



MARIE STOPES
INTERNATIONAL

GENERAL PRACTITIONERS: attitudes to abortion 2007



Marie Stopes International

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As a registered charity and not for profit organisation, surplus funds generated through Marie Stopes International's UK operations are devoted either to improving services in the UK or in support of a Global Partnership currently working in 38 countries across the developing world to provide sexual and reproductive healthcare services and information to approximately 4.6 million people every year.

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introduction

General practitioners are the first people to be contacted by British women seeking abortion through the National Health Service. When we first studied their attitudes in 1999¹ about the 1967 Abortion Act, the demands it places upon them, and what changes in the law they might like to see, we found that a minority of doctors were not very sympathetic and there have been concerns that this situation still pertains. Consequently we decided to determine the current situation.

key findings

- by a ratio of two to one doctors were in favour of changing the law to give women the right to choose in the first 14 weeks of pregnancy (52% agree, 26% disagree and 22% neither agree or disagree)
- four out of five (80%) doctors said they were 'pro-choice' but one in five (20%) said they were 'anti abortion'
- just over three in five (62%) agreed that it was satisfactory for responsible women under 16 to have abortions without parental consent
- almost two thirds (65%) of doctors were in favour of being able to have free abortions on the NHS
- almost nine out of 10 (89%) doctors thought that abortion services in their area were satisfactory
- almost two thirds (65%) of doctors thought that the current 24 week time limit should be reduced. Out of those who wanted a reduction nearly two thirds (62%) agreed with a 20-23 week limit
- seven out of 10 doctors (68%) do not agree that GP surgeries should be licensed to dispense the medical abortion pill.

comparison of 2007 and 1999 data

- there was little change in general practitioners' position on abortion, with 81.9 per cent pro-choice in 1999 and 80.4 per cent in 2007. Almost one in five (18.1%) were anti-abortion in 1999 which is similar to the 2007 finding (19.6%)
- marginally more doctors in 1999 (60%) than in 2007 (52%) supported a woman's right to choose. However, more doctors in 1999 disagreed with the statement to change the law to give women the right to choose in the first 14 weeks of pregnancy (40%). The 2007 study showed just over one in five doctors (22%) neither agreed or disagreed showing the minority had some ambivalence
- considerably more doctors in 1999 (85%) agreed that a doctor should declare their moral position on abortion to a woman seeking access to abortion services, than in 2007 (68%)
- out of those doctors who are 'broadly anti-abortion' more in 2007 (35%) than in 1999 (27%) disagreed that a doctor should declare their objection to abortion to a client
- four out of five doctors (80%) in 1999 disagreed that the current law was being interpreted too liberally and should be amended to restrict women's access to abortion services compared to just over three out of five doctors (66%) in 2007
- less doctors in 2007 (65%) than in 1999 (76%) agree that all women should have access to free abortion on the NHS
- one in four (26%) doctors in 2007 and one in five (22%) doctors in 1999 agree that the 1967 Abortion Act places an unreasonable burden of responsibility on the general practitioner.

methodology

We compiled a list of questions. Some were classificatory such as gender, religion and age. However, there were fourteen questions directly on abortion. For some of these the wording was identical to that of our previous study which was published in the New York based journal 'Family Planning Perspectives'¹. We drew a random sample of 1,000 doctors out of a total of 33,541 doctors and 10,348 GP practices², from all over Britain and sent them a maximum of three mailings together with stamped addressed envelopes. By September 1st, 2007 we had received 703 responses (70.3% of the total). We found that eight people had left their practice, two were on maternity leave, three were ill, one was on sabbatical and there were two refusals. This left us with 690 valid questionnaires. However, not all respondents answered every question and so some of our responses will be based on a slightly lower response rate. Some doctors made comments on the study. One said, for example:

“Interesting survey – I have always been rather schizophrenic over the whole issue – try and decide each case compassionately – nearly always referring on; I do think that the Obstetricians are in a difficult dilemma – no doubt the Act prevents many potentially good ones from continuing in the speciality in the NHS.”

Some doctors did not respond to the survey. One commented:

“I am unable to respond to this survey as the information requested is sensitive and I would not want my personal position in the public domain. Such information could be used by extremist groups who are both for and against abortion.”

We asked about gender, age and the religious orientation of the sample in order to determine its major characteristics. The sample was 55.2 per cent male and 44.8 per cent female. This was considerably more balanced than the previous study eight years ago, that included 75.9 per cent male and 24.1 per cent female doctors. We used three different age groups and found that from a sample of 627 respondents 21.4 per cent reported they were under the age of forty, 50.3 per cent were 40-49 and 28.3 per cent were aged over 50 years. We asked about religious background and a half (49.9%) said that they were Christian or Protestant. Nearly a quarter (24.0%) said they were of no religion. Just over one in nine (11.3%) said they were Catholic. The other smaller religious groups were Hindu (5.7%), Muslim (3.3%), Jewish (1.4%), Sikh (1.2%), Buddhist (0.8%) and in addition there were a few in other religions (2.3%). When reviewing the results it became clear that many of those with no religion or who did not wish to disclose their beliefs did not respond to this question and the overall non response to this question was 26.1 per cent, which is much higher than for the other questions.

