

Abortion briefing May 2008

INTRODUCTION

The Human Fertilisation and Embryology Bill represents the first major opportunity in almost 20 years to make changes to the law on abortion. Amendments are expected both from those who oppose abortion and those who wish to make it more widely available.

Key facts

- ▶ **6.7 million abortions** since the 1967 Abortion Act.¹
 - ▶ 0.4% because of risk to the mother's life.
 - ▶ 1.3% performed on the grounds of foetal handicap.²
- ▶ In 2006, **98% of abortions were for 'social reasons'**.³
- ▶ About **1 in 5 British pregnancies now ends in abortion**.⁴

¹ *Abortion Statistics, England and Wales: 2006*, Department of Health, June 2007, Table 1; 'Abortions performed in Scotland 1968-2006', National Statistics release, ISD Scotland, August 2007

² House of Commons, Hansard, 8 November 2006, col. 1792 wa

³ *Abortion Statistics, England and Wales: 2006*, Department of Health, June 2007, para. 4.2.2

⁴ *Health Statistics Quarterly 34*, ONS, 2007, page 63, table 4.1

Parliament to consider reducing upper time limit on abortions

Pro-life MPs are to table amendments to the Human Fertilisation and Embryology Bill which would reduce the upper time limit for abortions. The number of abortions in Great Britain is now four times higher than in 1969, the first full year in which abortion was legal, and this Bill represents the first significant opportunity since 1990 to begin to reduce this number.

At present, abortions for 'social reasons' are permitted up to 24 weeks, making British legislation among the most liberal in Europe. In most other EU countries abortion is only available up to the 12th week.¹ (Abortion is not legal in Northern Ireland – see inside.)

Images from 4D ultrasound technology of unborn babies 'walking in the womb', and showing their obvious human characteristics, has increased consciousness of the issue.

Among the arguments in favour of reducing the upper time limit is evidence



that fetuses feel pain much earlier than the current 24 week limit and that specialist neo-natal care allows babies born before 24 weeks to survive.

In light of such compelling evidence there is surely a powerful case for significantly lowering the upper limit. Christians holding to the sanctity of life from conception should support any measure which would reduce the number of abortions.

¹ Explanatory memorandum to *Access to safe and legal abortion*, Council of Europe Committee on Equal Opportunities for Women and Men, 8 April 2008, para. 10

Babies surviving younger



There is increasing evidence that many babies born at under 24 weeks can survive. National figures for 2005 showed that 52 babies born earlier than 24 weeks survived.¹ In one specialist neo-natal unit at University College London Hospital (UCLH) between 1996 and 2000, 5 of the 7 infants born at 22 weeks survived to be discharged, as did 47% of babies born at 23 weeks.² Misleading claims that the survival rates of babies born before 24 weeks are not improving focus on national average figures which lump all hospitals together regardless of whether or not they have a dedicated neo-natal unit. Such averages mask the success at centres of excellence like UCLH where the highest standard of care is available.

¹ House of Commons, Hansard, 25 March 2008, cols 13-14 wa

² Riley, K, Roth, S, Sellwood, M et al, *Acta Paediatrica*, 97, 2008, page 160

Doctors want to 'save lives'

The Royal College of Obstetricians and Gynaecologists has admitted that an increasing number of doctors are refusing to perform abortions. Richard Warren, honorary secretary of RCOG commented, "There is an ethos that people go into medicine to save lives and look after people... [Abortion is] upsetting work and it is done with obvious reticence. We are seeing more doctors who are reluctant to be involved in the process..."¹

¹ *The Independent*, 16 April 2007

Foetuses can feel pain at 20 weeks

Foetuses can feel pain well below the current 24 week time limit for abortion, according to the evidence of a leading authority on foetal pain. Professor KJS Anand has shown that it is a mistake to assume that pain perception in unborn babies requires the same structures as in adults. His research demonstrates that the neural mechanisms used for pain processing in foetal life are different from those of fully-developed babies or adults and that they exist at 20 weeks of gestation and possibly earlier.¹

Last year the House of Commons Science and Technology Committee produced a report concluding that foetuses have no conscious perception of pain until after the current 24 week limit. The Committee did not believe that Professor Anand's work was relevant to their inquiry.² Since 1997 the Royal College of Obstetricians and Gynaecologists has similarly denied that foetuses can feel pain earlier than 26 weeks of gestation.

