THE CHRISTIAN INSTITUTE

Home abortion consultation – England

During the coronavirus pandemic, the law was changed in England to allow both pills for a medical abortion to be taken at home in the first ten weeks of pregnancy. This was initially set to last for two years, or until the end of the coronavirus pandemic, but Westminster is now consulting on making the change permanent.

This is a shocking liberalisation of the law, which took place without parliamentary scrutiny. Even the architects of the Abortion Act would not have envisaged abortions taking place in private homes without medical supervision. It must not be made permanent.

The consultation is limited in scope. It does not relate to the principle of abortion, which always results in the death of a child and is a great evil in our society. However it is still important to speak out against this new way of making abortion even easier to access.

The consultation document is available at: bit.ly/home-abortion-consult

The deadline for responses is 26 February 2021

You can only respond online at: bit.ly/home-abortion-respond

You do not have to answer all the consultation questions. We suggest answering 1-3, 6-8 and 10, but you are free to answer as many as you feel able to. We have included some points below to help you. Your response is likely to be much more effective if you use your own words.

QUESTIONS

Q1 Do you consider that the temporary measure has had an impact on the provision of abortion services for women and girls accessing these services with particular regard to safety?

a) Yes, it has had a positive impact

b) Yes, it has had a negative impact

c) It has not had an impact

d) I don't know

[If necessary, please provide text to support your answer]

Please answer 'b) Yes, it has had a negative impact'

Suggested comments (use your own words):

- Women's safety should not be compromised by allowing abortions to take place without the supervision and clinical care equivalent to that provided by a hospital
- Wherever abortions are carried out there can be medical complications such as haemorrhaging and infection. One large study found that one in five women who had medical abortions (taking a combination of two pills) suffered complications.[1] It is far safer for women if they are within easy reach of medical assistance rather than at home, potentially alone.
- It is impossible to ensure that abortion pills will be taken at home and not other settings, for example, in schools. This is irresponsible and leaves young girls open to the possibility of coercion and abuse.
- Say that there have been reports of serious failures with the home abortion scheme. Abortion providers have prescribed pills for women well outside the recommended gestational limit. One woman was found to have aborted her baby at 28 weeks, prompting a police investigation.[2]
- Say that an email leaked from a regional chief midwife in England exposed the "escalating risks" of home abortion, and the serious medical complications as a result of self-administering abortion pills, including haemorrhage and sepsis.[3]
- Say that home abortion can leave vulnerable women with little support. Studies have repeatedly shown that women experience emotional distress after an abortion. Women who have had an abortion experience an 81% higher risk of mental health problems when compared with women who had not had an abortion.[4] This is exacerbated by the fact that she could be alone when carrying out the abortion, not to mention the traumatic process of expelling and disposing of the unborn baby.

Question 2: Do you consider that the temporary measure has had an impact on the provision of abortion services for women and girls accessing these services with particular regard to accessibility?

a) Yes, it has had a positive impact

b) Yes, it has had a negative impact

c) It has not had an impact

d) I don't know

[If necessary, please provide text to support your answer]

Please answer 'b) Yes, it has had a negative impact'

Suggested comments (use your own words):

- Complications from abortions can require emergency treatment. This is much more difficult to facilitate for women living in rural communities. Those living in remote areas do not have easy access to critical care services.
- The ease with which women can now obtain abortion pills may cause some women to be rushed through a highly traumatic process – especially those who are alone and vulnerable.

Question 3: Do you consider that the temporary measure has had an impact on the provision of abortion services for women and girls accessing these services with particular regard to privacy and confidentiality of access?

a) Yes, it has had a positive impact

b) Yes, it has had a negative impact

c) It has not had an impact

d) I don't know

[If necessary, please provide text to support your answer

Please answer 'b) Yes, it has had a negative impact'

Suggested comments (use your own words):

- While it may be true that early medical abortions are now more private and confidential, this will not be a positive change for many women. During an undercover investigation last year, abortion providers sent out 26 DIY abortion packs to all 26 women mystery clients. The callers were able to obtain pills using false NHS numbers and unverified gestational ages.[5] The reality is that abortion providers are sending out DIY abortion kits and they have no idea who is using them.
- Removing the administration of abortion pills from a medical setting results in a significant risk that abused women could be secretly coerced into a home abortion against their wishes.

