

Abortion

Key Facts

- Since the Abortion Act (1967) came into force, there have been almost nine million abortions in the UK.
- There is a vast body of research which shows that abortion carries many serious physical and mental health risks for women.
- Investigations into the abortion industry repeatedly show that abortion laws are being flouted by many clinics.
- Both the Bible and biological science confirm that human life begins at conception, leading Christians to believe that abortion is a serious moral wrong, as it involves killing an innocent¹ human being.
- The practice of abortion challenges what society believes about the inherent value of human life.

1 Throughout this booklet – and the abortion debate at large – ‘innocent’ refers to innocence in relation to other human beings, rather than innocence in relation to God (i.e. sinlessness)

Abortion in the UK

On the 27th of October 2017, the UK commemorated 50 years since the passing of the Abortion Act (1967). In that time, there have been almost 9 million abortions in the UK.² Nearly 200,000 abortions now take place in England and Wales each year.³ The number exceeds 200,000 with the addition of Scotland's figures.⁴ That means one million abortions in five years. It is even estimated that one out of three British women will have had an abortion by the age of 45.⁵

The practice of abortion has always raised strong feelings and presented major moral concerns. Abortion is regularly in the spotlight. Studies frequently show the damage it can do to the physical and mental health of women. Revelations of malpractice in abortion clinics are frequent, with some doctors pre-signing abortion referral forms, agreeing to sex-selective abortions, and breaking abortion regulations by offering abortion on demand. In light of this, it is no surprise that polling consistently shows a shift in public opinion to views that are more pro-life.⁶ Despite the polling, however, there are

2 <https://fullfact.org/law/factchecking-campaigning-leaflets-abortion/>

3 *Abortion Statistics, England and Wales: 2017*, Department of Health and Social Care, June 2018, revised December 2018, page 4.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/763174/2017-abortion-statistics-for-england-and-wales-revised.pdf

4 See also *Termination of Pregnancy Statistics Year ending December 2017*, NHS National Service Scotland, 30 May 2017, page 5. www.isdscotland.org/Health-Topics/Sexual-Health/Publications/2017-05-30/2017-05-30-Terminations-2016-Report.pdf

5 *Birth Control Trust. Abortion Provision in Britain: How Services are Provided and How They Could be Improved*. London: Birth Control Trust; 1997. Cited in: *National Audit of Induced Abortion 2000 Report of England and Wales*, Royal College of Obstetricians and Gynaecologists Clinical Effectiveness Support Unit, 2001.

6 'Where do they stand? Abortion survey', ComRes, 23 May 2017. www.comresglobal.com/polls/where-do-they-stand-abortion-survey/

Also see Jeanne Mancini, 'Poll Finds Most Women Back Abortion Restrictions', 27 January 2017. https://www.realclearpolitics.com/articles/2017/01/27/poll_finds_most_women_back_abortion_restrictions_132913.html

increasing calls to decriminalise abortion completely, effectively opening the door for abortion on-demand up to birth.

UK Christians must engage with the issue of abortion and bring the practice of abortion into the light. With one in three British women likely to have an abortion at some point in their lifetime, it is probable that most people will have family or friends who have had an abortion. Abortion is the outcome of around one in five pregnancies (excluding still-births, miscarriages, and so-called ‘morning after’ interventions which are virtually uncountable).⁷ For every four children in a Reception class, another one was aborted. This all makes the subject deeply personal and at times difficult to deal with. It must be dealt with in a spirit of love and compassion, without sacrificing the truth. The current law, as flawed as we believe it to be, is routinely flouted and justice scarcely upheld.

At Christian Concern we believe that it is time for a major overhaul of how the abortion industry is regulated in the UK. Indeed, we believe that it is time to abolish the practice. This booklet considers abortion from a Christian perspective. It examines when life begins, what the law on abortion allows, the moral arguments against abortion, the consequences of abortion and the next steps to reforming the law.

When does life begin?

Christians have historically viewed abortion as a practice that is morally wrong, as it involves ending the life of an innocent

⁷ In the UK, 1 in 5 pregnancies ends in abortion’.

<https://loveboth.ie/abortion-in-england-1-in-5/>

See also:

<https://fullfact.org/law/factchecking-campaigning-leaflets-abortion/>

human being. The early church writer Tertullian (circa 155 - 225 AD) said,

"...we are not permitted, since murder has been prohibited to us once and for all, even to destroy ...the foetus in the womb... It makes no difference whether one destroys a life that has already been born or one that is in the process of birth." ⁸

Yet those who are in favour of abortion often downplay the status of the unborn child and portray the unborn child, or foetus, as less than fully human.

