World Health Organization, Sexual and Reproductive Health 4, Grimes, D et al