



Abortion momentum triggered by Irish vote

Abortion liberalisation and decriminalisation

Review by **Philippa Taylor**
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In the wake of the referendum vote to liberalise the abortion law in the Republic of Ireland in June, pro-abortion MPs in Westminster, led by Stella Creasy MP, have been campaigning hard to ‘decriminalise’ abortion in the UK and to extend permissive abortion legislation to Northern Ireland. The momentum created by the Irish 2-1 vote, and the current suspension of the Stormont Assembly, has encouraged the abortion lobby to argue that Westminster ought to impose a change in abortion laws applying in Northern Ireland.

An emergency debate was granted in the House of Commons on 5 June when the House considered the role of the UK Parliament in repealing sections 58 and 59 of the Offences Against the Person Act 1861.¹ These sections apply in all the UK aside from Scotland (which has its own criminal penalties for abortion under Scottish law). Many MPs argued for these penalties to be scrapped as outdated.

If sections 58 and 59 were to be repealed, abortion would be made entirely legal up to 28 weeks, and all restrictions and conscience protections in the Abortion Act 1967 would be voided in their application before that

point in pregnancy. Data collection on abortion would also be affected.

The debate in the House of Commons did not affect or prompt any immediate change. The Government called on Northern Irish politicians to consider amending NI abortion laws but, thankfully, maintained that it is a devolved competency.

Meanwhile, the latest Government abortion statistics reveal yet another increase in abortions in England and Wales, a 2.3% rise from 2016 to 2017.² A total of 194,668 abortions in 2017 brings the number since 1967 to some 9,000,000 abortions. Approximately one every three minutes, 20 every hour, 600 every day.

It would seem that abortion is often being used as a form of contraception by a growing percentage of women. Over a third of women who had an abortion in 2017 (39%) had one or more previous abortions, so approximately 73,500 women were on their second – or more – abortion. 15,100 had two previous abortions, 3,700 had three while 72 women had eight or more previous abortions.

As with previous years, 98% of abortions were performed for (so-called) risk to the woman’s mental health (185,448) which has become a catch-all phrase that usually

means that the baby was perfectly healthy, and probably the mother too.

Which all fits with the goal of abortion providers and seasoned campaigners such as Anne Furedi of The British Pregnancy Advisory Service (BPAS). For years Furedi has made it clear that abortion should be regarded as another form of birth control and no more significant than buying a condom or taking the pill.³ BPAS has been the main driver behind decriminalisation of the law.⁴

While these statistics are disheartening, at least the facts and figures are available, to highlight what is actually happening. If abortion were to be decriminalised, not only would abortion numbers inevitably increase further, data collection would go out with the current legal framework, leaving it to less effective regulations at best, and self-policing by the abortion industry at worst. We face very challenging times ahead.

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NHS at 70

Are we ready and willing to pay for healthcare?

Review by **Steve Fouch**
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You can hardly have missed the coverage of the 70th birthday of Britain’s National Health Service (NHS) in early July (unless you are not based in the UK, in which case, bear with us).¹

As Andrew Fergusson explains in more detail in his article in this edition, the advent of the world’s first national, universally accessible and free at the point of need healthcare system was a momentous step. Initially a source of anxiety and opposition, it is now an integral part of the British identity. Even if you don’t work in it, you will have been treated in it. You were almost certainly born in the care of an NHS midwife and you will almost certainly die under the care of an NHS hospital or hospice.

But it is also a health system in crisis.² Since its start, demand has outstripped

supply, but the situation is worse now than at any time in recent history. A winter crisis in early January 2018 shocked many into realising just how understaffed the NHS was in the face of the nation’s health needs. Shortages of GPs and nurses³ and the alarming attrition of junior doctors⁴ are causing many to ask what is going wrong and if the NHS has got a future.

Increases in funding are being promised by devolved national governments across the UK. However, it is being recognised that this will come at the cost of increased taxation and possible charges for some services. Both will be contentious – the NHS’s founder Nye Bevan quit the government over the introduction of prescription charges. And while polls suggest the public are willing to pay more taxes for the NHS,⁵ it waits to be seen if this will be accepted in practice.

The NHS may not be perfect, but it has maintained a vital and popular role in British civic life. The question we must ask as a nation is how ready we are to pay for healthcare free at the point of delivery to all, on the basis of clinical need rather than wealth. The answer to this question in the coming years will reveal the sort of nation we are becoming.

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