So when does life begin?

The Bible states that life begins at conception. King David wrote:

*"For you formed my inward parts;
you knitted me together in my mother's womb.
I praise you, for I am fearfully and wonderfully made.
Wonderful are your works;
my soul knows it very well.
My frame was not hidden from you,
when I was being made in secret,
intricately woven in the depths of the earth.
Your eyes saw my unformed substance;
in your book were written, every one of them,
the days that were formed for me,
when as yet there was none of them."⁹*

8 Tertullian, Apology, 9:6-8.

9 Psalm 139v13-16, English Standard Version

The Bible states that God oversees our entire life, both in the womb and also after birth. It also suggests that God knew us even before our conception. In Jeremiah 1v5, God says:

“Before I formed you in the womb I knew you.”

In the foreknowledge of God, we have each been called into being by our creator. Before we were born, God thought of us and arranged for our conception and birth.

Biological science also confirms that human life begins from the moment of conception. At conception, a human life is created that is genetically distinct from the mother. It is a new, unique human being. All of the hereditary characteristics of this new person are established, including colour of eyes, sex, and build. This is the beginning of a new human life.

It is on this basis that an unborn child is a human being, and therefore, the practice of abortion has always been condemned by Christians as a clear breach of the commandment: *“You shall not murder.”*¹⁰

Abortion and the law

Because our laws in the UK have historically been influenced by the Christian faith, abortion has been illegal throughout our modern history. In fact, abortion still is illegal in the UK under the Offences Against the Persons Act 1861 (sections 58 and 59) and currently, is only legally permissible in very limited circumstances.

10 Deuteronomy 5v17, English Standard Version

The Abortion Act (1967) created exceptions to the illegality of abortion by permitting two doctors to allow an abortion to take place in certain limited circumstances, including where the mother's life is in danger, where continuing with the pregnancy would involve risk of greater injury to her physical or mental health than an abortion, or where the child would suffer from a severe mental or physical handicap.

Despite these high-level restrictions, it is now very easy to obtain an abortion in the UK, as the figures demonstrate. So much so that it is viewed as an alternative means of contraception by some women. 38% of women who had abortions in England and Wales in 2016 had one or more previous abortions. Of these, 1047 women had obtained four previous abortions. And 58 women had obtained eight or more abortions.¹¹

It is highly unlikely that all of these repeat abortions could fit the current regulations. Even financial circumstances or the career aspirations of a mother may now be used to qualify a pregnant woman for abortion according to current medical practice. A former doctor and supporter of the Abortion Act, writing in the Daily Telegraph, witnessed the practice of women gaining access to abortion “*because they did not want their holiday spoiled*” by their pregnancy.¹²

All the same, allowing abortions on demand is totally inconsistent with Parliament's original intention for introducing the Abortion Act (1967), as the Act specifically restricts access to abortion except in extremely serious circumstances.

11 *Abortion Statistics, England and Wales: 2016*, Department of Health, June 2017, revised January 2018, page 31.

12 Theodore Dalrymple, 'Pregnant women have asked for terminations because they did not want their holidays spoiled' in *The Telegraph*, 23 Feb 2012.v

So why are there so many abortions?

Department of Health and Social Care (previously Department of Health) figures for 2017 show that only 2% of pregnancies were terminated on the grounds that the child would be ‘seriously handicapped’, and far less than 1% to save the mother’s life.¹³ 98% of all abortions take place on grounds set out in the Act (Section 1(1)(a)) that there is a greater risk to the woman’s physical or mental health in continuation rather than termination of the pregnancy. Of this 98%, the 2017 study shows that 99.5% of abortions performed under these grounds are being performed on the sole basis of a risk to the woman’s mental health.¹⁴

The assumption is routinely made that it is less harmful for a woman to have an abortion than to continue with a pregnancy due to the possible emotional consequences of having an unwanted baby. Yet the distress or inconvenience of carrying an unwanted pregnancy to term is not the same as injury to mental health. Furthermore, there is now a vast body of research demonstrating that abortion carries serious consequences for women and is often more detrimental to a woman’s mental health than carrying a pregnancy to term.¹⁵

Therefore, despite 98% of abortions being performed on the grounds that “*the continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to mental*

13 *Abortion Statistics, England and Wales: 2017*, Department of Health, June 2018, data table Tab.

www.gov.uk/government/statistics/abortion-statistics-for-england-and-wales-2017

14 *Abortion Statistics, England and Wales: 2017*, pg 10.

15 Dr. Greg Pike, *Abortion and Women’s Health: An evidence-based review for medical professionals of the impact of abortion on women’s physical and mental health* (London: SPUC, 2017).

