

Late abortion

A window of opportunity?

The launch of the *Alive and Kicking* campaign¹ at the Labour Party Conference in Brighton on 26 September brought together a growing alliance of human rights groups formed in response to mounting evidence of growing public support for changes in UK abortion legislation. In a public poll carried out for *The Daily Telegraph* earlier this year, only 27% of those questioned believed that the current 24 week legal limit for abortion should be retained. 58% of those questioned by *YouGov* said abortions should not be carried out after the 20th week of pregnancy, with women more likely than men to favour tighter controls. One in three women favoured a limit on terminations of 12 weeks or under.²

Terminations were originally allowed up to 28 weeks of pregnancy when abortion was first legalised in 1967 and, although the limit was reduced to 24 weeks in 1990, there are now calls to reduce this further. Although the vast majority of the 180,000 abortions that took place in England and Wales in 2004 took place before 13 weeks, 124 were carried out in the 24th week. In addition, the *Human Fertilisation and Embryology Act* 1990 permits abortion at any stage of pregnancy where there is a 'substantial risk' of 'serious handicap' and over 100 such procedures take place each year after this limit.

Senior politicians, including Michael Howard, have called for an overhaul in abortion legislation.³ Indeed, in light of the *YouGov* poll, Liberal Democrat MP Evan Harris called for the House of Commons Science and Technology Committee and its equivalent in the House of Lords to hold a joint investigation into the case for cutting the 24-week limit.⁴ However, although Prime Minister Tony Blair has previously hinted that he might consider re-examining limits for late-term abortions, Downing Street later stressed that he was not signaling any government law plan.⁵

Calls for a reduction in the abortion limit have been driven at least in part by new technology such as 3D ultrasound, which provides detailed colour images of the unborn child. The new scanners, developed by Professor Stuart Campbell and colleagues at London's *Create Health Clinic* have demonstrated fetuses at twelve weeks stretching, kicking and making complex movements. At 14-15 weeks they were seen sucking their thumbs and yawning. By 18 weeks they were opening and shutting their eyes and by 26 weeks they were scratching their noses, smiling and frowning.⁶ Conventional ultrasound produces only 2D images of the developing fetus.

As well as being the upper limit for abortions, the 24th week of pregnancy is traditionally regarded as the point of viability, the time in the pregnancy after which the unborn baby could theoretically live outside its mother's womb if it was born early. However, some argue that this is more a measure of the sophistication of our neonatal care, and over the past 20 years the success of this specialty has increased dramatically.⁷ In many centres it is almost routine for babies born pre-term at 24 weeks' gestation - four months early - to survive with good clinical input. An electronic paper published in the journal *Pediatrics* last year reported that 66% and 81% of those infants born at 23 and 24

weeks of gestation respectively survived to be discharged home.⁸

Whilst a reduction in the abortion limit appears unlikely to happen in the immediate future, it is perhaps ironic that one of those leading calls for the limit to be reduced to 22 weeks is Lord Steel, the architect of Britain's original abortion laws.⁹

However, it is worth noting the significant burden of lasting neurodevelopmental difficulties in this group. Many thousands of pounds are invested in the intensive care of each of these children, as well as their clinical follow-up, and often their need for special education. Yet at the same time, late abortions are taking place in the UK and occasionally result in live births; these children receive no care or investment of any kind at present and are simply left to die. In July 2004, the British Medical Association's (BMA) annual representative meeting (ARM) called on the NHS, the General Medical Council and other professional bodies to work together to ensure that babies born alive as a result of a termination receive the same full neonatal care as that available to other babies.¹⁰

In view of this, it seems paradoxical that the same meeting in 2005 overwhelmingly rejected a call to reduce the legal time limit for abortion. As reported in the summer edition of *Triple Helix*, members voted by three to one to maintain the present limits, not only flying - so it would seem - in the face of public opinion, but also denying the evidence of countless neonatal studies: senior doctors at the conference reportedly told delegates that there had been no change in neonatal survival rates in recent years.¹¹

The abortion debate is one of the oldest in bioethics, and dialogue has traditionally proved difficult with both parties seeming to come from irreconcilable positions. Whilst it's easy to get bogged down by academic arguments about when life begins, the essential nature of the fetus does not change at viability (or the current abortion limit), and the results of the *Telegraph* poll suggest that the public realise this. If this is the case, we have a rare opportunity to influence this difficult area. The question is, what will we do about it?

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