

# Scottish Council on Human Bioethics

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Date: 2 September 2007 - UK House of Commons - Science and Technology Committee

*Scientific Developments Relating to the Abortion Act 1967*

## Consultation response on behalf of the Scottish Council on Human Bioethics:

The **Scottish Council on Human Bioethics** (SCHB) is an independent, non-partisan, non-religious registered Scottish charity comprising doctors, lawyers, psychologists, ethicists and other professionals from disciplines associated with medical ethics.

The SCHB subscribes to the principles set out in the **United Nations Universal Declaration of Human Rights** which was adopted and proclaimed by the UN General Assembly by resolution 217A (III) on 10 December 1948.

The SCHB is grateful to the Science and Technology Committee for this opportunity to respond to the consultation entitled **Scientific Developments Relating to the Abortion Act 1967**. It welcomes the Committee's intent to promote public consultation, understanding and discussion on abortion.

In addressing the consultation, the SCHB has formulated the following responses, which can be made publicly available by the Committee:

**Note: The Science and Technology Committee will not be looking at the ethical or moral issues associated with abortion time limits.**

### Executive Summary:

The SCHB notes that the process of human development is a continuous one in which any demarcation would be arbitrary and merely conventional as exemplified by the different upper time limits for abortions and embryological destructive research across Europe. Within the development process it is indeed impossible to indicate a non-arbitrary point of transition from human non-person to human person.

Accordingly, the SCHB is of the view that the precautionary principal should be applied concerning the status of the human embryo and fetus. In other words, until explicit scientific proof of the contrary can be provided, a human embryo, as soon as it is created, should be considered as having the same moral status as an adult human person.

The SCHB also notes that in Europe more than 90% of fetuses affected by Down's Syndrome were now being aborted<sup>1</sup> and that fetuses with other genetic disorders would be considered in a similar manner with regard to terminations. As such, it is impossible not to conclude that European societies have already re-opened the debate relating to eugenics<sup>2</sup>. Therefore, the Council believes that the UK Parliament should address this very serious development as soon as possible.

### **1. The scientific and medical evidence relating to the 24-week upper time limit on most legal abortions, including:**

**(a) developments, both in the UK and internationally since 1990, in medical interventions and examination techniques that may inform definitions of foetal viability; and**

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<sup>1</sup> A Window on the Womb, New Scientist, 21 October 2006, p.45

<sup>2</sup> Eugenics: describes strategies with the aim of avoiding or affecting positively the genetic heritage of a possible child, a community or humanity in general.

**(b) whether a scientific or medical definition of serious abnormality is required or desirable in respect of abortion allowed beyond 24 weeks;**

**Scottish Council on Human Bioethics Response:**

About 190,000 abortions take place annually in England and Wales and 13,000 in Scotland<sup>3</sup>. This is nearly a quarter of all pregnancies. Most abortions are carried out on "healthy" fetuses for social reasons.

The number of legal abortions in England and Wales doubled over the decade after the Abortion Act came into force in April 1968 and has since continued to rise steadily. In 1969, the first full year after the act, 54 819 legal abortions were carried out. In 2005, there were 194 353<sup>4</sup>.

The SCHB notes that the 3D/4D reconstruction of ultrasound images of the embryo-fetus has been ethically influential with respect to the manner in which the public understands the responsiveness of human life at the earliest stages of fetal development. The technique was pioneered by Prof. Stuart Campbell, head of obstetrics and gynaecology at St George's Hospital, London who has indicated that his 4D images have undermined the validity of the current time limit for abortion.

The SCHB is also aware that the US has voted to ban so-called "partial birth" abortions in 2003, one of the most contentious issues in the country's abortion debate.

Partial birth abortions usually take place during the 5<sup>th</sup> or 6<sup>th</sup> month of pregnancy. The procedure involves the extraction of the body of the foetus into the vagina before the contents of the skull are suctioned and the foetus removed from the woman's body<sup>5</sup>.

In addition, the SCHB is mindful of cases where babies survived the chemical injections which were supposed to terminate pregnancies at around 23 weeks. This is an age at which babies can survive in special care units<sup>6</sup>.

In this regard, a 10-year study at 20 UK hospitals has found that one in 30 fetuses aborted for medical reasons were born alive<sup>7</sup>. The study looked at the outcomes of 3,189 abortions performed between 1995 and 2004 because the foetus had a disability of some kind. It showed that 102 - or around one in 30 - were born alive. Most of these babies with disabilities were born between 20 and 24 weeks of pregnancy and all lived for no more than a few hours<sup>8</sup>.