*health of the pregnant woman,*¹⁶ there is no evidence to support the claim that the mental health risks associated with carrying a pregnancy to term are ‘*greater than if the pregnancy were terminated*’ on such a broad level. This indicates that most abortions in the UK are, in fact, illegal.

On this basis, doctors have afforded an extremely liberal interpretation of abortion legislation to permit access to abortion whenever wanted, despite the intentions of Parliament.

The consequences

As previously noted, almost nine million lives have been terminated in the UK since the Abortion Act (1967). This is a huge loss of human life. These individuals have had their lives taken away from them, without their consent. They are the greatest victims of the abortion industry.

In addition to the lives of unborn children being prematurely ended, recent studies have suggested that some unborn children may suffer pain during terminations. The current abortion time limit is set at 24 weeks, yet major studies indicate that unborn children can feel pain between 16 and 18 weeks, and possibly from eight weeks gestation.¹⁷

16 *Abortion Statistics, England and Wales: 2017*, pg 10. It is commonly accepted by Christian ethicists that intervention to save a woman's life, in these rarest of circumstances that sadly risk causing loss of life, cannot be considered an elective abortion if all attempts are made to save both lives.

17 Arina O. Grossu, *What Science Reveals About Fetal Pain*, Family Research Council, October 2017.
<https://downloads.frc.org/EF/EF15A104.pdf>

The mental health risks of abortion

The cost of abortion goes beyond the death and pain of the unborn. Abortion often has a profoundly negative effect on the women who experience the procedure. In 2008, the Royal College of Psychiatrists (RCOP) was forced to admit for the first time that abortion may damage a woman's mental health, as more and more studies have emerged demonstrating strong links between abortion and an array of psychological disorders, ranging from depression to post-traumatic stress disorder, substance abuse and even suicide.¹⁸

The RCOP recommended that women should not be allowed to have an abortion until they are counselled on the risks of the procedure to both their physical and mental health. This contradicted the RCOP's 1994 position statement in which it claimed that there was no evidence of increased risk in that regard.

In fact, the largest ever meta-analysis of the effects of abortion on women, conducted in 2011, associated abortion with 81% increased risk of developing mental health problems. Published in the *British Journal of Psychiatry*, it associated abortion with increased risk of anxiety disorders up by 34%; depression by 37%; alcohol abuse by 110% and suicide behaviours by 155%. It concluded:

“Results indicate quite consistently that abortion is associated with moderate to highly increased risks of psychological problems

18 Royal College of Psychiatrists, 'Position statement on women's mental health in relation to induced Abortion'. London, 2008. A stark contrast to Royal College of Psychiatrists, *The physical and psycho-social effects of abortion on women*. London, 1994

subsequent to the procedure.”¹⁹

Another study published in the British Journal of Medicine found that women who have an abortion are at least six times more likely to commit suicide than those who carry their pregnancy to term.²⁰

The risk of experiencing depression has been shown to be significantly higher in women who have an abortion compared to those who carry their pregnancy to term, even when the pregnancy was unplanned. A 2008 study by Dr Priscilla Coleman and psychologist Dr Vincent Rue, published in the *Journal of Psychiatry*, demonstrated a strong association between abortion and depression and anxiety disorders. It stated:

“Abortion was found to be related to an increased risk for a variety of mental health problems (panic attacks, panic disorder, agoraphobia, PTSD, bipolar disorder, major depression with and without hierarchy), and substance abuse disorders.”²¹

Abortion was associated with increased risk of bi-polar disorder by 167% and major depression by 45%. With regards to anxiety disorders, abortion was associated with increased risk of panic disorders by 111%, panic attacks by 44%, post-traumatic stress disorder by 59% and agoraphobia by 95%.

19 Priscilla K. Coleman, “Abortion and mental health: quantitative synthesis and analysis of research published 1995-2009”, in *British Journal of Psychiatry*, 2011. The study was the largest of its kind and is based on 22 published studies, with a combined number of participants totalling over 850,000.

20 M. Gissler et al., “Suicides after pregnancy in Finland, 1987-1994: register linkage study,” *British Journal of Medicine* 313:1431-4, 1996; also see M. Gissler, “Injury deaths, suicides and homicides associated with pregnancy, Finland 1987-2000,” *European Journal of Public Health* 15(5): 459-63, 2005.

21 Priscilla K. Coleman, “Induced abortion and anxiety, mood, and substance abuse disorders: Isolating the effects of abortion in the national comorbidity survey,” *Journal of Psychiatric Research*, 43(8):770-6, December 2008.