1. FRANCOME, C & FREEMAN, E, 2000. *British General Practitioners' Attitudes Toward Abortion in Family Planning Perspectives*, 2000, 32(4):189-191

2. SOURCE: Binleys® Database of GP Practices, www.binleys.com

results

The first question asked: *On the issue of abortion, do you consider yourself to be broadly pro-choice or broadly anti-abortion?* The results showed that 544 (80.4%) answered 'broadly pro-choice' and 133 (19.6%) replied 'broadly anti-abortion'. In addition eight people did not respond to this question. One pro-choice doctor said:

“Women should have the choice of deciding to continue /not continue with the pregnancy. When an unwanted pregnancy occurs, to continue or not to continue – either decision is difficult; as a doctor I would like to help the lady in question – whatever decision she takes and not put obstacles in her path.”

Interestingly, the attitude of general practitioners showed little difference to those obtained in the 1999 study, whereby 543 (81.9%) doctors reported to be 'broadly pro-choice' and 120 (18.1%) replied 'broadly anti-abortion'.

A second question asked about the possibility of amending the Act. It read: *Do you agree or disagree that the 1967 Abortion Act should be amended to provide a woman with the right to choose to have an abortion in the first 14 weeks of pregnancy, after consultation with a doctor?* The results can be tabulated as follows:

Table One: Should women have the right to choose an abortion?

	Men		Women		Total	
	%	N	%	N	%	N
Agree	56.2	205	46.4	138	51.9	343
Disagree	23.4	85	29.5	87	25.7	175
Neither agree nor disagree	20.4	74	24.1	71	22.4	152
Total	100.0	364	100.0	296	100.0	680

The results show there were 680 valid responses and of these just over half (51.9%) agreed with the statement and 25.7 per cent disagreed. The other 22.4 per cent neither agreed nor disagreed. So of those making a decision they were in favour of change by a ratio of two to one. The attitudes of GPs towards supporting the right of women to choose under law has not changed significantly since the study in 1999. More doctors in 1999 (59.9%) agreed with the statement, although more GPs in 1999 were inclined to disagree (40.1%). However, in the 2007 study the one in five doctors who neither agreed or disagreed (22%) implies a significant minority of ambivalence.

Pro-choice comments by the doctors included the following:

“I am very pro abortion if this is requested, and will always help a woman in this most fraught and difficult period of her life.”

“The Abortion Act should be amended such that women can choose without necessity for me to agree they are making the right choice.”

“The 1967 Act should be amended and reflect choice and present procedures of interpretation. Choice until 14/16 weeks – after that a more restrictive and defined conditions should apply. I am Pro-choice professionally and pro-contraception personally.”

“Although I personally disapprove of abortion I can see that it has a place in society and I would not prejudice my patients by refusing to help. I openly discuss the options and the psychological impact it may have. Most women do not take the discussion lightly.”

“Women should have a choice but be encouraged to use responsible contraception.”

The fact that doctors are pro-choice by no means shows they are pro abortion but see it as an option. One commented for example:

“I probably only get one or two requests for abortion a year. I would not wish this to increase as it is a procedure with a unique morbidity which is best avoided but unfortunately sometimes necessary.”

A number of anti-choice doctors also made comments. Examples are as follows:

“I remain of the opinion that abortion is absolutely wrong. However it seems to happen with very little input from GPs. The forms are signed by doctors at the clinic as they can self-refer anyway. It is in effect ‘on demand’.”

“I think we are in the situation of abortion on demand and they are often performed because of the timing of pregnancy is inconvenient. I do not support this; however I am not completely against abortion for those who have major social problems making it impossible for them to contemplate continuing with pregnancy.”

“I do not agree that anyone has “the right to choose”. The law does not give that right, even though it is extremely loosely interpreted.”

“I think that it should be fairly straightforward for people to obtain an early (less than 12 weeks) TOP. But if it’s made a law that it’s a woman’s RIGHT to have it, without deep consideration, this is completely denying the foetal rights – I do think foetuses have rights! You have to decide that one outweighs the other.”

abortion and the national health service

There is an argument that the 1967 Abortion Act did not mean to give women the right to choose but that many gynaecologists and general practitioners have openly been practising this and that the law should be tightened up to prevent it. We therefore asked: *Do you agree or disagree with the following statement:*

The 1967 Abortion Act is being interpreted too liberally and should be amended to restrict women's access in all but the most exceptional circumstances?

