

RCOG briefing on the abortion amendment in the Serious Crime Bill

The Bill is set to be discussed in the House of Commons at [Report Stage](#).

Expected day/date: ? possibly after Feb recess 23 Feb

MP who tabled amendment: Fiona Bruce MP (Cons, Congleton)

Background

The vote for Mrs Bruce's 10 Minute Rule Bill Abortion (Sex-selection) was 181 – 1 in favour when it was read on 6 Nov 2014. It is part of the [Stop Gendercide](#) campaign which has cross-party support, including women's rights groups such as [Jeena International](#) and [Karma Nirvana](#).

This Bill was in response to an investigative report in the *Telegraph* about gender-based abortions published in March 2012.

The stated objective of this campaign is to stop the abortions of female fetuses because this is a severe human rights violation.

The Bill was meant to have gone to Second Reading on Fri 23 Jan 15 but was withdrawn a week before. In its place is the amendment to the Serious Crime Bill which seeks to change the Abortion Act (1967). It will make abortions on grounds of gender illegal in the UK:

"Termination of pregnancy on the grounds of the sex of the unborn child:

Nothing in section 1 of the Abortion Act 1967 is to be interpreted as allowing a pregnancy to be terminated on the grounds of the sex of the unborn child."

Situation

The campaign makes several emotionally powerful arguments:

- That an abortion of a female fetus goes against the UN Universal Declaration of Human Rights
- It likens these abortions to the practice of FGM and child, early and forced marriage (CEFM) which the present Government is committed to stop.

However,

There is no conclusive evidence to show that gender selective abortions occur in the UK within certain communities – this was confirmed by the [Department of Health](#) in March 2014.

The Department of Health has made it very clear in [guidance](#) published in May 2014 that the Abortion Act as it stands considers an abortion performed on grounds of gender alone is illegal (para 25, p. 10), so no further amendment is required.

The Crown Prosecution Service released in 2013 a [detailed explanation](#) on its reasons for not prosecuting the two doctors involved in the *Telegraph* stories.

The majority of abortions occur [under 13 weeks](#) (para 2.17, p.13). At these gestations, ultrasound cannot predict fetal sex although there are other technologies available for fetal sexing.

The claim that sex-selective abortions are occurring, as reported in the media, point to the possibility of them occurring at the later gestations.

The RCOG's position

The RCOG stance is that non-medically indicated sex selection is unacceptable. Within the context of abortion, the RCOG supports the CMO's view that abortions carried out on the sole premise of fetal sex are illegal.

The current law is clear on this subject and does not require amending.

The RCOG has written to its members about sex selective abortions, reminding them about compliance with the law.

The present amendment to the Serious Crime Bill is simplistic and does not consider the difficult circumstances and choices women make when they decide to terminate a pregnancy.

It would introduce a specific prohibition which potentially overrides the wellbeing of the woman and undermines the principles of the Abortion Act as it currently stands.

More importantly, this amendment, if passed, will not address the issue of gender preference in some cultures or societies. **It is a disproportionate approach, whose purpose is to limit access to abortion rather than tackle gender inequality.**

Issues not considered by the amendment

- Chromosomal related congenital abnormalities – there are certain genetic conditions which predispose a male or female baby to long-term, irreversible illness. Parents with a family history of such a condition may not have the option of Ground E.
- Racial profiling – the amendment is based on the assumption that sex selection occurs within certain communities in the UK where the birth of a male child is preferred. If this amendment is made statute, it will discriminate against women from these communities as they will single them out for extra attention. This may also cause delay in care provisions. The RCOG's guidelines state that commissioners should not restrict access to abortion services on [grounds of a woman's ethnicity](#) (recommendation 4.5, p.29).
- Defensive medicine – the high profile media stories have resulted in equally high profile investigations by the regulators on clinics and individuals. This has not only affected the morale of doctors carrying out the service but an unintended consequence is that it has resulted in some doctors deciding not to provide this aspect of gynaecological care because it is deemed to be too 'risky' to them professionally.
- Fall in numbers of centres providing the service – following the media stories and CQC investigations on abortion care providers, there were anecdotal reports of trusts withdrawing or limiting services as a knee-jerk response to negative publicity and the threat of probable legal action. This has consequences for women's access to abortion care.
- Fall in numbers of trainees undertake training in abortion care – the amendment will have a further impact on service provision. Trainees will not want to train in an aspect of care if they feel their careers will be compromised. The present harassment and intimidation of abortion care providers on site by anti-abortion campaigners compounds this problem.

RCOG, February 2015

For more information on the RCOG's views, please contact Gerald Chan on gchan@rcog.org.uk