

Document 1 – Britain’s abortion laws are still in the Victorian era, and women are the collateral damage

The Conversation, by Sally Sheldon, May 17, 2024

A vote on ending prosecutions for abortion appears to have been delayed again. MPs have been expecting to vote on this issue via an amendment to the criminal justice bill, which is currently making its way through Parliament.

The change – tabled by Labour MP Dame Diana Johnson and supported by a cross-party group – would remove the possibility of women being prosecuted for illegal abortion in England and Wales. The amendment is one of many attached to the criminal justice bill, but selection and debate of amendments has been repeatedly delayed.

It may come as a surprise that such a change is necessary in Britain, especially after abortion was decriminalised in Northern Ireland in 2019, and France has now made it a constitutional right.

The British laws that make abortion a crime are very old, and historically have been very rarely used to prosecute women. But now, apparently due to the increased awareness of the possibility of ending a pregnancy using pills, these laws are being more actively enforced.

Up to one in three British women access an abortion at some point in their lives. Many of them will use abortion pills, which are very safe, highly effective, and included on the World Health Organization’s list of essential medicines.

The archaic Victorian legal framework criminalising “unlawful procurement of miscarriage” (which applies in England and Wales) treats abortion pills as a “poison or other noxious thing” and is far removed from modern understandings of abortion as an essential health service. More than three-quarters of British adults believe that an abortion should be allowed where a woman decides on her own that she does not want to have a child.

The Abortion Act 1967 created an exemption, where no offence would be committed where a termination is authorised by two doctors and performed

before 24 weeks (or beyond in exceptional cases). If these criteria are not met, abortion remains a criminal offence.

Several other amendments proposed to the criminal justice bill relate to abortion. One, tabled by Stella Creasy MP, proposes wider-ranging decriminalisation, while three others place further restrictions on access to abortion services.

Prosecutions of women ending their own pregnancies have, until recently, been rare. Only three cases were reported between 1861 and 2022, the most publicised being the 2013 case of a Yorkshire woman with an obstetric history of “disturbance, personal misery and entrenched problems”. She bought pills online and used them to terminate a pregnancy that had advanced far beyond the 24-week legal limit. She was initially sentenced to eight years in prison, reduced to three and a half on appeal.

There has recently been a dramatic rise in police investigations, fuelled by greater awareness of abortion pills following the introduction of telemedical abortion services during the pandemic. Women who might previously have sought pills outside the NHS could now access them legally within it. As an example, requests to Canadian non-profit organisation and online abortion service Women on Web, have dropped from hundreds per year to almost zero. [...]

Document 2 – Abortion is now legal across Australia – but it’s still hard to access. Doctors are both the problem and the solution

From *The Conversation*, by Barbara Baird, December 5, 2023

Abortion is now fully legal in every jurisdiction in Australia. Western Australia became the last state to decriminalise it just two months ago, in September 2023. And the Australian population is solidly pro-choice: a 2021 study found 76% of Australians support access to abortion.

Yet access to abortion care here has been described as a “lottery” in a 2023 Senate inquiry report. [...]

Doctors’ historical unwillingness to provide abortions is central to the access problem – and it’s underwritten by the failure of medical schools to adequately train them in this essential aspect of health care. The public health system is culpable, too, for its lack of responsibility for ensuring fair access to abortion services.

Since abortion laws were liberalised in the 1970s, abortions have been performed by a small number of doctors. [...]

The key things we need now include more GPs providing medical abortions – especially in rural and regional Australia – and more doctors who will provide surgical abortion care, including at the later stages of pregnancy. We also need more basic training to introduce students to abortion. [...]

In the past decade, the Royal Australian and New Zealand College of Obstetricians and Gynaecologists has developed a program for trainees interested in specialising in sexual and reproductive health. The 2023 Senate Inquiry was “floored” to hear only two hospitals in the country provide abortion care to the level that enables them to host the program. [...]

Only around 10% of GPs currently provide medical abortion – inducing a miscarriage using oral medication [...]. That number is less in rural and regional areas.

Until recently, medical practitioners were required to register and be certified to prescribe abortion medicines and pharmacists had to register to dispense them.

In July, the Therapeutic Goods Administration removed this restriction, also allowing any healthcare practitioner with appropriate qualifications and training to prescribe medical abortion pills – including nurses and midwives. [...]

Anti-abortion doctors are a minority. But they can have an outsize influence. [...]

The Australian Medical Association and the Royal Australian and New Zealand College of Obstetricians and Gynaecologists have significantly liberalised their positions on abortion since the 1970s. However, both insist on legislation to protect doctors' right to conscientiously object to performing abortion – even though professional codes of ethics already state this entitlement.

The medical profession's moral and social conservatism has caused difficulties for both private providers and public hospitals.

Private clinics in regional Queensland and Tasmania have relied on fly-in, fly-out doctors, adding to clinic costs. [...]

Nonetheless, abortion care still relies on “champions”. Doctors are not the only advocates for it, but their legal and cultural authority is still necessary.

While nurses and midwives are part of the solution to the problem of doctors' reticence in providing abortions, the culture of medical schools and the profession more broadly must change. Abortion needs to become a normal part of universal health care.

Document 3 – The federal law driving the latest abortion battle at the US Supreme Court

From *The BBC*, by Holly Honderich, April 24, 2024

The US Supreme Court has heard arguments about how close to death a woman must be to receive an abortion in states with strict bans.

