RCGP Position Statement on Abortion

[NB: This position statement applies only to England, Scotland & Wales. A separate statement will be produced for Northern Ireland in recognition of the different legislative context.]

The role of the RCGP Sex, Drugs and HIV Group (SDHIVG) is to provide support to the College’s work in sexual health and in the area of drug misuse. The group’s strength lies in its multidisciplinary approach bringing together expert opinion to ensure the College is able to respond to current issues in sexual health policy, service delivery, care and treatment of patients. SDHIVG identified that RCGP guidance on Abortion would be an important method of increasing good practice in this area.

The group consists of appointed GP members of the College and invited representatives from organisations working in the SDHIVG’s fields of interest. This includes representatives from FPA, BASHH, MedFASH and RCOG.

FPA was asked to draft the statement on behalf of the group, also referencing a number of other organisations who have researched the topic. The SDHIV group then amended and approved the draft statement, before it went to the RCGP’s Ethics Committee, Peer Reviewers and the Council Executive Committee for comment and agreement.

No conflicts of interest were noted, as there are no abortion providers on the SDHVIG.

In reviewing the existing statement by the RCGP¹, an update was deemed necessary so as to provide a clear position statement on the role of the GP in enabling women to access abortion services in line with UK law. The intent of the current statement therefore is to show that the RCGP expects all general practitioners to recognise the importance of ensuring that women seeking advice about pregnancy options receive the advice and support they need in a timely manner. It sets out how women should expect to be treated when they approach a general practitioner about an unplanned or unwanted pregnancy.

Abortion Legislation

Abortion is a crucial aspect of sexual health, and is regulated by the 1967 Abortion Act (as amended by the Human Fertilisation and Embryology Act 1990). The law provides that women can access abortion up to 24 weeks if two doctors agree that it is less likely to cause harm to her physical or mental health than continuing with the pregnancy. Abortion may be carried out after 24 weeks if there are exceptional circumstances - for example, if there is a serious risk to the woman’s health, or there is a substantial risk of physical or mental disability if the baby was born. These very late abortions (>24weeks) accounted for 0.1% of the total number of abortions carried out in 2010².

The Abortion Act 1967 (with some provisions amended by the Human Fertilisation and Embryology Act 1990) defines the grounds upon which an abortion can take place in a lawful manner. The Act covers England, Scotland and Wales, but does not apply to Northern Ireland, where the Offences Against the Person’s Act 1861 and case law applies. It is the provisions of the Abortion Act 1967 that make some abortions lawful in

¹ “Conscientious Objection to Abortion” RCGP CEC/35 - 14 December 2000
certain circumstances in Great Britain. Essentially, authorisation for any abortion can only take place when two registered medical practitioners are of the opinion formed in good faith that one of the grounds for a lawful abortion exists. The Abortion Act 1967 lays out the grounds upon which an abortion can take place. It is a critical element under the Abortion Act that two doctors must agree that one of these grounds exists.

**The Role of the General Practitioner**

General practice, for many women, will be the first point of contact for unplanned pregnancy advice. It is vital that women are able to access good quality information and advice about all of their options - including abortion - and general practice plays a crucial role in providing this. It is important that women have access to abortion services as soon as possible, as evidence shows that the risk of complications increases the later the gestation

GPs will have many views on abortion, including some who will have a personal belief against abortion, which could potentially influence their attitude to, and management of, patients requesting an abortion. It is important that GPs recognise their duties and obligations in this area, which can raise personal ethical issues for a practitioner.

The law in relation to abortion is found in statute. GPs must be familiar with the legal requirements of the Abortion Act 1967, as amended in 1990. This guidance will give a brief overview of the main elements of the law - further reading is recommended at the end of the document.

The Abortion Act 1967 provides a right of conscientious objection which allows doctors and nurses to decline to participate in arranging or performing an abortion. This right is limited only to the active participation in an abortion where there is no emergency with regard to the physical or mental health of the pregnant woman. Doctors cannot refuse to provide emergency and other medical care for these women.

**Women’s Rights**

All women in England, Wales and Scotland can access an abortion if their circumstances fulfill the terms of the Abortion Act 1967. Abortion services should therefore be easily accessible and allow direct referral, as well as referral from health professionals. Health care providers of abortion services should be committed to ensuring that women can access abortion services as early as possible to reduce the possibility of associated health risks (See RCOG guidelines [www.rcog.org.uk](http://www.rcog.org.uk) and MedFASH recommended standards for sexual health services [www.medfash.org.uk](http://www.medfash.org.uk)).

Statistics show that in 2010 around 189,974 abortions took place in England and Wales. Latest figures (2010) show that progress is being made to increase early access; 77% of NHS funded abortions took place at under 10 weeks, compared with 58% in 2000.

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Ethical Values
The GMC’s Good Medical Practice guidance\textsuperscript{4} states that doctors should make the care of their patients their first concern. The BMA’s guidance on the law and ethics of abortion\textsuperscript{5} states that doctors with a conscientious objection to abortion may not impose their views on those who do not share them, but they may explain their views to the woman if invited to do so. This document also states that doctors with a conscientious objection to abortion should make their views known to the woman and refer her to another doctor immediately.