Another study has shown that 42.4% of women with bipolar disorders had a history of abortion compared to only 13.5% of the control group.²²

An American study published in the *Journal of Pregnancy* in 2010 also reported high rates of post-traumatic stress disorder (PTSD) symptoms amongst women who had undertaken both early and late abortion with 52% of the early abortion group and 67% of the late term abortion group meeting the American Psychological Association's conditions for a diagnosis of PTSD. Furthermore, 60% of women said they felt that "a part of me died" after their abortion.²³

Abortion is also commonly linked to several negative reactions including regret, grief, anger, and sleeping difficulties. In one study of women suffering from post-abortion problems, 80% said they experienced guilt, 83% regretted their decision, 79% had feelings of "loss", 62% felt anger and 70% experienced depression.²⁴

Another study published in the *British Journal of Obstetrics and Gynecology*, found that just eight weeks after their abortion, 44% of women reported nervous disorders, 36% experienced sleeping problems, 31% felt regret, and 11% had been prescribed psychotropic medicine by their doctor.²⁵

22 Marengo E, Martino DJ et al., "Unplanned pregnancies and reproductive health among women with bipolar disorder," *Journal Of Affective Disorders*, Jun 1; 178:201-5, 2015.

23 Priscilla K. Coleman, CT Coyle, and VM Rue, "Late-Term Elective Abortion and Susceptibility to Post Traumatic Stress Symptoms," *Journal of Pregnancy*, August 2010.

24 David C. Reardon, *Aborted Women, Silent No More* (Springfield, IL: Acorn Books, 2002).

25 J. R. Ashton, "The Psychosocial Outcome of Induced Abortion," *British Journal of Obstetrics and Gynaecology*, 87:1115-1122, 1980.

The physical risks of abortion

Medical complications following an abortion vary from minor problems to more serious conditions such as pre-term deliveries in subsequent pregnancies, reduced fertility, and life-threatening conditions such as cancer. Post-abortive women are 2.3% more likely to suffer from cervical cancer compared to women with no history of abortion and three times more likely to develop breast cancer in later life.²⁶

Abortion also places women at a risk of developing other serious life-threatening complications, such as haemorrhage, endometriosis and pelvic inflammatory disease which can all be fatal if left untreated. The latter is also a major cause of infertility in post-abortive women.²⁷ Research has also shown that there is a significant increase in premature births amongst women who have had an abortion.²⁸

Considering the mental and physical risks of abortion, is it possible that the vast majority of UK abortions could actually be illegal because of an inaccurate assessment of the risks? We consider the answer to be a resounding “yes”. Urgent reform of the law is therefore needed.

26 H.L. Howe, et al., "Early Abortion and Breast Cancer Risk Among Women Under Age 40," *International Journal of Epidemiology*, 18(2):300-304, 1989; L. I. Remennick, "Induced Abortion as A Cancer Risk Factor: A Review of Epidemiological Evidence," *Journal of Epidemiological Community Health*, 1990; M.C. Pike et al., "Oral Contraceptive Use and Early Abortion as Risk Factors for Breast Cancer in Young Women," *British Journal of Cancer*, 1981, 43:72, 1981.

27 Ronald T. Burkman, et al., "Morbidity Risk Among Young Adolescents Undergoing Elective Abortion," *Contraception*, Vol 30, Issue 2, August 1984, 99-105; M. Barbacci, et al., "Post-Abortal Endometritis and Isolation of Chlamydia Trachomatis," *Obstetrics and Gynecology* 68(5):668- 690, 1986.

28 B. Rooney and B. C. Calhoun, "Induced Abortion and Risk of Premature Births," *Journal of American Physicians and Surgeons*, 8 (2), 46-49, 2003.

Devaluing human life

In addition to the physical and mental health risks, other damaging consequences can arise from abortion. The practice of abortion itself devalues human life in the eyes of society.

The Book of Genesis records that man is made in the “image of God”.²⁹ As we are all made in His image, humans are distinct from animals and have a unique and special value. He has created us each with great value and with a purpose in life. The practice of abortion violates the value of human life, as it suggests that human beings have no innate or objective value, but rather are only valuable to the extent that society decides.

Allowing a woman to abort her unborn child because the baby might be an inconvenience sends a clear message to the younger generation that their lives are only worth as much as their parent is willing to be ‘inconvenienced’.

Abortion of people with disabilities

A key example of the way abortion undermines the value of human life is in relation to people with disabilities. In 2016, 3,208 pre-born children were aborted due to the risk that the child would be born ‘seriously handicapped’ (the Abortion Act uses the term ‘handicapped’ rather than disabled).³⁰ This includes abortions for conditions such as a cleft lip/palate and Down’s Syndrome, sanctioned on the legal basis that the child would be born ‘seriously handicapped’ – even though such conditions do not leave children so.

