

Christine Scott tells of her involvement with a local crisis pregnancy centre

ABORTION: THERE IS A BETTER WAY

A COMPASSIONATE RESPONSE TO THE ABORTION DEBATE

key points

- Coming alongside women at a time of difficulty and accepting them is what demonstrates Christ's compassion. What happens next is not our responsibility.
- Looking to the future, a key task is bringing the work of pregnancy counselling into the mainstream alongside the statutory services.

A bortion causes disquiet. As a GP I have listened to many women in troubling and difficult circumstances, and merely referring them to an abortion clinic or a colleague in the practice (whilst withholding my signature from the abortion form) has seemed the correct, and yet inadequate, response. Views about abortion are polarised and often vociferously expressed. Whilst I understand those who campaign against abortion, vigils outside abortion clinics seem to be targeting the wrong people. There has to be a better way.

The Crossway Crisis Pregnancy Centre¹

Our parish contains one of the largest private abortion clinics in the UK. For many years Christians faithfully prayed about the issue of abortion locally. In 1997 a practical answer to those prayers, and to my personal discomfort, began to take shape as a group of concerned individuals met to undertake a training course, learning to provide support for individuals facing the abortion dilemma. CareConfidential,² a charity to which around 140 pregnancy counselling centres in the UK are affiliated, developed this 'Called to Care' course.

Our crisis pregnancy centre opened its doors in 1999. From small beginnings the work developed in response to the desire to provide a constructive and compassionate alternative to abortion. We became a charity in 2005 and now have a small part-time paid staff supported by volunteers. The centre provides options counselling for women and men facing the

decision of what to do about an unplanned or other crisis pregnancy. In the surgery my time is limited and patients may well feel the need to persuade me of their certainty about the decision they feel they have to take. In contrast, in the centre listeners can offer frequent, unpressured appointments allowing plenty of time for women to explore their difficulties.

Whilst our listeners are not counsellors, they have extensive training and experience in helping women explore their options. Our aim is not to influence women's choices, but to facilitate and support them in making informed decisions. Women, couples and sometimes men on their own come to us in a variety of circumstances. We might see a teenager with an unexpected pregnancy afraid to tell anyone, a career woman in her late 30s who never really saw herself as a mother, a couple who had IVF now facing the news that their baby has a chromosomal abnormality. Whatever the situation we are clear that our place is not to judge but to listen, to help explore all the options and to help men and women come to their own 'least bad' decision.

Even in our society where abortion is presented as acceptable, normal almost, very many women find this is a painful normal. Though abortion may be seen as 'the right decision', it is often a decision made at considerable cost. At the centre we see women returning following termination to talk about their experience. Hence, in addition to spending time with individuals and couples as they consider their options, we provide counselling following termination. The Journey, also developed

Janice* had recently had an abortion. Single, her partner about to go to prison and just having started a job, she felt she had no other option. It only took a few days for her to feel very differently. Undertaking the Journey programme at the centre was a vital part of her coping in the next few months. However, some time later she was pregnant again. Ashamed and desperate she once again booked into the abortion clinic, not believing that anyone would be willing to help this time. Fortunately the clinic questioned her decision and asked her to come and see us before going ahead.

Emma* spent several meetings with her, talking through the options and Janice eventually decided that she would continue her pregnancy. The pregnancy was not easy and nor is motherhood, but Janice is thankful to have her son and is now one of our most enthusiastic advocates.

Emily and Bill* were devastated to discover that their much longed for unborn child had Down's syndrome. In feedback they wrote: 'The centre helped by having an independent way of thinking about all the issues and helped us to sort through our thoughts and feelings. It allowed us to openly and safely discuss thoughts that maybe we didn't want to express at that time in case it upset the other...'

* Names and details have been changed to protect confidentiality.

by CareConfidential, is a ten-week programme helping women and men begin to talk about termination, understand their decision and ultimately come to a place of acceptance and peace. A further development has been the extension of the Journey to support those coming to terms with miscarriage or the pain of releasing a baby for adoption.