The case, one with potentially sweeping consequences for emergency rooms across the country, centres on a federal law requiring hospitals to provide stabilising treatment to any patient who arrives with an "emergency medical condition".

The question before the Supreme Court now is whether that law, called the Emergency Medical Treatment and Labor Act or EMTALA, covers emergency abortions, even in states where the procedure is banned. In other words: if a doctor determines an abortion is the best treatment for a patient in jeopardy, are they protected from prosecution, no matter where they are?

The Biden administration has said yes. It has sued Idaho over its near-total abortion ban, which has an exception for the life - but not the health - of the mother. [...]

The Supreme Court's conservative majority seemed unconvinced that EMTALA could supersede Idaho's state ban. [...]

The law demands that all hospitals receiving Medicare funding - most hospitals in the US - provide stabilising treatment to any patient who arrives at the hospital's emergency room with an "emergency medical condition".

That goes beyond fatal conditions to include those that put a person's health "in serious jeopardy" or cause "serious impairment to bodily functions" or "any bodily organ".

Doctors and hospitals violating the law may face fines and loss of federal funding. [...]

The law's text does not specifically mention abortion, or name specific treatments for different emergency conditions. It just asks that providers use accepted standards of care for each patient.

But when the Supreme Court overturned *Roe v Wade* in 2022, the Biden administration issued a memo saying that EMTALA covers cases where an abortion is needed to stabilise a patient.

"When state law prohibits abortion and does not include an exception for the life of the pregnant person - or draws the exception more narrowly than EMTALA's emergency medical condition definition - that state law is pre-empted," the memo said.

Leading medical groups like the American Medical Association and the American Hospital Association, have agreed [...].

Shortly after *Roe* was overturned, Idaho's Defense of Life Act became law. It banned abortion from the point of conception in almost all cases, and made performing or assisting in an abortion a felony crime, punishable by up to five years in prison.

The law has an exception to prevent the death of the pregnant person. But it does not make exceptions for threats to the mother's health, or for long-term medical complications.

The bill's sponsor, Republican state Senator Todd Lakey, said during one debate that the health of the mother "weighs less, yes, than the life of the child", referring to the foetus. [...]

According to EMTALA's own wording, if a "direct conflict" exists, EMTALA must supersede state law. [...]

Lawyers for Idaho have argued that EMTALA does not cover abortion, and does not authorise physicians to perform a procedure that is otherwise illegal. [...]

Idaho's physicians have said the ban has already harmed women who were denied care while suffering from serious pregnancy complications. [...]

And physicians say they are now working under immense stress, afraid they will have to turn away patients experiencing emergencies or risk the loss of their license or even a prison sentence. [...]

Reports suggest that pressure has driven doctors out of the state. Since the abortion ban came into effect, almost a quarter of Idaho's obstetricians have left [...].

Document 4

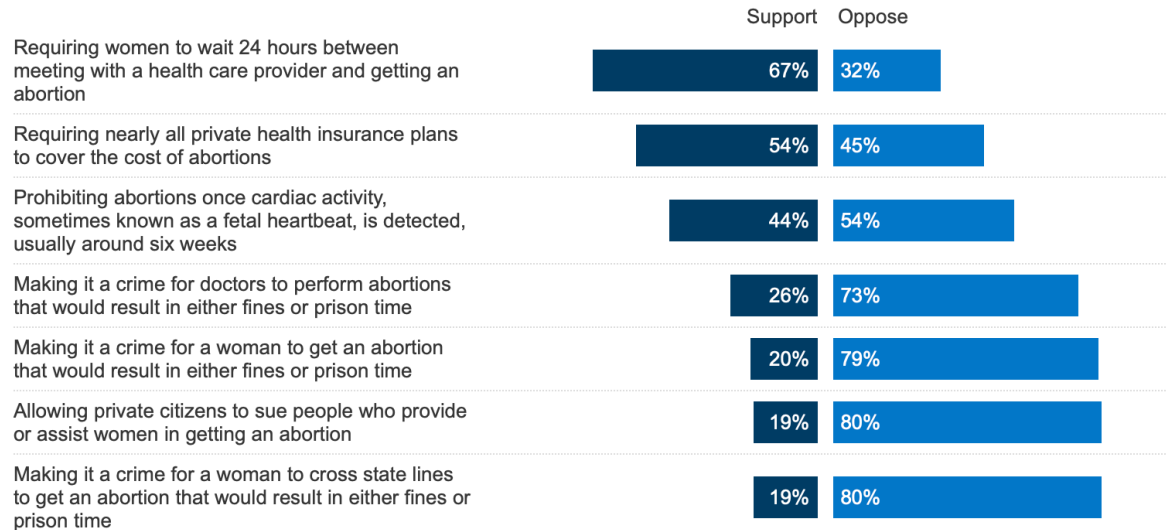


The Guardian, June 2024, Post-Roe, doctors are scrambling to get trained amid bans, closed clinics and overburdened facilities`

Document 5

At Least Seven In Ten Oppose Laws That Would Criminalize Women Or Doctors For Abortions

Do you support or oppose laws...?



NOTE: See topline for full question wording.

SOURCE: KFF Health Tracking Poll (May 10-19, 2022) • [PNG](#)

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