29 Genesis 1v27, New International Version

30 *Abortion Statistics, England and Wales: 2016*, page 36.

A cleft lip or palate can be correctable by surgery; and even though children with Down's Syndrome have special medical needs, NHS guidance says "*With help and support, most people with Down's syndrome are able to have healthy, active and more independent lives.*"³¹ Despite this, 706 pre-born children were aborted for Down's Syndrome in 2016, while 9 pre-born lives were ended in the same year on the grounds of a cleft lip or palate.³²

Allowing abortion for these conditions sends a clear message to disabled people – that they are not as valuable to society as non-disabled people. This is not acceptable and is the epitome of discrimination.

Abortion of unborn girls

Once society stops recognising the objective moral value of all human beings, some pre-born children become less 'valuable' than others, even just for being the 'wrong gender'.

This is not just something that happens, as is well reported, in China or India. An undercover investigation by the Daily Telegraph in early 2012 revealed that British doctors in both private and NHS hospitals will sometimes agree to provide women with abortions purely based on their child's sex, even though sex-selection terminations in England and Wales are illegal.³³

Three clinics were secretly filmed by the Daily Telegraph agreeing to provide an abortion after the sex of the child was

31 www.nhs.uk/conditions/downs-syndrome/living-with/

32 *Abortion Statistics, England and Wales: 2016*, page 36.

33 Claire Newell and Holly Watt, "Abortion investigation: doctors filmed agreeing illegal abortions 'no questions asked'" in *The Telegraph*, 22 February 2012.

given as the only reason for requesting a termination. In one instance, a woman was booked in for an abortion after telling a Manchester consultant that she didn't want the baby because it was a girl. The consultant for Pall Mall Medical in Manchester, responded by saying; "I don't ask questions. If you want a termination, you want a termination." The consultant later told a colleague that the abortion was "for social reasons" and that the woman "didn't want any questions asked."

Christian Concern supported a young woman, Aisling Hubert, in her attempt to legally challenge the doctors involved. At the same time, a ComRes poll showed that more than four in five adults in the UK (84%) agree that 'aborting babies because of their gender should explicitly be banned by law'.³⁴

The poll also indicated that 80% of British adults agreed that 'where it can be proved that an abortion was authorised on grounds of the baby's gender, the doctor authorising that abortion should be prosecuted.'

Despite public statistics in her favour, Aisling's case was lost and left her with massive costs.

Meanwhile support continues to be shown by pro-abortionists for sex-selective abortions. In November 2016 a government aide revealed how the CPS had failed to secure a conviction for a sex-selective abortion, dropping a case made by an Asian woman whose family had forced her to abort her unborn girl.³⁵

In 2017, Wendy Savage, a member of the British Medical Association and an abortionist who estimates she has aborted 10,000+ babies, indicated her belief that any stage, sex-selective

34 'Where do they stand abortion survey,' ComRes, 23 May 2017.

35 Hannah Summers and Camilla Turner, "CPS 'blinded by political correctness' dropped sex-selective abortion case, government aide reveals" in The Daily Telegraph 11 November 2016.

abortions should be legal.³⁶ CEO of the British Pregnancy Advisory Service (BPAS), Ann Furedi, has also been very vocal in expressing her opinion that women should be allowed sex-selective abortion.³⁷

Infanticide

If the value of human life is reduced to what each life can offer society, or whether it is wanted and convenient, then we open the door to serious moral darkness.

Infanticide is the putting to death of a new-born baby. Whilst illegal and without public support in the vast majority of civilised nations, this practice already enjoys support in some academic circles and is promoted by some of the foremost 'ethicists' in the world.

Two medical ethicists, doctors Francesca Minerva and Alberto Guibilini, claimed in an article published by the British Medical Journal in 2012 that doctors should be allowed to kill disabled or unwanted new-born babies because they are "*not actual persons*".³⁸

They argued that parents should be given the choice to end the lives of their children shortly after they are born because, at this stage, they are "*morally irrelevant*" and "*have no moral right to life.*" They suggested that infanticide is no different morally

36 Katie Forster, 'Sex-selective abortions should be allowed at any stage, says BMA ethics professor' in *The Independent*, 20 March 2017.

