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ARTICLE

Abortion legislation: exploring perspectives of general practitioners and obstetrics and gynaecology clinicians

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Abstract Abortion legislation remains a contentious topic in the UK, which receives much attention from politicians, clinicians and professional bodies alike. In this study, the perspectives of general practitioners and obstetrics and gynaecology clinicians on the Abortion Act 1967 was explored. To this end, a short electronic questionnaire was distributed to all 211 GP and obstetrics and gynaecology clinicians affiliated with the University of Cambridge School of Clinical Medicine. Of the 100 anonymous responses collected, a significant majority felt that abortion law in Northern Ireland should be changed in line with the rest of the UK. The respondents' votes, however, were either opposed to or divided over any other changes to the Abortion Act, including altering the 24 week time limit, clarifying the legal definition of fetal abnormalities, introducing abortion purely on the woman's request, and modifying the requirement for two clinicians to approve any request for abortion. These perspectives were not entirely aligned with the recommendations of the Royal College of Obstetricians and Gynaecologists and the House of Commons Science and Technology Committee, or with current medical evidence and demographic data.

KEYWORDS: abortion, general practice, gynaecology, medical legislation

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Introduction

Nearly 50 years after the passage of the Abortion Act 1967, abortion remains a controversial and evolving area within UK law. Indeed, in the lead up to the Human Fertilisation and Embryology (HFE) Bill 2008, the Royal College of Obstetricians and Gynaecologists (RCOG) and the House of Commons Science and Technology Committee (STC) all expressed the view that certain aspects of the law on abortion should be changed (House of Commons, 2007). In turn, several amendments to the law on abortion were tabled during the consideration of the HFE Bill 2008, including clauses to extend the Abortion Act 1967 to Northern Ireland, to remove the requirement for two doctors' signatures on abortion request forms, and to allow trained nurses to perform abortions (House of Commons, 2008). However, owing to insufficient time to debate and vote on these amendments, the law on abortion was not changed. Abortion law has also remained topical elsewhere in the European Union (EU), with Portugal, Spain and Luxembourg modifying their abortion legislation in 2007, 2010 and 2012 respectively (IPPF (International Planned Parenthood Federation), 2012; Center for Reproductive Rights, 2012).

Given the contentious and emotive nature of abortion legislation, this study aims to explore the perspectives of clinicians on whether or not UK abortion law should be changed. These perspectives are contrasted with the recommendations of the RCOG and STC, to explore whether a discrepancy exists between clinical, professional and political perspectives on abortion law. Similar work using questionnaires has been carried out with obstetrics and gynaecology clinicians in Great Britain (Savage and Francome, 2011) and in Northern Ireland (Black et al., 2001; Francome and Savage, 2011), as well as with British GPs (Francome and Freeman, 2000). This study builds on such work, by directly comparing the views of GPs with those of obsterics and gynaecology clinicians, as well as with the recommendations of the RCOG and STC.

Materials and methods

A review of the literature was conducted using the NIH PubMed database to identify relevant past studies. Political and professional perspectives were also explored, using the RCOG website and the BBC News website, as well as the Hansard database of UK Parliamentary debates leading up to the Abortion Act 1967, the HFE Act 1990 and the HFE Act 2008. For comparison, abortion legislation in other European Union (EU) nations was reviewed (IPPF (International Planned Parenthood Federation, 2012). With the use of these resources, the most contentious areas of the Abortion Act were identified, and a survey was prepared to assess clinicians' perspectives on these areas (**Figure 1**). Nine categorical questions (yes/no answers, or a single-choice answer from a selection of two or three options) were included, as well as optional free-text boxes for each question.

This study was completed as part of a final year medical student research project at the University of Cambridge School of Clinical Medicine. The Clinical School distributed the survey via email to all 211 GP and Obstetric and gynaecology clinicians affiliated with the University, including both trainees and consultants. The contact details of these clinicians were

In England, Wales and Scotland, abortion is allowed until **24 weeks** gestation if there is risk of injury to the physical or mental health of the woman or her existing children that exceeds the risk of abortion (Section 1.1.a).

Q1. Should the 24 week limit be reduced?

Abortion is allowed if there is **substantial risk of abnormalities**, such that the child, if born, would be **seriously handicapped** (Section 1.1.d). The nature of such abnormalities is not legally defined, and there is no gestational time limit for such abortions.

Q2. Should a gestational limit be set for Section 1.1.d?

Q3. Should 'abnormalities' be defined legally?

Legal abortion must satisfy the grounds of the Abortion Act, and is **not allowed purely on the woman's request** at any stage of gestation.

Q4. Should abortion on the woman's request be allowed?

Legal abortion requires two doctors to sign the **HSA1 form** in good faith.

Q5. Should only one doctor be required to sign?

Q6. Should a nurse or midwife be allowed to sign?

In **Northern Ireland** (NI), abortion is only legal if there is risk of grave permanent injury to the physical or mental health of the woman, or risk to the woman's life.

Q7. Should the NI law be as for the rest of the UK?

Demographic data collection:

Q8. What is your specialty (Obstetrics & Gynaecology or General Practice)?

Q9. Do you routinely decline signing the HSA1 form for reasons of conscientious objection?

Figure 1 Survey questions, based on relevant sections of the Abortion Act (legislation.gov.uk).