

abortion – an ongoing challenge

Laurence Crutchlow considers our response to abortion in a world where it is widely accepted





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The most common age of a woman having an abortion in England and Wales is 21. In 2020, 30.6 of every thousand 21-year-old women had an abortion.¹ With many students being 21 or thereabouts, a medical school year group of 270 people, 60 per cent of which will usually be female,² will contain five students who will have an abortion in any single calendar year.

So, although we may consider abortion as an ethical or clinical issue, we must start by recognising that it is a deeply personal issue, which is real in our own lives and those of our colleagues. As Catherine Morris' article (page 8) makes clear, it is not just those outside the church who have direct experience of abortion. US data suggests that significant proportions of those who have abortions each year identify as Christians.³

This article will consider what the Bible has to say, and look at how wider society acts over this issue. We'll then consider how this might look practically for a Christian healthcare student who is opposed to abortion in principle, but is training in a healthcare system that does not take this view.

what does the Bible say?

'Abortion' draws no results on *biblegateway.com*, nor in a concordance. But the church is reasonably united in not seeing abortion as a good thing, even if views may differ on the nuances of legal regulation, or the best thing to do in particularly difficult cases. Why should this be?

We often need to apply broader biblical principles when looking for guidance about specific topics in clinical ethics. Two important principles stand out that shape our views on abortion: first, the overall message of Scripture conveys God's respect for human life; second, that such respect includes the unborn.

To take the first point, the Bible is clear about the value of human life to God. He created human beings in his image.⁴ When he came to earth it was in

human form.⁵ God gave his Son Jesus to die that humans might be raised to eternal life.⁶ God is clear that we are not to kill other humans.⁷ (There are narrowly defined exceptions such as war and capital punishment – these do not include abortion).

Scripture is clear that God is active in the life of the unborn. From his involvement in our intra-uterine development,⁸ to his call of Jeremiah before he was even formed,⁹ to the in-utero interaction of John the Baptist with Jesus,¹⁰ we see evidence that unborn life is known to God, and interacts with him.

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Putting these two principles together, we can deduce a clear enough basic position about abortion from the Bible. I have explored the question of exactly when life begins in a previous more detailed *Nucleus* article.¹¹ Even though there are sometimes disputes about very early life before an embryo has implanted in the womb, these are of limited relevance to most discussions about abortion, where the fetus in question is at least several weeks old.

So, Christian opposition to abortion should be clear enough, even if there are important discussions to be had over the nuances and applications of this. How does this work for Christians in a society where very few people see Scripture as the supreme authority in matters of conduct?

legal and societal attitudes in the UK

In the modern era, abortion has been illegal in much of the world until the 20th century. In the UK, the 1861 Offences Against the Person Act and 1929 Infant Life Preservation Act outlawed abortion, and remains in place today in Great Britain. The 1967 Abortion Act (amended 1990) applies to England, Scotland, and Wales, and means that abortion is not considered an offence if certain conditions are met. Currently these include the agreement of two doctors that specific

grounds are met, the pregnancy not being beyond 24-weeks in most cases, and fulfilment of requirements for certifying and reporting. This Act also contains a conscience clause aimed at protecting those with conscientious objections to abortion from being forced to participate.

The 1967 Abortion Act never applied in Northern Ireland, where abortion remained illegal in nearly all circumstances until the UK Parliament changed the law in 2019.¹² In Ireland, a referendum in 2018 led to repeal of a constitutional provision outlawing almost all abortion.

In Great Britain, there remains pressure to change abortion laws. Groups have campaigned for 'decriminalisation', wanting to repeal the 1861 and 1929 laws referred to above, and take abortion regulation out of criminal law entirely. This would render the 1967 Abortion Act redundant, and effectively make abortion legal for any reason at any time, unless or until there was new legislation to regulate it.

Public opinion on abortion law in the UK seems relatively constant; *YouGov's* 'tracker' suggests that 85 per cent answer 'yes' and four per cent answer 'no' when asked 'Should women have the right to an abortion?' The same surveys, however, show an increase in the proportion feeling that present arrangements for getting an abortion are too difficult, now accounting for just under 40 per cent of respondents (with 42 per cent saying they are satisfactory). 42 per cent also support keeping the current 24-week time limit, with less than five per cent saying that abortion should be outlawed entirely.¹³

where does this leave us?

