

Decriminalising abortion in the UK: key points for policy makers

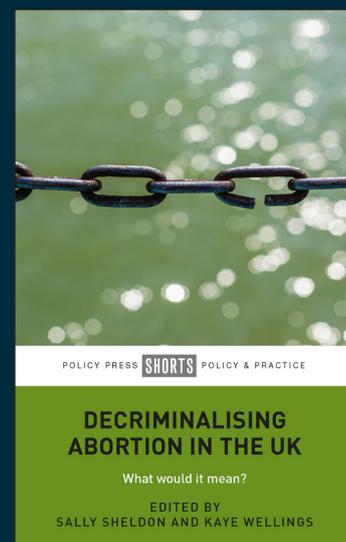
SUMMARY

Decriminalising abortion would involve the removal of abortion offences from the criminal law. At the time of writing, abortion remains a criminal offence in Great Britain unless two doctors have certified that it is justified, most commonly on the basis of a woman's physical or mental health. Decriminalisation would mean that those who undergo or perform abortions would no longer be punished where a pregnancy is intentionally ended by the woman herself or by a qualified health professional acting with her consent. Abortion care would remain subject to general regulations that ensure the safe and effective conduct of other medical and surgical procedures.

People hold profoundly divergent views regarding the morality of abortion. However, empirical facts regarding the likely consequences of decriminalisation should not be a matter of moral disagreement. The book on which this briefing is based offers an authoritative statement of relevant evidence, relying on robust clinical trials, well conducted observational studies, detailed consideration of data, rigorous opinion polls, and careful analysis of relevant law.

This briefing presents some of the key facts discussed in the book. It addresses:

- where public opinion stands on abortion;
- the likely impact of decriminalisation on women's health;
- the likely impact of decriminalisation on the incidence, timing and safety of abortion;
- how effective regulation would be ensured following the removal of specific criminal abortion offences.



Decriminalising Abortion in the UK: What Would It Mean?, edited by Sally Sheldon and Kaye Wellings, is available Open Access under CC-BY-NC licence.

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PUBLIC OPINION ON ABORTION

- **Polling data regarding public opinion on abortion frequently appears inconsistent** due to selective presentation of the findings, differences in research methods including the framing of questions, and reporting bias. It is problematic to accept headline findings without further scrutiny.
- **In recent years, there has been a clear relaxation of attitudes towards abortion.** The authoritative British Social Attitudes survey and Northern Irish Life and Times survey (conducted before the 2019 reforms) each found substantial majorities in favour of liberalisation of the law.
- **Broad support for abortion on the basis that a woman does not wish to have a child exists across all demographic groups in Britain**, demarcated by age, gender, education and religion. While Catholics have traditionally held the most conservative views, over time their views have become more closely aligned with those of the general population.
- **Public opinion in Northern Ireland is overwhelmingly supportive of abortion being legal for 'hard reasons'**, including where pregnancy poses a significant risk to the woman's life or health; in cases of fatal or serious fetal anomaly; and where a pregnancy was conceived as a result of rape or incest. The picture is more complex for other reasons: while most agree that it is a 'woman's right to choose' abortion, a majority also believes that abortion should not be available where a woman has become pregnant and does not wish to have the child.

THE EFFECT OF DECRIMINALISATION ON WOMEN'S HEALTH

- **Criminal abortion laws jeopardise women's lives and health.** Restricting legal access to abortion increases the number of women seeking illegal and unsafe abortions, leading to increased morbidity and mortality. Globally, virtually all legal abortions are safe, while those restricted in law or practice are frequently unsafe.
- **Until 2019, Northern Ireland had one of the harshest abortion laws in Europe, breaching human rights** (according to both the UN Committee that monitors implementation of the Convention on the Elimination of All Forms of Discrimination Against Women and the UK Supreme Court). Significant evidence exists about the emotional, psycho-social, physical and financial harms caused to women by the need to travel to access legal abortion services or obtain abortion pills illegally. Women who source pills illegally express fear of prosecution, of the pills being seized, of self-managing an abortion without supervision, and of being unable to seek medical care if needed.
- **When done in a hygienic setting following evidence-based guidance, abortion is one of the safest medical procedures**, as well as one of the most common. Data shows that a legal induced abortion is considerably safer than carrying a pregnancy to term. US data shows that it is safer than receiving an injection of penicillin. Abortion does not cause breast cancer or negative mental health outcomes. It does not result in infertility, ectopic pregnancy, or placental abruption.
- **The restrictions imposed by the Abortion Act are cumbersome and anachronistic.** They disregard the autonomy of pregnant individuals, impose clinically ungrounded limitations on where and by whom abortions can be performed, and delay treatment thus increasing risk. The restrictions have impeded beneficial innovations in the delivery of medical abortion services. Decriminalisation does not by itself ensure high quality services, however it would remove impediments to their provision.