The opinions of the Committee and the RCOG assume that foetal consciousness of pain relies on neural structures which are not established before 26 weeks, chiefly those connecting the thalamus to the cerebral cortex. It is this assumption that Professor Anand and other medical researchers dispute. For more than ten years it has been common practice to prescribe analgesia to pre-term infants and open-minded scientists have preferred to err on the side of caution.³

¹ Lowery, CL, Hardman, MP, Manning, N, and Anand, KJS, 'Neurodevelopmental Changes of Fetal Pain', *Seminars in Perinatology*, 31 (5), 2007, pages 275-282; Prof. KJS Anand, Department of Pediatrics, Arkansas Children's Hospital speaking on Channel 4 *Dispatches* 'Abortion: What We Need to Know', 17 October 2007; *The Daily Telegraph*, 28 January 2008

² House of Commons Science and Technology Committee, Session 2006-07, HC 1045-I, vol. 1, page 23

³ Glover, V and Fisk, N, 'We don't know: better to err on the safe side from mid-gestation', *British Medical Journal*, 313, September 1996, page 796

Serious consequences for the mother

Scientific evidence continues to indicate that abortion carries significant physiological and psychological risks.

Mental illness

After years of denial, the Royal College of Psychiatrists recently released a statement recognising that having an abortion may damage a woman's mental health. It advises that women should be made aware of these risks before proceeding.¹ Studies show that women having induced abortions are almost twice as likely to suffer mental health problems, three times as likely to have major depression and six times as likely to commit suicide as mothers who do not have an abortion.²

Subsequent premature births

Some 49 different medical studies have recorded a statistically significant increase in premature births amongst women who have had an

abortion.³ Statistics suggest that repeated abortions increase the risk of preterm delivery in a subsequent pregnancy.⁴

Risk of breast cancer

It is widely recognised that carrying a pregnancy to birth significantly reduces the risk of breast cancer.⁵ Abortion not only prevents this protective effect, but may also introduce a new risk by interrupting hormonal development and leaving more potentially malignant cells.⁶ A comprehensive study suggested that having an abortion gives a woman a 30% greater risk of suffering breast cancer.⁷

Physical dangers

Abortion procedures carry a significant level of risk. Surgical abortion is as liable to complications as any invasive medical procedure. Medical abortion (ie drug-induced) has only been practised for a decade so research into its effects is

scarce. However, mifepristone, the drug used for medical abortions, has been linked to some fatalities in both North America and the UK.⁸

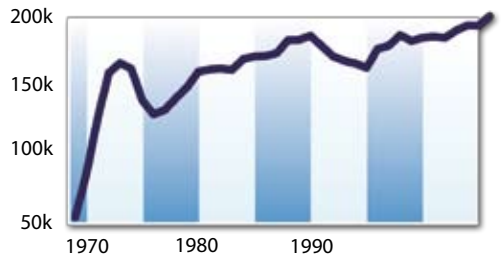
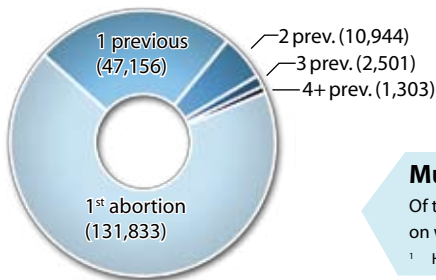
- ¹ *Position Statement on Women's Mental Health in Relation to Induced Abortion*, Royal College of Psychiatrists, 14 March 2008
- ² Fergusson, DM, Horwood, LJ and Ridder, EM, *Journal of Child Psychology and Psychiatry*, 47 (1), 2006, pages 16-24; Gissler, M et al, *European Journal of Public Health*, 15 (5), 2005, pages 459-463
- ³ Rooney, B and Calhoun, BC, *Journal of American Physicians and Surgeons*, 8 (2), 2003, pages 46-49
- ⁴ Ancel, P-Y et al, *Human Reproduction*, 19 (3), 2004, pages 734-740
- ⁵ Cancer Research UK: 'Breast Cancer risk factors', see <http://info.cancerresearchuk.org/cancerstats/types/breast/riskfactors/#source3> as at 30 April 2008
- ⁶ Carroll, PS, *Journal of American Physicians and Surgeons*, 12 (3), 2007, pages 72-78
- ⁷ Brind, J, Chinchilli, VM, Severs, WB et al, *Journal of Epidemiology and Community Health*, 50 (5), 1996, pages 481-496
- ⁸ Greene, MF, *New England Journal of Medicine*, 353 (22), December 2005, pages 2317-2318; House of Commons, Hansard, 20 March 2008, col. 1312 wa