It is clear that society in the UK does not uphold a biblical ethic around abortion. This should not surprise us, given that only a minority self-identify as Christians,¹⁴ and that many who would call themselves Christian might not necessarily see the Bible as their main authority over this issue.

So the Christian student needs to navigate life in a world that doesn't agree with us. This isn't a new

problem. Daniel and his friends had to work out a way of living consistently as exiles in Babylon;¹⁵ the early church faced authorities who wanted to stop them talking about Jesus.¹⁶ Peter's description of Christians as exiles still applies today.¹⁷

can we rationally discuss abortion?

There are (rightly) very strongly held views on this issue, but this can make meaningful debate difficult. The recent 'cancel culture' environment can lead to an intolerance of difference such that those who hold certain viewpoints are no longer seen as worthy of any consideration at all. This is often applied to those who question abortion in any way.

Rational debate will usually come down to two fundamental principles. First, the autonomy of a woman over her body. Second, the right to life of an unborn child. People on both sides of the argument are likely to be sympathetic to both principles; very few pro-life activists would deny that a woman should normally have such autonomy, and few pro-choice campaigners would deny any worth at all to an unborn child. The difference comes in which is seen as more important. For the pro-life advocate, the right to life of the unborn child ultimately supersedes a woman's bodily autonomy in this (near unique) circumstance; for the pro-choice writer, nothing can trump a woman's bodily autonomy, even the effect on another life.

If we don't recognise the fundamental differences above (which are summarised in general terms only here), it will be difficult to have meaningful discussion about abortion. We need to try to get down to these basics in discussion, never forgetting that these are discussions about real pregnant women, fathers, and babies, rather than philosophical exercises.

how involved should we be clinically?

There are more immediate decisions to make for medical students. Do you attend the morning of lectures on abortion which are billed to include no discussion at all of ethics? Do you observe in theatre during an abortion procedure? Do you help

with routine procedures like cannulation that are not directly part of an abortion, but necessary for it to happen? Do you assist in the procedure to gain insight, given that it will happen anyway? Do you take the blood pressure and pulse of the patient after the procedure as part of her post-operative care?

Not every student comes to the same conclusion. The BMA is clear that the right to conscientious objection in the 1967 Abortion Act implies that students should be able to opt-out of participating in abortion while studying.¹⁸

It is important to draw a distinction between learning about something that is currently a reality in society, and actively participating in, or promoting, something you believe to be evil.

Therefore, I think CMF student members should be attending lectures and teaching on abortion; both to learn about this phenomenon that is unlikely to go away in the UK (unless there is a significant change in the attitudes of society), and to raise more searching questions when given the chance.

Observing an abortion procedure is a matter of individual choice. I did so as a medical student having thought it through before, and it did raise some opportunity to discuss the ethics of this with the consultant responsible. They were quite open to the discussion after I had made it clear at the beginning that I was uncomfortable about it and didn't want to assist in any way. If you feel too strongly about the issue to hold a rational discussion, it is probably better to opt-out; it is quite understandable that some students will prefer to do this, as some of my Christian colleagues did.

I do not think students should be undertaking procedures that directly facilitate an abortion if

they are opposed to it; this would mean we shouldn't be inserting cannulas, honing our airway management skills with these patients, or assisting in theatre. Post-operative care is a different matter I feel; the procedure has already occurred and cannot be 'undone', and you are then caring for a patient with needs like any other.

Most importantly at this stage, even if you are in your first year at medical school, think through what your position is; abortion doesn't just come up in obstetrics. You may encounter it in anaesthetics, as well as in referral discussions in general practice, and it is much easier to do the right thing if you have planned what to do and say beforehand.

what else can we do?

A wider discussion of public policy is beyond the scope of this article; suffice to say that there are continued opportunities to influence debate, whether through contacting your MP when this issue comes up in Parliament, responding to consultations, or being involved in discussions in Royal Colleges or the BMA. Others have become involved in crisis pregnancy centres, caring for women considering abortion, or affected by it in some way.¹⁹

So this is an important topic, even if it has not yet directly affected you personally. You need some understanding, both as a friend or relative, so that you can support someone affected who potentially might be a Christian as well. But you also need to consider your current and future professional role, and work out what you will and will not do in good time. And bear in mind the influence you have as a healthcare professional in helping society consider its attitudes to the unborn. ■

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