How can a faith organisation provide unbiased, non-judgmental counselling?

We had to overcome natural suspicion about our service and demonstrate to the community, and particularly GPs and the local abortion clinic, that a Christian organisation can provide non-judgmental unbiased help. I had to convince myself that we could really do this. God created us with freedom of choice. I am reminded of Jesus' dealings with the rich young man in Matthew's Gospel.³ Jesus answered the man's questions, allowing him to see his own need, but put no pressure on him as he chose to walk away.

Our best adverts have been our clients. Their stories are our most effective publicity and the fact that women who we have seen in crisis return to us for support after termination speaks of their feeling accepted by the centre. It is difficult to watch someone make a decision that sits uneasily for you as a Christian and sometimes hear the pain that results. But the willingness of our volunteers to support women in this way is what is so valuable. We do not talk about our faith; instead we help our clients explore all the influences on their own decision-making. What happens next is not our responsibility.

How can a doctor help?

Being involved in this work means having to grapple with the ethical issues of abortion. How does abortion sit alongside the Christian's high view of the sanctity of life? Can this stand be held and yet God's compassion be shown to women? It has been wonderful to work alongside those from many backgrounds in setting up and running the centre. I chose not to be involved in face-to-face contact with clients as I felt this raised too many boundary issues for me as a local GP. Initially I sat on the steering group as the centre was planned, and served as a trustee when we became an independent charity later on. Throughout I have been able to use my teaching skills, helping to train listeners and I acted as a supervisor ensuring that the centre practises to high standards. Speaking out for the centre in front of my GP colleagues certainly motivates me to ensure that we maintain high standards in all we do.

CareConfidential provides overall support, training and resources for the many centres around the UK (though all the centres are independent and locally run). Many centres already benefit from the active participation of doctors and other healthcare professionals. However, many more would value the expertise that doctors can bring. A number of changes have had impact on the work of CareConfidential and the network of centres over the past few years. Most importantly there has been greater scrutiny of all organisations providing counselling services, particularly those run by faith-based organisations – and rightly so. This brings with it an increased need to ensure that we provide high-quality services and are completely transparent. There has been much publicity criticising this work⁴ which as doctors we are well placed to redress.

Last year there was a move to enshrine the offer of independent counselling prior to abortion in the law. Advocates (most notably Nadine Dorries MP) pointed to possible conflicts of interest for abortion providers. Women requesting abortion may well feel the need to 'persuade' the doctor of their need and hence be reluctant to ask for counselling. Although the law was not changed and the government has dropped plans for an independent review, the debate about the need for counselling prior to abortion continues.^{5,6} Christian doctors have an important role in this debate.

There is an important job to be done bringing the work of pregnancy counselling into the mainstream to provide much-needed support alongside the statutory services. GPs involved in CCGs are well placed to consider how this might work in practice. My desire is to see our service so valued and well known that we would be a routine part of abortion referral pathways, that would open the opportunity for all women to have time, space and the care that we are able to give as they face the abortion decision.

Christine Scott is a Locum GP in Middlesex. Views expressed are those of the writer.



resources

There are a number of helpful resources for anyone exploring work in this field:

- **Reannon's story** is an excellent DVD produced by CareConfidential. Reannon speaks eloquently and honestly of her experience as a young woman who had an abortion. This is useful for anyone exploring their attitudes to abortion and particularly thinking about involvement in options counselling. www.careconfidential.com/Reannonns_journey.aspx
- Clarke P. *A Heart of Compassion: Grace for the Broken, Authentic*, 2006 £7.99; Pb; 179pp ISBN 1850786631. An honest and challenging account of a GP's journey as he engaged with the abortion issue at a practical level. A 'must read' for all Christian doctors.
- **CareConfidential** – exploring this website will give you a good feel for the work of local Crisis Pregnancy Centres, www.careconfidential.com/Default.aspx

references

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5. Jaques H. BMA meeting: Provide women with access to non-directive independent abortion counselling, say doctors. *BMJ* 2012;344:e4450 (19 June)
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