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## Journal of Family Planning & Reproductive Health Care Press Release

**Abortion care in the UK is “heading towards a crisis”, warns expert**

*The law is now widely seen as not fit for purpose*

Abortion care in the UK is “heading towards a crisis” and reform of the law is just one of the many obstacles that needs to be overcome, argues an expert in the **Journal of Family Planning and Reproductive Health Care**.

Among the challenges women seeking abortion face include inequitable access, a lack of trained staff, stigmatisation, and a culture of exceptionalism, explains Dr Sandy Goldbeck-Wood, editor in chief of the journal, and clinical lead for abortion services at Cambridge University Hospitals.

She argues that "problems of access and stigma, familiar worldwide, are compounded in the UK by an abortion law that is now widely seen as not fit for purpose" which is considered to be "out of step with technical advances in safe medical abortion and current UK social values."

Most women believe they have a right to make their own decision about abortion, but British law still requires the identification of serious physical or mental health risk by two doctors not necessarily qualified, and who may not know the woman personally.

The law is, therefore, widely seen by clinicians as “hypocritical and anachronistic,” explains Dr Goldbeck-Wood.

Another problem is that abortion care has become artificially separated from the rest of reproductive health care, she adds. In the UK, a high proportion of abortion care is provided in specialist organisations outside the NHS.

Trainees in obstetrics and gynaecology - among them the potential service providers of the future - have too little opportunity to benefit from the learning environment that abortion care offers.

“As well as reinforcing stigma, this deprives trainees of valuable learning opportunities,” she says

Organisations calling for the law to be reformed include the British Pregnancy Advisory Service, the Royal College of Nursing, the Royal College of Midwives and other women’s health organisations.

And if the law is to be reformed, says Dr Goldbeck-Wood, there will be a strong need for debate which is respectful and acknowledges the ethical complexity in this sensitive area of health care.

“Abortion care remains a high-volume, under-researched and under-integrated area of women’s healthcare,” she writes. “2017 is an excellent time for practitioners to be challenging hypocrisy and exceptionalism in UK abortion care, and leading respectful debate centred on women’s needs, with complexity acknowledged.”

A study led by Dr Louise Keogh, from the University of Melbourne, assessed the decriminalisation of abortion in the Victoria state of Australia in 2008.

It found that a change in the law has empowered women, and increased clarity and safety for clinicians, but has failed to address stigma, access to services and workforce sustainability.

Commenting on the study, Sally Sheldon, professor of law at Kent University, says that the abortion law reform in Victoria has vital lessons for the UK.

She says that removal of specific criminal prohibitions against abortion “should not be seen as a panacea”, even though it is important to remove criminal law prohibitions and to establish abortion care as a health issue.

Much more work is needed to remove stigma, encourage doctors to provide terminations, and improve “equitable access to excellent, modern abortion services,” she concludes.

[Ends]

### **Note to Editors**

Editorial: Reforming abortion services in the UK: less hypocrisy, more acknowledgment of complexity

<http://jfprhc.bmj.com/content/43/1/3.extract>

Commentary: Abortion law reform in Victoria: lessons for the UK

<http://jfprhc.bmj.com/content/43/1/25.full>

Research: Intended and unintended consequences of abortion law reform: perspectives of abortion experts in Victoria, Australia

<http://jfprhc.bmj.com/content/early/2016/12/02/jfprhc-2016-101541.abstract>

### **About the journal:**

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