



## Lord Shinkwin's Abortion (Disability Equality) Bill *Protecting the most vulnerable*

Review by **Rachel Owusu-Ankomah**  
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In May 2016, Lord Shinkwin's Private Member's Bill<sup>1</sup> sought the provision of equality within the 1967 Abortion Act, by changing the law to ensure that disability can no longer be given as a reason for termination at any gestation.

Lord Shinkwin and the 'We're All Equal' campaign cite the 1995 Disability Discrimination Act as a key base for their proposal, as statements on their website qualify:

*'We're all equal. That's what the law says, isn't it? Wrong... legal and lethal discrimination on the grounds of disability have been a reality for almost 50 years...'*<sup>2</sup>

Currently, under Section 1(1)d pregnancies with 'physical or mental abnormalities causing serious handicap' can be terminated up until birth, whereas a limit of 24 weeks is set for 'able-bodied' babies. There were 3,216 abortions carried out on these grounds in England and Wales in 2015, including 1,046 over 20 weeks and 230 over 24 weeks.<sup>3</sup>

The Bill proposed by Lord Shinkwin is, however, not supported by the BMA, RCOG, the Faculty of Sexual and Reproductive Healthcare or the British

Maternal and Fetal Medicine Society. The BMA cites that 'it would be inhuman – and risk psychological harm – to make a woman carry a pregnancy to term when the fetus will not survive, if she does not want to'.

Lord Shinkwin feels it is a 'modest and reasonable' amendment and if passed is likely to have very little impact on the status quo. Women will still be able to opt for abortion up to term under sections 1(1)b and 1(1)c of the Abortion Act. Lord Shinkwin explains that passing his Bill will mean that the 'principle of disability discrimination itself would no longer be enshrined in law'.

The Bill has reached the report stage in the Lords but will not be granted any further days of debate so will now fall.

Shinkwin's Bill follows the 'Don't Screen Us Out' campaign (DSUO)<sup>4</sup> that is calling for the government to halt the introduction of cell free fetal DNA, non invasive prenatal testing (cffDNA NIPT).

The 2013 National Down Syndrome Cytogenetic Register (NDSCR) report shows that 90% of babies who are prenatally diagnosed with Down's Syndrome are aborted.<sup>5</sup> DSUO argues that NIPT would

enable increased selective elimination of children with Down's Syndrome. Rather, medical reforms in the areas of accommodation, inclusion and support for disability should be enacted prior to its implementation.

This all provides food for thought for healthcare professionals on both the provision of disability care in the UK and the rights of those with disabilities diagnosed prior to birth – as well as the age-old abortion debate, especially in view of Diana Johnson's new termination Bill.<sup>6</sup>

The outcomes of these will speak volumes as to how we see and protect the most vulnerable people in society, as well as how we live out Christ's example of laying his life down for the weak.<sup>7</sup>

### references

1. Abortion (Disability Equality) Bill. HL. 2016-17 [bit.ly/2msfbB9](http://bit.ly/2msfbB9)
2. [allequal.org.uk](http://allequal.org.uk)
3. Abortion Statistics, England and Wales. 2015 [bit.ly/2fPR79z](http://bit.ly/2fPR79z)
4. [dentscreenusout.org](http://dentscreenusout.org)
5. The National Down Syndrome Cytogenetic Register for England and Wales. Annual Report. 2013 [bit.ly/1DERINN](http://bit.ly/1DERINN)
6. Reproductive Health (Access to Terminations) Bill. 2016-17 [bit.ly/2nnkklS](http://bit.ly/2nnkklS)
7. Romans 5:6

## New light on the horizon for social care? *Opportunities for Christians*

Review by **Steve Fouch**  
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This winter has been bad for the NHS for many reasons, not least of which has been the lack of social care for those medically fit for discharge. In the last year alone, the number of care homes for the elderly in England has fallen by 1,500, or 8%. Local councils now spend more than 50% of their budget on social care, but they cannot keep pace with the rise in demand or the decrease in central government funding. Indeed, in 2015-16 up to £2bn of effective subsidies for community care came out of the NHS either directly or through delayed discharges. One in three of those in need get little or no care at all, one in eight fund it themselves, another third rely on friends and family and only about one in five get most of their support through local authorities.<sup>1</sup>

The causes are well known – rising life expectancy means we have more retired people and a smaller tax base of working

people to fund care. Families are more dislocated and fragile, so family is often less able to provide care than in the past, but even where they can, it is now for much, much longer than in previous generations.

One key problem is funding. We do not have a system (private or nationalised) to save up money for our future care needs. Consequently, it falls on over stretched and underfunded local services or personal assets (including houses and life savings) to fund care. A national care insurance programme may be a long-term solution.<sup>2</sup> Integrated health and social care budgets and organisational structures may offer a quicker fix, although the evidence for this has yet to emerge.<sup>3</sup>

Another is to form new kinds of multi-generational households – not just consanguinal family, but other forms of shared households, such as the model pioneered by L'Arche.<sup>4</sup>

The Church and Christian organisations

have a key role to play in all of this – from providing social support and community integration for vulnerable people and their families and carers, to running essential services and raising funds. Indeed, many already are at the cutting edge of meeting these needs.<sup>5</sup> This is an area where we have a lot to contribute as health professionals.

Whatever the way forward, it will require new thinking, new cooperation and leadership at all levels, from government to the local community.

### references

1. Trigg N. 10 charts that show what's gone wrong with social care. *BBC News* 24 February 2017 [bbc.in/2hTB6W](http://bbc.in/2hTB6W)
2. Hinsliff G. Do-it-yourself social care only works for the very rich. *The Guardian* 15 December 2016 [bit.ly/2h19rQ](http://bit.ly/2h19rQ)
3. National Audit Office. *Report: Health and social care integration*. NAO. February 2017 [bit.ly/2hGLW1](http://bit.ly/2hGLW1)
4. [www.larche.org.uk](http://www.larche.org.uk)
5. [egwww.faithaction.net](http://egwww.faithaction.net)