If these babies do survive an abortion, the SCHB is of the view that they should be given the same degree of care as any other baby born prematurely at the same age<sup>9</sup>.

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<sup>3</sup> Increase in abortions in Scotland – BBC – 29 May 2007 - <http://news.bbc.co.uk/1/hi/scotland/6701695.stm>

<sup>4</sup> Government Statistical Service. Abortion statistics, England and Wales: 2005. Statistical Bulletin 2006/01.

<sup>5</sup> US House bans abortion method - BBC - 5.6.03- <http://news.bbc.co.uk/1/hi/world/americas/2964390.stm>

<sup>6</sup> Care Call for Abortion Survivors - 22.6.04 – BBC - <http://news.bbc.co.uk/1/hi/health/3828701.stm>

<sup>7</sup> Abortions carried out later in pregnancy usually involve a chemical being injected into the baby's heart which causes it to stop while in the womb. But, even after doctors check using ultrasound that the heart has stopped, it is sometimes possible that it might start beating again and the baby would be born alive. Some of these babies have birth defects, which are so severe that they have little chance of long-term survival, but others could be treated.

<sup>8</sup> Termination of pregnancy for fetal anomaly: a population-based study 1995 to 2004. Wyldes MP; Tonks AM. BJOG: An International Journal of Obstetrics and Gynaecology. Volume 114 Issue 5 Page 639 - May 2007. One in 30 aborted fetuses lives – 23.4.07 – BBC – <http://news.bbc.co.uk/1/hi/health/6574873.stm>

<sup>9</sup> Care Call for Abortion Survivors - 22.6.04 – BBC - <http://news.bbc.co.uk/1/hi/health/3828701.stm>

**2. Medical, scientific and social research relevant to the impact of suggested law reforms to first trimester abortions, such as:**

- (a) the relative risks of early abortion versus pregnancy and delivery;**
- (b) the role played by the requirement for two doctors' signatures; and**
- (c) the practicalities and safety of allowing nurses or midwives to carry out abortions or of allowing the second stage of early medical abortions to be carried out at the patient's home;**

In the light of the number of babies surviving abortion (see above) and requiring expert care, the SCHB is of the view that it would be inappropriate for professionals, other than physicians, to carry out abortions.

The SCHB believes that it would be inappropriate to modify the required professional authorisation towards an abortion in order to just address the shortage of physicians<sup>10</sup> willing to consider such a procedure. Instead, an extensive examination of the unwillingness of the involved professionals should be considered.

Moreover, on such a controversial and deeply sensitive issue, the liberty of conscience of professionals working in the health field should always be respected.

**3. Evidence of long-term or acute adverse health outcomes from abortion or from the restriction of access to abortion.**

The SCHB is very concerned that research results, published in 2003, suggest that, after controlling for several socio-demographic factors, women whose first pregnancies ended in abortion may be 65% more likely to score in the 'high-risk' range for clinical depression than women whose first pregnancies resulted in a birth<sup>11</sup>.

The research also indicated that abortion may be a risk factor for subsequent depression in the period of 8 years after the pregnancy event. The higher rates of depression identified may be due to delayed reactions, persistence of depression, or some other common risk factor<sup>12</sup>.

In addition to the previous results, the SCHB notes that further research has indicated that an abortion may cause many years of mental anguish, anxiety, guilt and even shame.

This was suggested by a report from the University of Oslo, in 2005, whereby researchers compared 40 women who had had a miscarriage with 80 who chose to have an abortion.

The Oslo team found that, after 10 days, 47.5% of women who had miscarried suffered from some degree of mental distress compared with 30% of the abortion group.

The proportion of women who had a miscarriage suffering distress decreased during the study period, to 22.5% at six months and to just 2.6% at two years and five years.

But among the abortion group 25.7% were still experiencing distress after six months, and 20% at five years. In addition, the researchers discovered that women who had an abortion had to make an effort to avoid thinking about the event<sup>13</sup>.