37 Ann Furedi, 'You can't be pro-choice only when you like the choice,' *Spiked*, 16 September 2013.
www.spiked-online.com/2013/09/16/you-cant-be-pro-choice-only-when-you-like-the-choice/

38 Francesca Minerva and Alberto Guibilini, "After-birth abortion: why should the baby live?" *Journal of Medical Ethics*, 2 March, 2012.

to abortion since both a foetus and a new-born baby were only “*potential persons*”:

“Both a foetus and a new-born certainly are human beings and potential persons, but neither is a person in the sense of subject of a moral right to life.”

They went on to suggest that the practice of infanticide, which they termed as “*after-birth abortion*”, should even be permissible where a child was perfectly healthy but unwanted, inconvenient, or too expensive for the parents.

These doctors have come to such chilling conclusions because they have followed the premise that it is society that determines the value of human life, rather than God.

Sadly, it is the same principle that pervades our culture and which ultimately has led to some of the most oppressive and godless societies in the history of the world. It is worth adding that such thinking also threatens end of life care with the introduction of euthanasia.³⁹

Cost

Quite apart from the loss of valuable human beings, the financial cost of abortion is huge. In England, the NHS spent £118 million on abortions in 2010, of which £75 million went to private clinics. This figure is rising year on year. The NHS even pays for multiple abortions resulting from women using the procedure as a last-ditch means of 'contraception'. The NHS

39 Comment on this can be found at: http://admin.cmf.org.uk/media/flivmp3/peter_saunders_ucb_221118.mp3

was spending around £1 million a week on repeat abortions alone in 2010.⁴⁰

Of 185,596 abortions carried out in England and Wales in 2016:

- 51,548 abortions were on women who had undergone the procedure before;
- 2,905 repeat terminations were carried out on women who were under the age of 20;
- 58 women were on their eighth (or more) abortion.⁴¹

This indicates that many are relying on abortion as a safety net in case contraception fails.

All of this represents a significant cost for the taxpayer. Worse than that, it is dangerous – as teenagers and women who have had multiple abortions are at a greater risk of developing abortion-related medical complications.

What Now?

A corrupt industry

Since 2012 the UK abortion industry has faced more scrutiny than ever before. Further to the findings of the Daily Telegraph investigation into sex-selective abortions, the then Health Secretary, Andrew Lansley MP, ordered raids on more than 250 private and NHS clinics in March 2012.

40 Daniel Martin, "NHS spends £1m a week on repeat abortions: Single women using terminations 'as another form of contraceptive'", *The Daily Mail*, 13 May 2012.

41 *Abortion Statistics, England and Wales: 2016*, page 31

The raids revealed that many abortion clinics were flouting abortion laws and offering abortion on demand. Doctors in fifty of the clinics were falsifying paperwork, and many patients were not receiving acceptable levels of advice and counselling.⁴²

The raids discovered piles of “pre-signed” abortion consent forms, breaking laws which require the signatures of two doctors who have agreed that the proposed abortion falls within one of the exemptions provided in the Abortion Act 1967. Pre-signing such forms is a serious criminal offence.

The Health Secretary said that he was “shocked” by the findings of the raid. He said:

“I was appalled. Because if it happens [pre-signing consent forms], it is pretty much people engaging in a culture of both ignoring the law and trying to give themselves the right to say that although Parliament may have said this, we believe in abortion on demand.”⁴³

In the years since 2012, little has changed and not much has been done to end such malpractice as evidenced by one abortion provider in particular.

In August 2016, Britain's second largest abortion provider, Marie Stopes, was forced to suspend surgical abortions using anaesthetic or sedation for underage girls and vulnerable women. This followed an inspection by the Care Quality Commission (CQC) that indicated doubts that staff had adequate training and competence to administer sedatives and

42 Robert Winnett, Claire Newell and Holly Watt, “One in five abortion clinics breaks law” in *The Daily Telegraph*, 22 March 2012.

43 Ibid.

general anaesthetic.⁴⁴

There were additionally concerns over matters of abortion consent. In December 2016, the CQC revealed 2,634 safety flaws observed in Marie Stopes International's procedures between 2015 and 2016.⁴⁵ These included regular 'bulk-signing' of abortion consent forms and failure to adequately train staff. Properly informing and obtaining consent from patients was neglected, training in basic first aid and safety skills was limited, and poor hygiene, including aborted babies being left in open hazardous waste bins, was evident.

In March 2017 an undercover probe of Marie Stopes discovered that the abortion provider's doctors approve thousands of abortions a year for women they have never met.⁴⁶ While a face-to-face meeting is not required, it is considered good practice by the Department of Health. Without a face-to-face meeting it is almost impossible to properly evaluate a woman's suitability for an abortion even under the flawed 1967 Abortion Act.

