Personal View

Underlying the debate about Mr David Alton’s Abortion (Amendment) Bill is the unquestioned assumption that the setting of a legal time limit for termination is one of the most important features of any such legislation. Indeed, the sole reason for the proposed change to the 1967 act seems to be the fact that modern neonatal intensive care units allow babies to survive at 22 or 23 weeks’ gestation, something that was not possible when the 28 week limit was introduced 20 years ago. Can I be the only person in the country who fails to see any logical or moral justification for this argument?

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There are only three broad positions that you can take over abortion: the mother has the sole right to decide the fate of her baby (abortion on demand); abortion can never be justified (the pro life lobby); or there is the stance probably adopted by the majority—namely, that abortion can be indicated in certain specified circumstances. The purpose of the 1967 act was to define these circumstances, but in addition it set 28 weeks as the date beyond which termination should not be performed on the grounds that this was the time at which a fetus becomes viable. This concern with the timing of abortion has never made much sense to me, and I will try to explain why.

When a mother requests termination and two medical practitioners agree that it is indicated within the terms of the 1967 act they are taking a deliberate decision, I hope for the best of reasons, to deprive a child of life. The baby is in the womb, well nourished and safe, it is in every real sense of the word viable, and barring accident or medical (or criminal) intervention it will achieve live delivery at 40 weeks. The 23 weeker is no different in this respect from the 8 week fetus, which will also survive if it is allowed to remain attached to nature’s own life support system (the placenta). The fact that a skilled neonatologist might be able to salvage a 23 week baby is of little consequence, since once a decision is made to deprive a particular fetus of life it is hardly likely to be whisked off to a neonatal intensive care unit at the end of the procedure.

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There are, of course, good medical reasons to perform abortion when indicated as early as possible, and it is this fact rather than any requirement of the legislation that results in the vast majority of terminations being performed before 20 weeks. I suspect that the real reason for insisting on a time limit is to reduce the possibility of a termination resulting in a live birth, which would confront those involved with a conscious decision to let the child die. This is an understandable concern, and yet the decision to end life was taken when the request for abortion was approved in the first place. Surely it was then that the soul searching should have occurred. At the risk of playing devil’s advocate, it might not be such a bad thing if the act insisted that abortion could be performed only after 24 weeks: this would certainly concentrate the minds of those responsible for the decision to terminate and would result in a less liberal interpretation of the present law (which, after all, seems to be Mr Alton’s real purpose). The imposition of a time limit encourages the double standard whereby a fetus of less than 18 or 22 or 24 weeks is considered fair game for the gynaecologist’s curette but once it is old enough to emit the odd whimper before it dies it is off limits, even if there are good clinical indications for abortion.

If I seem to be adopting an overly cold and clinical approach I apologise. I share the instinctive feeling that the acceptability of abortion must depend partly on the age of the fetus, but it is just that—an instinctive and irrational response. I suppose that what I am saying is that we should show the same concern for the fetus at 10 or 12 weeks as we do at 23, and if we truly care about the babies at risk of abortion we should be ensuring that the indications for termination are honoured in the spirit and not just the letter of the law. We now have a position in which the act is interpreted so broadly that abortion on demand is a reality in many areas of the country, and certainly in the private sector, which was never the intention of David Steel and the other proponents of the 1967 legislation.

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Tinkering with deadlines—an appropriate word—is at best a marginal consideration. Furthermore, it diverts attention from the important issue, which is to ensure that abortion is available when there are sound clinical indications without encouraging the wholesale disposal of fetuses that are simply inopportune or inconvenient. The only effect of the proposed amendment will be to prevent a small number of abortions—3%, according to Mr Alton. These, of course, will include many of those with the strongest clinical indications for termination as most social abortions are neatly out of the way before 18 weeks, and few gynaecologists would operate beyond this point without good reason. This bill represents a wasted opportunity, and its results are unlikely to please anyone; it will certainly do little to protect the unborn child. It could have been used as a unique opportunity, 20 years on, to force everyone, particularly those of us in the medical profession, to review the working of the 1967 act. Instead, the important issues are ignored and all the sound and fury generated will be to no avail.

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