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<sup>10</sup> Fifth of GPs want abortion ban Thursday May 3, 2007, The Guardian, <http://society.guardian.co.uk/health/story/0,,2071525,00.html>

<sup>11</sup> Jesse R Cogle, David C. Reardon, Priscilla K. Coleman, Depression associated with abortion and childbirth: a long-term analysis of the NLSY cohort, *Med Sci Monit*, 2003; 9(4): CR157-164, [http://www.medscimonit.com/medscimonit/modules.php?name=Current\\_Issue&d\\_op=summary&id=3074](http://www.medscimonit.com/medscimonit/modules.php?name=Current_Issue&d_op=summary&id=3074)

<sup>12</sup> Jesse R Cogle, David C. Reardon, Priscilla K. Coleman, Depression associated with abortion and childbirth: a long-term analysis of the NLSY cohort, *Med Sci Monit*, 2003; 9(4): CR157-164, [http://www.medscimonit.com/medscimonit/modules.php?name=Current\\_Issue&d\\_op=summary&id=3074](http://www.medscimonit.com/medscimonit/modules.php?name=Current_Issue&d_op=summary&id=3074)

<sup>13</sup> Anne Nordal Broen, Torbjørn Moun, Anne Sejersted Bødtker, Øivind Ekeberg, The course of mental health after miscarriage and induced abortion: a longitudinal, five-year follow-up study, *BMC Medicine* 2005, 3:18  
Abortion 'leaves mental legacy' – BBC - 12.12.05 - <http://news.bbc.co.uk/1/hi/health/4520576.stm>

The researchers indicated that their work underlined the importance of giving women information about the psychological effects of losing a baby - either through miscarriage or abortion.

More recently (2006), a study in New Zealand that tracked approximately 500 women from birth to 25 years of age indicated that young women who had abortions subsequently experience elevated rates of suicidal behaviours, depression, substance abuse, anxiety, and other mental problems<sup>14</sup>.

However, some other studies have not confirmed these results and more research is necessary in order to reach a final conclusion<sup>15,16,17</sup>.

Moreover, though the effect of terminating a pregnancy on subsequent fecundity and its association with subsequent adverse reproductive outcomes remains controversial<sup>18</sup>, various studies have also shown an increased risk of very preterm delivery in subsequent pregnancies following an abortion<sup>19</sup>. In addition, there seems to be a genuine reduction in the formerly high fecundity of those who undergo a termination<sup>20</sup>.

In addition, a team of British doctors have recently (2007) published results indicating that women who have had an abortion may have a 60% higher risk of having a miscarriage in another future pregnancy<sup>21</sup>. The study examined data from 603 women between the ages of 18 and 55 who had experienced a miscarriage during the first 13 weeks of their pregnancy. They compared those results with 6116 women whose pregnancies advanced beyond 13 weeks.

The researchers indicated that the reasons behind the increased miscarriage risk remained uncertain.

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<sup>14</sup> David M. Fergusson, L. John Horwood, and Elizabeth M. Ridder, "Abortion in young women and subsequent mental health," *Journal of Child Psychology and Psychiatry* 47(1): 16-24, 2006.

<sup>15</sup> Sarah Schmiede, Nancy Felipe Russo Depression and unwanted first pregnancy: longitudinal cohort study, *BMJ*, 2005;331;1303-;

<sup>16</sup> Brenda Major; Catherine Cozzarelli; M. Lynne Cooper; Josephine Zubek; Caroline Richards; Michael Wilhite; Richard H. Gramzow Psychological Responses of Women After First-Trimester Abortion, *Arch Gen Psychiatry*. 2000;57:777-784

<sup>17</sup> David C. Reardon, Jesse R. Cogle, Vincent M. Rue, Martha W. Shuping, Priscilla K. Coleman, Philip G. Ney Psychiatric admissions of low-income women following abortion and childbirth, *CMAJ*, MAY 13, 2003; 168 (10)

<sup>18</sup> Thorp JM, Jr, Hartmann KE and Shadigian E (2003) Long-term physical and psychological health consequences of induced abortion: review of the evidence. *Obstet Gynecol Surv* 58,67-79.

<sup>19</sup> Moreau C, Kaminski M, Ancel PY, Bouyer J, Escande B, Thiriez G, et al. Previous induced abortions and the risk of very preterm delivery: results of the EPIPAGE study. *BJOG* 2005;112:430-7.

<sup>20</sup> M.A.M.Hassan and S.R.Killick, Is previous aberrant reproductive outcome predictive of subsequently reduced fecundity? *Human Reproduction* Vol.20, No.3 pp. 657-664, 2005.

<sup>21</sup> Maconochie, N.; Doyle, P.; Prior, S.; Simmons, R.; Risk factors for first trimester miscarriage--results from a UK-population-based case-control study, *British journal of obstetrics and gynaecology*, 2007; 114(2):170-86.