Abortion statistics

Number of abortions

per year in England and Wales since 1969¹

¹ *Abortion Statistics, England and Wales: 2006*, Department of Health, June 2007, Table 1



Multiple abortions in 2006 in England and Wales

Of the 200,000 abortions that took place in 2006, 32% were performed on women who had already had at least one other abortion.¹

¹ House of Commons, Hansard, 18 March 2008, col. 997 wa

Making a bad law worse

Pro-abortion campaigners claim the current law restricts access to abortion and causes undue delays.

But abortion is a unique medical procedure because it involves the deliberate ending of a human life. It therefore demands a unique degree of legal accountability and attention to patient safety. Restrictions regarding practitioners, suitable venues and stringent authorisation are the very conditions on which the Abortion Act 1967 exempts practitioners from criminal liability for unlawful killing.

Claims that these requirements cause undue delays are purely anecdotal. Some of the liberalising proposals below have already met with opposition from GPs and the BMA.¹

Abortion is not just another medical procedure. Attempts to normalise, even trivialise, abortion should be opposed.

Current law	Liberalising proposals
Abortion requires two doctors' signatures	Abortion to be available on demand up to 12 weeks
Only doctors can perform abortions or sign authorisation forms	Nurses to be allowed to authorise and carry out medical and early surgical abortions
Abortion is only permitted in approved places such as NHS hospitals and private clinics	Medical (drug-induced) abortions to be performed in GPs' clinics or even self-administered in the home

¹ *The Daily Telegraph*, 29 December 2007; *Scientific Developments Relating to the Abortion Act 1967: Volume II Oral and Written Evidence*, House of Commons Science and Technology Committee, November 2007, Ev25, Questions 200-201

Current law

The Abortion Act 1967 permits an abortion up to 24 weeks gestation if it involves a lower risk of injuring the "physical or mental health" of a pregnant woman or any existing children of her family than continuing the pregnancy. This aspect of the law has been loosely applied, allowing unwanted babies to be aborted for social reasons. An overwhelming majority of abortions come under this provision.

The Act also allows abortion up to birth if it is "necessary" to prevent grave permanent injury to the woman, the pregnancy threatens the woman's life or there is a "substantial risk" that the child would be born "seriously handicapped". However "serious handicap" has been interpreted by doctors to include treatable conditions such as cleft palate or club foot.

The creation of life

Fertilisation

A sperm penetrates the egg's cell membrane and the nuclei of sperm and egg fuse to create a single cell with a unique genetic code. Human life has begun.

Week 1

The embryo reaches the uterus, which has already prepared a special lining. The delicate process of implantation takes place.



Week 5

Already the embryo's heart is pumping blood. Major organs have begun to grow and limb buds have sprouted. Some facial features are evident. Brain signals have been recorded from about 40 days.

Lords disability amendment

An amendment to remove disability as a ground for abortion was defeated in the Lords, but a similar amendment is likely to be tabled in the Commons.

The phrase “such physical or mental abnormalities as to be seriously handicapped” has been interpreted so widely as to include reversible

conditions such as a cleft palate.¹

Disability rights campaigners have joined pro-life groups in calling for the amendment, arguing that the current law discriminates against the disabled.

¹ House of Commons, Hansard, 8 November 2006, col. 1792W

Pro-life doctors could be gagged

There are concerns at a possible ‘exclusion order’ amendment to bar pro-life doctors from seeing women seeking abortion. The aim of such a move would be to ensure that patients only receive the advice and

opinions of pro-abortion doctors. But pro-life professionals are subject to regulatory bodies and codes of conduct, and are perfectly capable of giving advice based on sound medical evidence.

Proposals to tell mothers ‘the facts’

There is increasing support for provisions which would ensure that women considering abortion are given factual information about the associated risks and the availability of alternatives such as adoption.

