



A closer look into what *The BMJ* is publishing regarding abortion

It is more than half a century since abortion was [legally sanctioned](#) in the UK under certain conditions. The total number of [abortions carried out](#) in 2017 in the territory of England and Wales was 194,668 (including 4809 non-resident). The highest rate was among women aged 20-24 years. 2% of them were carried out on grounds that the child risked being seriously handicapped. Over the past year the Royal College of Obstetricians and Gynaecologists (RCOG), the Royal College of Midwives (RCM), the British Pregnancy Advisory Service (BPAS) and British Medical Association (BMA) have called for abortion to be completely [decriminalised](#).

The British Medical Journal is one of the most renowned, cited and trusted medical journals in the world, with a vast influence in shaping doctors' opinions. Its [main purpose](#) is to improve healthcare globally by sharing knowledge and expertise to improve experiences and outcomes. [The learning tools](#) it produces are used by over 700,000 healthcare professionals and are accredited in more than 20 countries. The BMJ claims, in its [list of values](#), to be patient and customer focused, transparent and open, evidence-based, independent, courageous and unbiased.

In 23 November 2017, an 'Editor's choice' [article](#) included the statement '*the BMJ* supports these calls for decriminalisation', as an answer to the call initiated by RCOG, RCM, BPAS and BMA. This may be courageous, open and transparent but could not be described as unbiased.

We reviewed every article published by the BMJ from 1 January 2017 until 1 November 2018 searching for the word 'abortion'. This produced 114 results, published in eight consecutive editions from 356 to 363. Of these, 64 mentioned abortion only briefly or incidentally and left us with 50 articles where the main subject was abortion: 27 news, research and research news articles and 23 opinion pieces - features, letters, editorials, editor's choice articles, observations and views and reviews.

News articles are supposed to present events or report data with a neutral tone, balancing views, allowing both supporters and opponents to make their voices heard and permitting readers to decide which perspective makes more sense. 22 out of the 27 news and research articles supported a pro-choice position. Although most of them were well balanced, others were not.

For example, a critical [news article](#) regarding US changes in abortion policy, cited only pro-choice supporters such as: Suzanne Ehlers, chief executive of the global reproductive health organisation PAI; Latanya Mapp Frett, executive director of Planned Parenthood Global; Marjorie Newman-Williams, vice president and director of international operations for Marie Stopes International. Supporters of the policy were not allowed a single quote.

Another article, titled '[Allow English women to take medical abortion pill at home, say doctors](#)' conveniently generalised. There are doctors and women's groups in support of this policy, but there are also [doctors](#) wondering if it is in the real service of women's health. None of their opinions were cited.

In the series '5 minutes with...' two articles, dated in 2018, were produced. Both of them were interviews with supporters of abortion and decriminalisation, [one](#) with a pro-choice advocate and [the other](#) with a reproductive rights campaigner. Neither of them allowed the chance for an opposing view and there was no other interview with anyone of different opinion. '[Sixty seconds on... the tampon tax](#)' was similar to these, ridiculing a government decision to offer money to a pro-life charity.

Among the 23 opinion pieces, 20 out of 23 articles expressed pro-choice views.

Five of the 23 articles lobbied for decriminalisation. Firstly, in 23 March 2017, under the claim that 'Campaigners want repeal of UK law under which women can be jailed for abortion even in early pregnancy' the subject was introduced by Clare Dyer, by a briefing titled '[Decriminalisation of abortion](#)'.

A day later, we are told to look up '[the Canadian experience](#) of nearly 30 years without a criminal law to police access to abortion'. Authors report that 'regulation as a standard medical procedure has been associated with improved accessibility and fewer, safer abortions'. The improved accessibility is due to 'hospitals and through the emergence of freestanding clinics, which now provide more abortions than hospitals'. We are also told that 'overall abortion rates have been in a steady decline' which is not at all 'surprising'. What we aren't told is that the current status of abortions within Canada is actually undetermined. The main reason statistics are often uncollected, unreliable and incomplete is because the abortion services are [exempt](#) from providing records and, as we were already told, freestanding clinics are the main provider of abortions in Canada.

On 23 November 2017, another two important articles were published. Sally Howard reported that '[calls grow for further liberalisation](#)' and Richard Hurley, in the 'Editor's choice' [article](#) already mentioned, stated that '*The BMJ* supports these calls'.

The [Editorial](#) from 9 July 2018 built arguments for decriminalisation, boldly stating that 'criminalised abortion in UK obstructs reflective choice and best care'. The legislative framework was considered a 'blunt tool' and it was argued that 'the law is left either coercive (as in Northern Ireland) or impotent (as in the rest of the UK), but in neither case is it conducive to best clinical practice'.

Another six articles of the 23, criticised the US for changing their abortion policy, both home and abroad after Donald Trump became president. Here are some illustrative quotes from five of them:

[1](#). 'Trump reinstated the policy as it stood under George W Bush but added a new and alarming expansion of his own'

'The consequences of this action can be expected to be widespread and contrary to the stated intent of the rule. If the goal of this policy is to reduce the number of abortions worldwide, then it will fail.'

'Rather than improving the health of women and children in the world's poorest countries, the global gag order increases maternal and child morbidity and mortality.'

'Trump's action gives European and other governments a clear opportunity to show global leadership. The Netherlands has already proposed a fund to make up the \$600m that Trump's action will cost the

global family planning sector, and more than twenty governments are reportedly interested in contributing.’

[2](#). In a contest of ‘worst appointments made by president Trump’, Teresa Manning was declared the winner due to her ‘anti-abortions’ views.

‘New head of family planning is—you guessed it—against birth control’

Authors conclusion was that: ‘this can only be described as a frontal assault on women’s healthcare’

[3](#). A full interview was taken from the medical director of the non-profit provider Planned Parenthood, which is considered by [some](#) the largest abortion provider. We are told that: ‘The plan to defund Planned Parenthood is particularly anti-women’.

[4](#). An article which highlighted the effects on healthcare of Trump’s policies said: ‘Despite Trump’s vow to take care of women, many of his appointments are anti-choice’

‘The administration recently gave an “interim final rule” allowing more employers to opt out of the contraception coverage that the ACA mandated, based on moral convictions. The rule is temporarily blocked by two federal judges; pro-choice advocates call it another example of Trump’s “war on women.”’

[5](#). An article written by *Dorothy Shaw* - a strong advocate of woman’s rights and *Wendy V Norman* - a holder of a chair in family planning applied public health research funded by the Canadian government and a member of the board of directors of the Society of Family Planning, claimed that ‘the domestic gag rule, if enacted, would undermine fundamental principles of the standard of care provided to women.’ Their conclusion regarding US was: ‘It seems that the US is offside with respect to women’s rights and that the changes would have a societal cost.’

A published [view](#), speaking about global abortion policies, concludes saying:

‘Formal law and policy is, however, not always the path to justice. One of the most striking lessons of the database is in the domains the law leaves undecided. There is a danger in having more law, more standards, and more procedures in the name of clarity and security. ... ’

Last but not least, the 2018 [BMJ Award](#) for outstanding contributions to health was handed to Wendy Savage, for her pro-abortion campaigner spirit and ‘women’s rights’ activism.

In conclusion, healthcare professionals need to treat the information they are given with caution and think critically, especially when it comes to sensitive matters that have both medical and moral implications. Although the BMJ’s efforts for improving healthcare are admirable and many of their initiatives worthy of respect, when it comes to abortion the journal takes sides, diminishing its credibility. This might involve courage, openness and transparency, but it is not unbiased.