A priority goal of the RCGP is to provide leadership at all levels in healthcare by supporting the professional development of general practitioners to maintain standards of excellence and promote patient safety and quality in general practice. RCGP values include “equitable access to, and delivery of, high quality and effective primary healthcare for all”. It is important that all women requesting abortion are treated in an equitable way, whatever the personal view of the GP. This position statement aims to promote equity in the clinical area of care for women with unplanned pregnancy who are considering an abortion.

The abortion decision
Unplanned pregnancy may involve complicated and ambivalent feelings. A decision to continue or not with a pregnancy is an important life event that needs careful consideration. Pregnancy brings with it physiological, emotional and psychological changes which can make decision making increasingly difficult, particularly as the pregnancy progresses. It is important to give women the opportunity to consider the issues in a confidential and non-judgemental environment. A wide range of health professionals and organisations currently provide help and support with the decision making process. Systems should be in place to rapidly refer women for pregnancy counselling when this is required.

Whose decision is it?
While the opinion and feelings of others will often form part of the picture for each woman, the decision remains hers. It is important that the woman acknowledges the implications and responsibility of the decision. It is good practice to see the woman on her own (whatever her age or social situation). It may be appropriate for a woman to involve a partner or family member in the decision making process.

Given the importance of ensuring that women seeking advice about pregnancy options receive the advice and support they need, it is important that GPs follow the GMC’s Good Medical Practice guidance and BMA’s guidance on law and ethics on abortion, as stated above.

Details of doctors with a conscientious objection can be set out in the practice leaflet to enable women to choose which doctor to consult\textsuperscript{6}

Good practice guidance from the Royal College of Obstetricians and Gynaecologists (RCOG)\textsuperscript{7} states that, as a minimum standard, all women requesting abortion should be

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\textsuperscript{4} General Medical Council, \textit{Good Medical Practice} (London: GMC, 2009)  \\
\textsuperscript{5} British Medical Association, \textit{The law and ethics of abortion} (London: BMA, 2007)  \\
\textsuperscript{6} \textit{Ibid}  \\
\textsuperscript{7} Royal College of Obstetricians and Gynaecologists, \textit{The Care of Women Requesting Induced Abortion: Evidence-based Clinical Guideline Number 7} (London: RCOG Press, 2011)
\end{flushright}
offered an assessment appointment within 5 working days following referral – general practice plays a role in achieving this standard by referring promptly when the woman has made her decision (<48 hours).

**Recommendations:**

1. The RCGP expects all general practitioners and their teams to recognise the importance of ensuring that women seeking advice about pregnancy options receive the advice and support they need.

2. All practices should have a clear written statement about how women who wish to discuss this issue can access appropriate practitioners within their practices. Women should be able to look on a practice website or practice leaflet and see if there were some doctors or nurses who would be comfortable with an approach about abortion. Doctors with a conscientious objection would be omitted from the list.

3. Once a woman has chosen abortion, it is important that she has timely access to abortion services (urgent referral by the general practitioner (<48hrs) and within 5 working days by the abortion service).

4. General Practitioners with a conscientious objection to abortion must not impose their views on those who do not share them, and must arrange to refer a woman requesting abortion to another doctor immediately and without delay. *If it is the situation that all of the doctors in a practice have a conscientious objection to abortion, that practice must have a clear pathway for rapid onward referral of women to a service which can provide, and has agreed to provide, abortion advice and treatment. It should also be clear where follow-up care and advice will be available for women if needed or required.*

5. Women need to be able to access good quality information and advice about all their options. *Women may require advice and information from their General Practitioner on more than one occasion both before and after their decision on abortion.*

6. When counselling about abortion, it is good practice for the general practitioner to see the woman on her own (whatever her age or social situation) unless she requires an independent advocate due to capacity issues.

7. Women should be able to access their own General Practice for non-judgemental support and advice after an abortion.

8. General Practitioners should be aware of local pathways for referring women requesting abortion.

Summary
Abortion has been legal in England, Scotland and Wales since 1967. The aim of this position statement has been to highlight the importance of having a smooth referral process.

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GLOSSARY

Abortion – is the expulsion of a foetus showing no signs of life before the 24th week of pregnancy (although this may be later for an induced abortion). Abortion can occur spontaneously, in which case it is usually called a miscarriage, or it can be purposely induced. The term abortion most commonly refers to the induced abortion.

FPA - a UK registered charity working to enable people to make informed choices about sex and to enjoy sexual health.

BASHH – British Association for Sexual Health and HIV, the lead professional representative body for those practicing sexual health including the management of STDs and HIV in the UK.

MedFASH – Medical Foundation for AIDS and Sexual Health, a charity dedicated to the pursuit of excellence in the healthcare of people affected by HIV, sexually transmitted infections and related conditions. It undertakes a range of projects to support health professionals and policy-makers.

RCOG – Royal College of Obstetricians and Gynaecologists.

Conscientious objection – conscience is the private, constant, ethically attuned part of the human character and not to act in accordance with one’s conscience is to betray one’s moral integrity. The onus is on the objector to prove that it is due to a matter of conscience – positions that are merely self-protective do not constitute the basis of a genuine claim of conscience. Conscience is a prima-facie value and may need to be overridden in the interest of other moral obligations that outweigh it in a given circumstance.

(American College of Obstetrics and Gynaecology Committee Opinion: The Limits of Conscientious Refusal in Reproductive Medicine. Number 385, November 2007)

8 Black’s Medical Dictionary