A total of 681 responded to this question and two thirds (66.9% n455) disagreed with it. Under one in five (18.4% n150) agreed with it and the rest (14.7% n101) neither agreed nor disagreed. This was a more negative finding than in the 1999 study whereby four out of five (80.2%) doctors disagreed with this statement. There was not a great change in opinion towards this statement 8 years ago, with one in five (19.8%) of doctors in agreement that the law should change to restrict access for women to abortion services. Out of the doctors who expressed anti-abortion sentiments, more than two thirds of doctors in both studies would support restrictions on current abortion legislation (67% in 2007 and 72% in 1999), making it even harder for women to access abortion services. This is a significant minority and if extrapolated across the country could account to a fifth of the 45,000 registered GPs.

One doctor commented: ***“The law is being interpreted too liberally, but should not be amended to be more strict.”***

A second commented: ***“One is unlikely to be certain that availability of abortion on the NHS increases the risk of unplanned and unwanted pregnancies but revoking this will definitely increase the risk of children who are abandoned, uncared for, abused (my personal feelings). I would still advise patients about the risks of repeated abortions and the advantage of good contraception.”***

Again the comment illustrates a certain ambivalence about abortion.

The percentage of abortions performed by the NHS or by organisations carrying out abortions on an agency basis has increased in recent years. We were therefore interested to see what general practitioners thought about the situation. We therefore asked the following question: *What is your opinion of the following statement: All women should have access to free abortion on the NHS.* There were 682 responses. Nearly two thirds of the respondents (64.9% n443) were in favour and just over one in five (20.6% n141) were opposed. The other one in seven (14.4% n98) neither agreed nor disagreed. The percentage of GPs agreeing women should have access to free abortion on the NHS has decreased by 10 per cent since 1999 (76.3%). Of those doctors who stated they were 'broadly anti-abortion' and were in favour of abortion being available on the NHS also declined from 52.2 per cent in 1999, to 30.8 per cent in 2007. One doctor who disagreed commented:

“The Abortion Act is too liberally interpreted and abortion on demand is occasionally used and women have multiple TOPs instead of contraception. Abortion should be available for <18 years on the NHS, otherwise women should pay privately, so they may be encouraged to use contraception, rather than free TOP’s [sic]. Though women should be free to choose TOP if they are unsuitable to have a baby/unable to cope.”

Other comments were;

“Limiting NHS abortions allows NHS facilities to be used for serious illness and makes patients more responsible for themselves.”

“Women should be free to choose when to have a child. But in a country where free contraception is available, maybe abortions should not be free!”

It is possible that some doctors would support a woman having one abortion on the NHS but not if she has more than one. Consequently we asked: What is your opinion of the following statement: *A woman who has had one or more previous abortions should be required to access future abortion services outside the NHS.* There were a total of 682 responses and three in five doctors (61.7% n421) were opposed to such a stricture and one in five (20.2% n138) in favour. The others (18.0% n123) neither agreed nor disagreed. One doctor in favour of restriction commented:

“I am happy to sign forms for 1st/2nd TOP (the latter only after lengthy consultation) but have never / do not intend to sign forms for subsequent (ie 3rd or more) TOP’s [sic]. I cannot morally condone that.”

vulnerable women

As women do not have the right to choose an abortion in this country, when they meet the one in five anti abortion practitioners there is a question of whether the doctor refuses to refer her or whether she is recommended to seek an alternative. We therefore asked: *Do you agree or disagree with the following statement: If a GP conscientiously objects to abortion, he/she should be required to declare this to a women seeking access to abortion services?* There were a total of 684 responses and nearly seven out of 10 (68.4% n468) agreed with the statement. Less than one in five (17.4% n119) disagreed with it and the rest (14.2% n97) were not sure.

In the 1999 study considerably more GPs agreed that a doctor should declare their moral position on abortion to the client, whereby 595 (84.8%) agreed with the statement and 71 (10.1%) disagreed. The results for those doctors who stated they are 'broadly anti-abortion' 35 per cent (2007) and 27 per cent (1999) did not agree that a doctor should declare their objection to abortion to a client. This highlights that some women face GPs who not only are opposed to abortion, but also unwilling to make that fact clear and provide women with the opportunity to access another doctor. However, some comments in the study did show more promising realities:

One doctor commented on her practice:

“Within my own practice each doctor is free to follow his own beliefs and we do have partners who will not refer for abortions. These partners do however direct patients for counselling to those of us who do not have religious/ethical objection.”

Another stated her position:

“GPs have a duty to refer appropriately or they should not be a GP. If one feels unable to refer directly you should facilitate patient choice by referring to a fellow GP.”

