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## The best response to US criminalisation of abortion is decriminalisation elsewhere

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In 2008, 4.4 million abortions were performed in Latin America, 95% of which were “unsafe.”<sup>1</sup> By 2015, the region recorded the highest number of maternal deaths per head. Women’s rights groups catalysed legal and social mobilisation—“the green wave”—to decriminalise abortion. Their success, to which Mexico was central, can be measured by the fact that three of the region’s four most populous nations have decriminalised abortion. The green wave movement had looked to women’s rights in the United States for inspiration. Now, with the US Supreme Court overturning *Roe v Wade*, sexual and reproductive rights are under threat globally.<sup>2,3</sup>

The US is polarised on abortion, but criminalising abortion, as many states in the US are now doing,<sup>4</sup> is harmful and costs lives.<sup>5</sup> It disproportionately affects the poorest, most marginalised, and most vulnerable. The ripple effects of the decision taken by the US Supreme Court will sweep through America and across the world. It will manifest in political, legal, religious, financial, and civil society action against women seeking abortion, the groups that support them, and health professionals providing abortion services and requiring education and training.<sup>6</sup> In these circumstances, how is criminalising abortion moral or ethical? It isn’t evidence based.

The global picture, however, is complex. For the many countries that are decriminalising abortion in Latin America, some—notably Brazil—remain opposed. Despite many US states following the Supreme Court ruling, the Republican state of Kansas recently voted to allow abortion.<sup>7</sup> In the UK, although the public and politicians are supportive of abortion, it remains a criminal act under certain circumstances.<sup>8</sup> Only Northern Ireland in the UK has decriminalised abortion, but that sea change in law is not yet matched by provision of services. Abortion laws, then, are not entirely driven by preconceptions about political leanings or religious orthodoxy.

Abortion, of course, isn’t the only medical issue where the voice of the evidence is lost amid populist clamour and political opportunism. This week’s examples are the “zombie policy” of user charges for missed appointments<sup>9</sup> and introducing prostate cancer screening under the guise of “case finding.”<sup>10</sup> Isolating the evidence signals from the noise—whether it is about the safety of covid vaccines in pregnancy,<sup>11</sup> the new clinical features of monkeypox,<sup>12,13</sup> or how best to limit sitting time in office based work<sup>14</sup>—is as much a responsibility of policy and law makers as it is of clinicians.

The signal about abortion is clear: decriminalising abortion is best for women’s health and rights. If there is a global response to the US turning back time and

endangering health, it needs to be that the green wave of decriminalisation in Latin America becomes a Mexican wave around the globe.

- 1 Taylor L. How South America became a global role model for abortion rights. *BMJ* 2022;378. doi: 10.1136/bmj.o1908 pmid: 35973726
- 2 Howard S, Krishna G. *Roe v Wade*: How its scrapping will affect women worldwide. *BMJ* 2022;378. doi: 10.1136/bmj.o1844 pmid: 35953095
- 3 Singh S, Sedgh G. Global implications of overturning *Roe v Wade*. *BMJ* 2022;378.
- 4 Tanne JH. Abortion: Indiana becomes first US state to enact an almost total ban. *BMJ* 2022;378. doi: 10.1136/bmj.o1998 pmid: 35948347
- 5 Gostin LO, Reingold RB. Ending the constitutional right to abortion in the United States. *BMJ* 2022;378. doi: 10.1136/bmj.o1897 pmid: 35914779
- 6 Simpson Z, Jarshaw C. Medical education in a post-*Roe* world: student advocacy is patient advocacy. *BMJ* 2022;378. doi: 10.1136/bmj.o2011 pmid: 35961678
- 7 Doan A. The Kansas abortion vote shows the loudest voices in this debate are not representative ones. *BMJ* 2022;378. doi: 10.1136/bmj.o2024 pmid: 35973698
- 8 Graham S. We’re horrified by the rejection of *Roe v Wade*—but abortion is not a universal right in the UK. *BMJ* 2022;378:o1945.
- 9 Salisbury H. Helen Salisbury: Zombie health policies and missed appointments. *BMJ* 2022;378. doi: 10.1136/bmj.o2001 pmid: 35973714
- 10 Mahase E. Prostate cancer: case finding scheme is unapproved “screening by stealth.” GPs claim. *BMJ* 2022;378. doi: 10.1136/bmj.o2015 pmid: 35961658
- 11 Fell DB, Dimanlig-Cruz S, Regan AK, et al. Risk of preterm birth, small for gestational age at birth, and stillbirth after covid-19 vaccination during pregnancy: population based retrospective cohort study. *BMJ* 2022;378:e071416. doi: 10.1136/bmj-2022-071416 pmid: 35977737
- 12 Patel A, Bilinska J, Tam JCH, et al. Clinical features and novel presentations of human monkeypox in a central London centre during the 2022 outbreak: descriptive case series. *BMJ* 2022;378:e072410. doi: 10.1136/bmj-2022-072410 pmid: 35902115
- 13 Mulka L, Cassell J. The changing face of monkeypox. *BMJ* 2022;378. doi: 10.1136/bmj.o1990 pmid: 35948354
- 14 Edwardson CL, Biddle SJH, Clemes SA, et al. Effectiveness of an intervention for reducing sitting time and improving health in office workers: three arm cluster randomised controlled trial. *BMJ* 2022;378:e069288. doi: 10.1136/bmj-2021-069288 pmid: 35977732