Amendments could be tabled to the HFE Bill to make

counselling or a ‘cooling off’ period compulsory. Most Western European states already have mandatory counselling.¹

¹ Explanatory memorandum to *Access to safe and legal abortion*, Council of Europe Committee on Equal Opportunities for Women and Men, 8 April 2008, para. 11


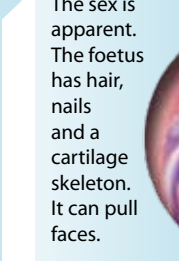

Threat facing Northern Ireland

Currently abortion is only available in Northern Ireland when the mother’s life is in danger. The Abortion Act 1967 does not apply in the Province. Pro-abortion campaigners are trying to extend the Act to Northern Ireland. Last October the Northern Ireland Assembly, following public opinion, strongly opposed “any attempt to make abortion more widely available in Northern Ireland”.¹

¹ Northern Ireland Assembly Official Report, 22 October 2007



Stormont

 <p>Week 9 The foetus has begun to move. All organs, muscles and nerves are beginning to function. Limbs, digits, joints and even fingerprints are evident.</p>	 <p>Week 16 The sex is apparent. The foetus has hair, nails and a cartilage skeleton. It can pull faces.</p>	 <p>Week 20 Growing rapidly, the baby can turn somersaults and suck his or her thumb.¹</p> <p>¹ Sources: Nilsson, L and Hamberger, L, <i>A Child is Born</i>, Doubleday, 2003, and http://www.babycentre.co.uk/pregnancy/fetaldevelopment/</p>
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What the Bible says about abortion

The biblical argument against abortion is simply the application of the Sixth Commandment: 'You shall not murder'.¹ The Bible clearly teaches that the intentional taking of innocent human life is evil because it is the destruction of that which is made in the image of God.² The specific question in relation to abortion is whether the foetus is

a human being in the image of God. The testimony of Scripture is that it is.

The Psalmist famously praises God because he "created my inmost being ... knit me together in my mother's womb".³ God saw his "unformed body", that is God saw the Psalmist as an embryo.⁴ In Psalm 51:5 David recognises that his need for a Saviour began at the very point

of his conception.

The gospel of Luke states that the birth of Jesus was preceded by the Holy Spirit coming upon Mary and the power of the Most High overshadowing her.⁵ In Matthew 1:20 Joseph is assured by an angel of the Lord that "what is conceived in her is from the Holy Spirit". Hebrews 2:17 makes clear that Christ was made human in every way that we

are human. If Christ's human life began at his conception, this must mark the point at which all human life begins.

The Bible clearly teaches the sanctity of each human life from conception. Abortion at any stage of gestation is the taking of human life.

- ¹ Exodus 20:13
- ² Genesis 1:26, 9:6
- ³ Psalm 139:13
- ⁴ Psalm 139:16
- ⁵ Luke 1:35

A history of Christian opposition

Christian opposition to abortion is not a novelty of modern theology; the Church has stood opposed to it for 2000 years.

The early Church "with unwavering consistency and with the strongest emphasis denounced the practice [of abortion], not simply as inhuman, but as definitely murder".¹ The *Didache* (a First or early Second Century church teaching manual) condemns abortion and the taking of life after birth: "You shall not murder a child by abortion nor kill that which is born."² The practice was roundly condemned in the writings of Clement of Alexandria, Ambrose, Jerome, John Chrysostom, and Augustine.³

David Braine concluded "for the whole of Christian history until appreciably after 1900... there was virtually complete

unanimity amongst Christians, evangelical, catholic, orthodox" that abortion is wrong.⁴

Influential 16th Century Reformer John Calvin commented: "...the foetus, though enclosed in the womb of its mother, is already a human being... If it seems more horrible to kill a man in his own house than in a field, because a man's house is his place of most secure refuge, it ought surely to be deemed more atrocious to destroy a foetus in the womb before it has come to light."⁵

- ¹ Lecky, W E H, *History of European Morals*, vol. 2, Longmans, 1877, (1913 edition), page 22
- ² *Didache* 2:2
- ³ Cameron, N and Sims P, *Abortion: The crisis in morals and medicine*, IVP, 1986, page 29
- ⁴ Cited in *loc cit*
- ⁵ Calvin, J, *Harmony of the Law – Volume 3*, Baker, 1996, pages 30-31



John Calvin