THE EFFECT OF DECRIMINALISATION ON THE INCIDENCE OF ABORTION

Existing evidence shows that:

- **Decriminalisation of abortion does not increase the incidence of abortion.** There is no statistical association between abortion incidence and abortion laws. Rather, abortion rates are lowest in countries with ready, equitable access to sexual and reproductive health information, education and services, including effective contraception.
- **Decriminalisation does not increase average gestational age at the time of abortion.** In countries with lawful abortion and reliable data, 90% or more of abortions are performed at less than 13 weeks and two-thirds at less than nine weeks of gestation. There is no evidence that the rate of abortions performed after 20 weeks increases when the procedure is decriminalised.
- **Decriminalisation does not lead to an increase in the male-to-female ratio at birth.** Where it exists, female-biased sex selective abortion appears to reflect deep-rooted cultural norms and wider gendered inequalities. Prenatal sex diagnosis and sex-selective abortion have resulted in imbalanced sex ratios at birth in ten countries, despite most of them having laws in place that prohibit or severely restrict such practices.
- **Decriminalisation in Canada and Victoria, Australia has not led to an increased number of abortions, an increase in gestational age at the time of abortion, or an imbalance in the male-to-female ratio at birth.** In each jurisdiction, the safety of abortion is well documented, and is ensured through health regulation rather than criminal law.

DECRIMINALISATION AND ONGOING REGULATION

- **Decriminalisation does not mean deregulation.** The safety of UK abortion services would continue to be ensured through the same evidence-based general regulations that govern other medical procedures. These include general provisions of criminal and civil law, licensing and inspection requirements, and professional oversight.
- **Informed consent, confidentiality, safeguarding and access to counselling would continue to be ensured** following decriminalisation, through other kinds of regulation. The current criminal abortion law framework plays no role in ensuring any of these essential elements of best practice in abortion care.
- **Non-consensual abortions and abortions offered by unqualified providers would remain punishable following decriminalisation.** Non-consensual abortion is very likely to be punishable as either an assault or a poisoning offence. Unqualified providers offering abortions would be guilty of assault (for surgical procedures) and of the criminal offence of supplying prescription medication without the necessary authority to do so (for medical abortion). In each case, they might also be guilty of offering a regulated service without the required prior registration.
- **Decriminalisation in Great Britain would necessarily require a process of legislative reform,** giving Parliament the opportunity to shape legislation as it sees fit.

ABOUT THE BOOK

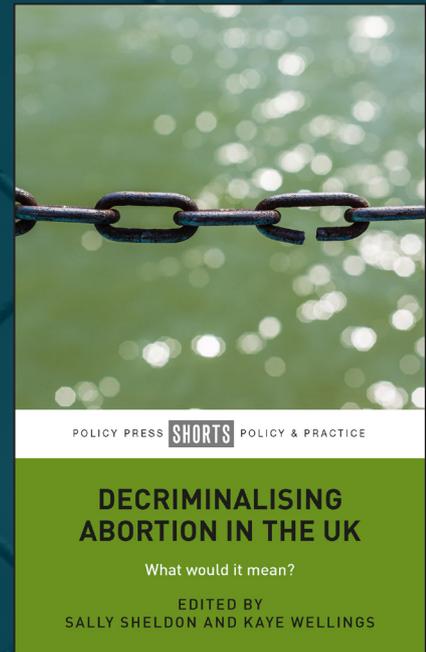
***Decriminalising Abortion in the UK: What Would It Mean?* separates fact from myth and science from pseudoscience, offering a robust account of the empirical evidence that should inform debate regarding the removal of specific criminal prohibitions against abortion in UK law.** It is written by experts in the fields of medicine, law, and the social sciences. It does not seek to intervene in the moral debate regarding abortion and thus makes no concrete recommendations regarding legal reform. It does, however, demonstrate that the retention of existing criminal prohibitions against abortion cannot be justified on the basis that they safeguard women's health; ensure robust regulation; or reflect public opinion.

The editors are: Professor Sally Sheldon FAcSS (University of Kent and University of Technology, Sydney); **and Professor Kaye Wellings FFPH, FFSRH, FRCOG FAcSS** (London School of Hygiene and Tropical Medicine).

Other contributors are: Professor Marie Fox (Liverpool University); **Professor Ann Marie Gray FAcSS** (Ulster University); **Professor Jonathan Herring** (University of Oxford); **Goretti Horgan** (Ulster University and Policy Director of ARK); **Professor Emily Jackson FBA OBE** (LSE); **Brooke Ronald Johnson Jr, PhD** (retired scientist, formerly World Health Organization); **Associate Professor Louise Keogh** (University of Melbourne); **Dr Patricia A. Lohr** (Medical Director, British Pregnancy Advisory Service); **Dr Jonathan Lord MD, FRCOG** (Medical Director, Marie Stopes International UK); **Dr Wendy V. Norman, MD, MHSc, CCFP, FCFP, DTM&H** (Canadian Institutes of Health Research and Public Health Agency of Canada); **Dr Sam Rowlands MD, LLM, FRCGP, FFSRH** (Bournemouth University).

This briefing document has been produced by the book's editors and authors. Copies of this briefing and the book can be downloaded without charge at:

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