Question 6: What information do you consider should be given to women around the risks of accessing pills under the temporary measure if their pregnancy may potentially be over 10 weeks gestation?

[free text answer]

Suggested comments (use your own words):

- A woman accessing abortion pills over 10 weeks gestation would be committing a criminal offence. This should be made clear.
- The further along in pregnancy a woman is, the higher the risk of complications from abortion. Women should be told this information as a minimum. Furthermore, women should be told basic facts about their unborn babies. For example, the heart starts pumping blood from five weeks, and from week nine fingerprints are evident.
- The new rules mean there is no way of knowing at which point in the pregnancy the drugs are being taken – as seen with one woman found to have aborted her baby at 28 weeks.[6]

Question 7: Outside of the pandemic do you consider there are benefits or disadvantages in relation to safeguarding and women's safety in requiring them to make at least one visit to a service to be assessed by a clinician?

a) Yes, benefits

b) Yes, disadvantages

c) No

d) I don't know

[If necessary, please provide text to support your answer]

Please answer 'a) Yes, benefits'

Suggested comments (use your own words):

- There is a clear and obvious risk in women being certified for an abortion without seeing a doctor in person. It significantly increases the risk of potentially life-threatening conditions, such as ectopic pregnancy, being missed.
- Removing the administration of abortion pills from a medical setting could mean more abused women are coerced into a home abortion against their wishes. Ensuring women wanting an abortion go to a medical setting at least once minimises this risk.
- It has been suggested that a significant proportion of those taking prescription drugs do not follow the recommended protocols.[7] This highlights the dangers of leaving women to take strong drugs like abortion pills unsupervised. Advice from a clinician helps mitigate the risk.

Question 8: To what extent do you consider making permanent home use of both pills could have a differential impact on groups of people or communities?

For example, what is the impact of being able to take both pills for EMA [early medical abortion] at home on people with a disability or on people from different ethnic or religious backgrounds?

[free text answer]

Suggested comments (use your own words):

- Hospital staff who disagree with abortion because they are Christians could be asked to undertake tasks related to the termination, for example, arranging postage of the pills. Nobody should be forced to act against their deeply-held conviction that abortion is the taking of human life. Say that those who believe abortion is the taking of a human life will want nothing at all to do with it. Protection for conscience must extend to cover this.
- Say that ancillary, administrative and managerial staff should benefit from conscientious objection protection. Say that Article 9 of the European Convention on Human Rights protects freedom of conscience. This freedom can only be interfered with where necessary and in accordance with law.
- Say that the abortion limit for most abortions is 24 weeks, but abortions for disability are allowed up to birth. This is profoundly discriminatory and morally wrong.

Question 10: Should the temporary measure enabling home use of both pills for EMA [select one of the below]

a) Become a permanent measure?

b) End immediately?

c) As set out in the current temporary approval, be time limited for 2 years or end when the temporary provisions of the Coronavirus Act 2020 expire, whichever is earlier?

d) Be extended for one year from the date on which the response to this consultation is published, to enable further data on home use of both pills for EMA and evidence on the temporary approval's impact on delivery of abortion services to be gathered?

e) Other [please provide details]?

Please answer 'b) End immediately'

- Home abortion is simply unsafe and is not appropriate in any circumstances. The very nature of the current arrangement places women at risk. The removal of direct medical supervision can lead to life-threatening complications.
- Say that a true assessment of the risks of home abortion must include the mental and physical consequences of an abortion for the mother. These include:
  - Increased risk of subsequent premature births;
  - Higher risk of mental health problems;
  - Complications such as haemorrhaging.[8]
- The approach of this question also fails to recognise that abortion in any setting takes a human life and often has serious consequences for the health of the mother. The Abortion Act itself should be repealed.

Have you any other comments you wish to make about whether to make home use of both pills for EMA a permanent measure?

[free text answer]

- Suggested comments (use your own words):
- Say that pregnant women should be allowed the opportunity to see that their pregnancy is a human life. It is right that pregnant women know that the life inside them is not merely a clump of cells, in the same way that adult human beings are not merely clumps of cells.
- Making abortion pills so easily available will inevitably contribute to keeping the numbers of abortions high, and cheapen the value of human life.
- Say that having an abortion is never the answer. Even in hard cases like rape, women have spoken of the lasting regret they felt at taking the life of their unborn baby.

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