

A new amendment on abortion guidance will instead institute delays for women seeking medical help

The emotive issue of abortion is once again in the news as Nadine Dorries MP seeks to include an amendment in the Health and Social Care Bill about organisations who are permitted to counsel women seeking abortions. [Emily Jackson](#) discusses the proposed amendments and its aim of reducing the number of abortions taking place each year.



[Nadine Dorries MP](#) has put forward an amendment to the [Health And Social Care Bill](#) which would prohibit charities that provide abortion services, like [Marie Stopes](#) and the [British Pregnancy Advisory Service](#) (BPAS), from offering counselling to women contemplating a termination of pregnancy. Her concern is that these organisations have a financial conflict of interest, and her collaborator [Frank Field MP](#) has drawn an analogy with the mis-selling of pensions, by pensions providers. The Department of Health [appears to agree with them](#), although it thinks it may be able to effect the same change without legislation. In a similar vein, earlier this year, Dorries and Field objected to the Royal College of Obstetricians and Gynaecologists' role in the drawing up of good clinical practice guidance on the termination of pregnancy, on the grounds that its members too were part of what they have called 'the abortion industry'.

Dorries and Field want counselling to be provided by 'independent counsellors', and their estimate is that this 'independent counselling' would be likely to reduce the number of abortions each year by 60,000. This estimate – for which I cannot see any evidence – suggests that 60,000 women each year are having abortions which they would not have had if they had been offered independent counselling. Marie Stopes and BPAS themselves provide counselling to women which they are adamant is not directive. These organisations exist to give women the *choice* of abortion, not to persuade them to terminate their pregnancies. Marie Stopes and BPAS are not money-grabbing pension providers, trying to get people to sign up to financial commitments against their better judgement. Rather, they exist to support women to make the right decision for them, whether that's continuing the pregnancy or terminating it. Dorries and Field have brought forward no evidence that these organisations provide biased counselling: the assertion that this is the case does not make it true.

In an interview with Radio 4 this weekend, Dorries said that 15 years ago, there were many fewer abortions – she said she didn't have the figures, but it was 'something like 40,000' – which is clearly much less than the 200,000 abortions she says take place each year now. For someone whose policy proposal lacks any apparent evidence base, her command of the data is alarming. In 2010, [196,109 abortions](#) were notified as having taken place in England and Wales, around 7,000 of which were for non-residents, most commonly from Northern Ireland and the Republic of Ireland. Fifteen years ago, the same figure was 177,495. There has indeed been an increase, but it is not by the fivefold margin claimed by Dorries.

Nevertheless, what this interaction revealed is that the purpose of this reform is to reduce the number of women having abortions, and one of the ways this is to happen is by the deliberate institution of delays in the system. Dorries claims the process now happens too quickly, but for many women – who will have agonised over their decision with their partner and/or close friends or family – once the decision has been taken that they do not wish to continue with the pregnancy, they want the procedure itself to be over as quickly as possible. This is especially important given that later abortions may be more traumatic and more risky for the woman. Of course, all women must be given the time they need to make a decision, and this already means that the process will take longer for some women than it does for others. But to set up a system of 'independent counselling' which appears to be designed to delay women's access to treatment services is a deeply retrograde step.

There is also something objectionable about the idea that the provider of a medical treatment is somehow implicated by being part of the 'industry' of treatment provision, and should thereby be disqualified from offering counselling, advice or guidance. It is unimaginable that the Department of Health would decide that dentists cannot give advice on dental treatment because they are part of the dentistry 'industry'. An orthopaedic surgeon is paid to carry out orthopaedic surgery, but that does not create a financial conflict of interest which disqualifies him from offering his patients advice on managing back pain.

By law, pregnancies can only be terminated in the UK by registered medical practitioners. It seems extraordinary that the government appears to be sympathetic to the claim that these doctors – unlike the GPs to whom they plan to devolve so much power over the commissioning of treatment services – are

incapable of providing a thoroughly professional service to women, without the interjection of 'independent counsellors'. Both BPAS and Marie Stopes offer contraceptive advice and provide access to sterilisation and other contraceptive methods. If these organisations really were in the business of maximising the abortion rate, it is hard to see why the healthcare professionals who work for them would simultaneously be helping women to avoid unwanted pregnancies, and the need for abortion in the first place.

If Dorries and Field wish to reduce the abortion rate, surely they should be concentrating their efforts on promoting high-quality sex education and ensuring that effective contraception is readily available to both women and men. Preventative medicine – which is actively promoted by both BPAS and Marie Stopes – seems self-evidently more humane than deliberately making the experience of terminating a pregnancy more protracted and difficult.