It was discovered that referrals being made for abortions were often simply the result of brief conversations through a call-centre in which information was changed to suit the 1967 Abortion Act guidelines. For example, when asked the reason for wanting an abortion, one undercover reporter responded simply, "I just don't want to have the baby." This was justified as a valid "emotional reason".⁴⁷

44 Care Quality Commission, *Marie Stopes International Maidstone Centre Quality Report*, 2 November 2017.

45 Care Quality Commission, *Marie Stopes International Quality Report*, 20 December 2016.

46 Katherine Faulkner and Sara Smyth, "Abortions signed off after just a phone-call: How Marie Stopes doctors approve abortions for women they've never met" in *The Daily Mail*, 5 March 2017.

47 Ibid.

These are stories from one abortion provider. Doubtless, such practices are not just the sole reserve of Marie Stopes. (It is worth adding that Marie Stopes' overseas operations have also come under severe criticism. Authorities in Kenya, on various grounds, have forbidden Marie Stopes International from carrying out abortions in Kenya.)⁴⁸

Calls for law change – Decriminalisation

Given routine corruption and malpractice within the abortion industry, it is no surprise that there is a welcome shift in public opinion. ComRes polling in 2017 showed firstly that 99% of women are against raising the abortion time limit to birth, and on the contrary, 70% of women consider that the current time limit should be lowered. 59% of women consider that it should be 16 weeks or lower, bringing the UK into line with most other European countries.⁴⁹ Undoubtedly, most women take a view that the boundaries around abortion are in the wrong place and ought to be adjusted downwards.

Secondly, in light of reports of sex-selective abortions, 91% of women want an explicit ban on such practice. Fiona Bruce MP presented a Bill for that purpose in 2015, but it was defeated.⁵⁰

Thirdly, 93% of women want a legal right to independent counselling from a source without financial interest in someone considering an abortion.⁵¹ Clearly most women consider that they should be offered bias-free counselling when deciding

48 Further information is at:

<https://cmfblog.org.uk/2018/11/22/marie-stopes-guilty-of-carrying-out-illegal-abortionsagain/>

49 *Abortion Polling for Where Do They Stand?*, ComRes, 23 May 2017, page 17.

<http://www.comresglobal.com/polls/where-do-they-stand-abortion-survey/>

50 *Abortion Polling for Where Do They Stand?*, page 39.

51 *Abortion Polling for Where Do They Stand?*, page 33.

whether to continue with a pregnancy. This echoes concerns about biased abortion industry counselling that steers women towards abortion, often out of financial interest.

Fourthly, 84% of women want improved support for women who want to continue with their pregnancies but are under financial pressure to have an abortion.⁵²

With abortion and the abortion industry increasingly viewed in a negative way by women, it stands to reason that parliamentarians should propose a review of current legislation. Sadly, far from calling for tighter restrictions, some MPs have instead called for a total decriminalisation of abortion. This could effectively see an introduction of legal abortion on demand up to birth. Far from fixing the UK's abortion problem, this would allow it to spiral out of control.

In 2017 and 2018, Labour MP Diana Johnson presented a Bill to the House of Commons requesting abortion's decriminalisation. In 2017, the Bill was passed to a Second Reading in the House of Commons by 172 to 142 votes, but fortunately was halted by the snap 2017 General Election. In 2018, Diana Johnson again introduced her Bill and this continues to remain a very real threat.

In June 2017, the British Medical Association (BMA) voted in favour of decriminalising abortion.⁵³ In September 2017, a select committee of the Royal College of Obstetricians and Gynaecologists voted in favour of decriminalising abortion.⁵⁴ With Ireland repealing its pro-life laws in May 2018, pressure has been applied to see Northern Ireland's pro-life laws

52 *Abortion Polling for Where Do They Stand?*, page 36

53 *Abi Rimmer, Rebecca Coombes. "BMA annual meeting: Doctors who carry out abortions should not face criminal sanctions, says BMA," BMJ 2017; 357 :j3116.*

54 *Royal College of Obstetricians and Gynaecologists, 'RCOG backs decriminalisation of abortion', 22 September 2017. www.rcog.org.uk/en/news/rcog-backs-decriminalisation-of-abortion/*

changed as well.⁵⁵

The practice of abortion still has much support in Parliament, and any attempt at pro-life reform will meet strong opposition.

However, there are ways in which the law can be tightened against abuse and injustice, and the numbers of abortions reduced. Explicit bans on sex-selective and disability-discriminating abortions would be a start.

Ultimately, if the church fully and prayerfully engages with this issue, then the practice of abortion can be brought to an end in this nation.

Independent Counselling

One area where major reform to the law is possible is that relating to the counselling that women receive prior to deciding whether to have an abortion.

