Safe Abortion – a moral obligation
why is it so difficult to follow the evidence?

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Ann Furedi

Chief Executive Officer
British Pregnancy Advisory Service, UK
www.bpas.org
This much we know ...
when abortion is legal & regulated ...
abortion is safe
Opponents have their counter-‘evidence’

Breast Cancer

Depression/psychosis

Epidemiologic Studies: Induced Abortion and Breast Cancer Risk

1 Introduction

Under the UK’s Abortion Act 1967, abortion is permitted subject to certain conditions. The abortion must be justified under one or more of five grounds. In 2000, 92% of all grounds mentioned (more than one reason could be given for an abortion) were that “the continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, to the physical or mental health of the pregnant woman” (ground C).

This rests on the assumption that having an abortion is lesser to impose the physical or mental health of a woman who is distressed by an unwanted or unwanted pregnancy. Evidence of substantial negative effects of abortion may therefore undermine the legitimacy of the statutory grounds under which abortion is legal.

The existence of pathological conditions which may have been caused by abortion is a political ‘hot potato’. Consequently relevant research is rare, and also difficult since long-term follow-up of women having abortions is generally neglected. The Royal College of Obstetricians and Gynaecologists (RCOG) recommends a follow-up appointment within two years of having an abortion. The only complications formally reported in the UK are immediate physical ones such as sepsis, haemorrhage, and perforation.

RCOG directs doctors to be aware of the psychological sequelae of spontaneous miscarriage.

All professionals should be aware of the psychological sequelae associated with miscarriage and should provide support and follow-up, as well as access to trained counseling where necessary. Many publications consider the negative psychological impact of early pregnancy loss as a significant proportion of women, pain, distress, and trauma. For instance, doctors are concerned about the impact of these events on the well-being of the mother and the baby, and on their future fertility. The RCOG recommends that women who have had an abortion should be offered a follow-up appointment. Further follow-up should be clearly recorded in the discharge letter from the RCOG. Continuing monitoring of the potential effects of miscarriage is required with confidence in appropriate support and counseling services where needed.

On the other hand, RCOG guidelines recommend women and doctors that abortion early results in psychological damage. To doctors, RCOG advises that “only a small minority of women experience any long-term, adverse psychological sequelae after abortion. Early doctors, although common, is usually a continuation of symptoms.”

2 “What to say to women about abortion”. RCOG “Guidance for Health Professionals”

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Legitimate question: Is evidence ever truly objective?

- Shaped by interpretation: Data -> Facts -> Information
- Shaped by subjective and ideological bias
- Shaped our views about the world
“We know the truth, not only by reason, but also by the heart”.

Blaise Pascal 1623-1662

Da Vinci 1487?
What is the truth of an abortion?

‘our’ truth

‘their’ truth

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What’s the difference?

Fetus at 24 weeks

Premature baby at 25 weeks

Obvious to us that one is *in utero* and one is *ex utero* so the difference is about the women

Perspective matters

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Perspective is shaped by more than rationality

We need to make a case that goes beyond the evidence and addresses the heart as well as the mind ....

A “moral” case for abortion that wraps a framework of values around our evidence, placing the woman at the heart of the matter.
We are good this:  

“Abortion: a right and a necessity” 

Human Rights /Public Health  

• Abortion is a basic **reproductive healthcare need** – essential for the well-being of women and families  

• It underpins women’s **right to equality**  

• We **cannot prevent the need** for abortion - by education or contraception, by better support for mothers or easier adoption  

• It can be **outlawed but not banned**
We are good at this:

“Abortion: the pragmatic case”

Learned to be ‘reasonable’, and to seek consensus

• No woman ever wants to have an abortion

• Abortion is the lesser of two evils

• Abortion should be safe, legal and rare

Learned how to ‘message’ - concentrate on women’s experience keep to the personal rather than the principle
The challenge is to explain this:

Freedom of choice is more than a right ...
It is right - in itself.

It’s fundamental to other rights that we value: Liberty, Justice, Equality
Freedom of choice has a moral foundation

It is morally reprehensible to deny this capacity for choice/decision making by those who are closest to the consequences.

Denial of the choice of abortion is an affront to:

• Respect for human life – persons and humanity.
• Respect for personal autonomy in decision making “conscience”
• Tolerance and freedom of expression
• An individual’s bodily integrity
London Declaration of Prochoice Principles

We believe in a woman’s autonomy and her right to choose whether to continue or end a pregnancy. Every woman should have the right to decide the future of her pregnancy according to her conscience, whatever her reasons or circumstances. A just society does not compel women to continue an undesired pregnancy.

We recognize that support for choice in itself is not enough. Access to abortion is an integral part of women’s reproductive health care, and we believe in the right to receive this. Women need access to resources and services, including the counsel of the professionals, friends and family they choose to involve. Legal, political, social and economic changes are necessary to allow the exercise of reproductive choice, and a commitment to such changes is part of a commitment to choice.

We express solidarity with those who provide abortion care, and we recognize the moral value of their work. We recognize and respect that some health care personnel may choose not to provide abortions, but we believe it is ethically imperative for them to ensure that a woman receives a referral to a willing provider.

We believe there is a profound moral case for freedom of reproductive choice. We are committed to explaining why abortions are necessary and why women are competent to make decisions and act on them responsibly.

To be prochoice is to be committed to the right of women to make their own reproductive decisions and to:

- Strive to create the conditions in which reproductive choice may be exercised.
- Support reproductive autonomy.
- Advocate for legal frameworks that allow autonomous decision-making.
- Educate the public and policymakers globally about the value of reproductive autonomy.

Women are the only ones who can make the right decision for themselves. This is the very essence of what it means to be prochoice.

handos House
London
September 2012
Emmanuel Kant  
1724-1804

John Stuart Mill  
1806-1873

Aristotle  
384 BC-322 BC

deonotological  
consequentialist  
virtue
Need to claim the moral high ground
Our moral high ground
Commitment to choice is at the heart of our work ... and our lives

“Part of our belief in human dignity rests in people having the moral right and responsibility to confront the most fundamental questions about the meaning and value of their own lives for themselves.

Each of us must be answerable to our own conscience and conviction. This is part of what makes us human.

To take away our responsibility for our moral decisions is to take away our humanity.”

Professor Ronald Dworkin 1993
It is in our power to de-stigmatise the work we do.

What do you call a woman who’s had an abortion?
Abortion. No more names.

@bpas1968
#nomorenames

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What do you call someone who provides an abortion?

- Good
- Compassionate
- Caring
- Moral
- Normal people
We support reproductive choice
We trust women to decide

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ann.furedi@bpas.org