At present, women considering an abortion are usually given the option of receiving counselling from the same abortion provider that will then perform the abortion. However, there is a huge conflict of interests involved in this scenario, as private abortion clinics rely heavily on providing abortions for their income. Abortion is a multi-million pound a year industry,⁵⁶ and private providers have a substantial financial interest in women choosing abortion over other alternatives. There is therefore a real danger that women are not receiving impartial advice on the mental and physical risks of abortion, and that

55 House of Commons Hansard, Offences Against the Person Act 1861, Emergency debate Standing Order No. 24, 5 June 2018.

56 Philippa Taylor, "Abortion is big business. Six-figure salaries abound and nearly 200,000 terminations a year are not enough," *The Conservative Woman*, 4 November 2014.

alternative options such as childbirth and adoption are not adequately explored.

Some women have complained that, once inside an abortion clinic, during a confused and vulnerable time in their lives, they were put on an “*abortion conveyor belt*” and felt pushed into having an abortion.⁵⁷ Campaigns to remove this conflict of interests – and ensure that women are given the offer of independent counselling – have sadly failed so far.

In September 2011, Conservative MP, Nadine Dorries proposed amendment to the Health and Social Care Bill lost by 118 votes to 368. Dorries had proposed introducing a separation between those providing the counselling and those providing abortion, who often have a vested financial interest in the woman’s choice.⁵⁸ Shortly after this, the Government did seem to suggest its support for the idea of independent counselling, and called for a full consultation, but the review was axed in October 2012 by the then Health Minister Anna Soubry, herself being very pro-abortion.

The introduction of independent counselling to give women more impartial information and breathing space before any decision to have an abortion is made, could reduce the number of abortions by one third. In 2008, the Christian Medical Fellowship carried out a study of abortion rates in European countries and discovered that those with ‘right to know’ legislation (offer of counselling, advice, information about alternatives) had, on average, abortion rates that were 30% lower than those (like Britain) which didn’t.⁵⁹

57 Dr. John Parsons, “The Abortion Conveyor Belt” in *The Daily Mail*, 6 March 2017; Ben Wilkinson and Sophie Borland, “‘I expected sympathy but Marie Stopes abortion clinic was like being on a conveyor belt’, says mother accused of ‘wasting their time’ when she backed out” in *The Daily Mail*, 22 December 2016.

58 See www.righttoknow.org.uk

59 See www.cmf.org.uk/advocacy/early-life/abortion/informed-consent

The clear message is that many women, given proper advice and support, choose not to abort.

Buffer Zones

One way in which many women have been helped to keep their child is through the support of groups like The Good Counsel Network and 40 Days For Life. These groups hold regular prayer vigils outside abortion clinics and seek to extend an offer of caring, compassionate counsel and support to women in crisis pregnancies. The Good Counsel Network and 40 Days For Life speak of thousands of babies that they have helped save through their counselling.

The abortion industry has not been particularly warm to independent counselling. Those centres that appear to have been hardest hit by fewer abortions have lashed back through lobbying local and national government to introduce bans of any pro-life activity outside abortion centres. These 'buffer zones' would hinder women from receiving the care, compassion, and counsel they need from people with no financial interest in their eventual decision.

Many local councils in England have already expressed support for buffer zones. A national and public review has been overseen by the Home Office, and the Home Secretary reached the conclusion that *“introducing national buffer zones would not be a proportionate response, considering the experiences of the majority of hospitals and clinics, and considering that the majority of activities are more passive in nature.”*⁶⁰

60 www.parliament.uk/business/publications/written-questions-answers-statements/written-statement/Commons/2018-09-13/HCWS9558/

However, it is clear that opposition to independent counselling will be an ongoing reality, requiring much perseverance on the part of those involved in providing it.

Help us to stop abortion

At Christian Concern we actively campaign against the practice of abortion and we aim to inform women of its dangers.

Abortion ought to be unthinkable; we believe that every unborn child should have his or her right to life protected, and we want to see the church rise up and passionately engage with this issue.

We care for both the woman and the child involved in crisis pregnancies. As one Northern Irish campaign highlighting the number of lives saved through Northern Ireland's laws puts it: 'both lives matter.'

In keeping with this, we supported the launch of a pregnancy crisis helpline that seeks to point women to ways in which they can access the help they need to keep their child.⁶¹

Please join us in one of our many initiatives as we campaign to reduce, and ultimately end, the practice of abortion in this nation. You can do so by joining more than 65,000 people who support the work of Christian Concern and the Christian Legal Centre.

61 www.pregnancycrisisline.org.uk

Please sign up to find out more and receive our news and information at christianconcern.com/signup