Another vulnerable group are the young women below the legal minimum age for intercourse. We asked: *How far do you agree or disagree with the following statement: The current guidelines that teenagers under the age of 16 years but deemed 'responsible' do not require the consent of their parent/guardian to see their GP and proceed with an abortion is satisfactory?* In response there were 682 replies and of these three in five (62.0% n423) general practitioners were in favour of the statement and one in five (20.4% n139) opposed to it. The other nearly one in five (17.6% n120) neither agreed nor disagreed. Comments on teenagers included the following:

“I run a teenage Health Clinic in my surgery – and although I struggle personally when referring girls under 16 years, I feel it must be available to these girls – but they must be fully informed.”

“I think that current requirement for GPs to refer under 16 year olds for termination places too much responsibility on the GP and removes responsibility from the parent. I feel parents should be involved.”

However, this comment is a minority view.

responsibility of general practitioners

We asked our sample: *Do you feel that the 1967 Abortion Act places an unreasonable burden of responsibility on the general practitioner?* A total of 684 doctors responded to this question. Just over one in five (21.9% n150) agreed with it and seven out of ten (72.5% n496) disagreed. Just over one in twenty (5.6% n38) neither agreed nor disagreed with the statement. There was no significant differences between the two studies in doctors perception that the law places an unreasonable burden of responsibility on the GP, where one in four (25.8%) of doctors in 1999 agreed with this statement. The fact that a substantial minority of doctors think that the Abortion Act is a burden may mean that some women meet doctors who are less supportive than they might be. One doctor commented:

“This is a very relevant, emotive and interesting area to explore. I very much feel abortion is now offered on demand and this should be reflected in how GPs manage this.”

The development of medical abortion in recent years has led to suggestions that in certain cases it could be administered in doctors' surgeries. We therefore asked: *Do you agree that GP surgeries should be licensed to dispense the medical abortion pill?* A total of 667 doctors responded. The results showed that almost seven out of 10 (68.0% n453) disagreed with the statement and only around one in six (16.5% n111) agreed with it. The rest (15.4% n103) neither agreed nor disagreed.

time limit on abortion

The time limit for abortion was reduced to 24 weeks by an amendment to the Human Fertilisation and Embryology Act (1990). However, this Act also introduced a new ground for abortion – ‘grave permanent injury to the physical or mental health of the pregnant woman’. There is no time limit for this nor is there for ‘the substantial risk of serious handicap’.¹ Some people have been concerned that evidence of survival at earlier gestation should lead to a reduction in the time limit. We therefore asked the following question: *Do you think the current time limit (of 24 weeks) for abortion is:*

Satisfactory

Should be increased *what limit should be available? _____ weeks*

Should be decreased *what limit should be available? _____ weeks*

The question was more complicated than the others in the survey and this may be the reason that the response was slightly lower than some other questions. In all 663 responded. The results showed that one third (34.1% n228) said the limit was satisfactory and almost two thirds (65.9% n437) thought it should be decreased. However, it does not seem that the majority of doctors wanted a large reduction. The 437 who said they wished the time limit reduced were asked to specify a level and 383 did so. Of these, nearly two thirds (61.9% n236) felt happy with the limit reduced to between 20-23 weeks. Just over two in five doctors (44.9% n172) proposed 20 or 21 weeks, 16.7 per cent (n64) wished it to be 22 or 23 weeks, and of the rest just under two in five (38.4% n14) proposed the limit to be less than twenty weeks. One doctor who opposed a reduction commented:

“Due to the anomaly that scanning often not being done until 22 weeks, the Abortion Act should stay as it is. This is despite my niece being born at 23 weeks and thankfully being healthy now aged two.”

A second doctor took a different position: *“My pragmatic sort of view is that in the 1st trimester the pregnancy is embryonic and not the same as a baby 20 weeks = small baby and increasingly should be considered to have rights.”*

Other comments revealed a wide variety of perspectives. For example: *“I think the issue of legal time limit is tricky with ethical debates around keeping very young babies alive. I think the limit should probably be reduced but to what limit is debateable.”*

“Although I disagree in principal [sic] with abortion I can have sympathy for people who seek abortion but not purely for social reasons. I think abortion after 12 weeks is not acceptable.”

quality of abortion services

We asked doctors what they felt about their local abortion provision. The exact wording was as follows: *What do you think of the service for abortion in your area?* They were given three alternatives which were A) Very good and efficient B) Satisfactory C) Poor, could be improved. They were also invited to make a comment if they so wished. There were 658 responses to this question and over a third (36.6% n241) said that the service was very good and efficient. Just over half (52.7% n347) said that it was satisfactory and one in nine (10.6% n70) said that the service was poor and could be improved. One doctor commented there was good service:

“The local consultant will see people quickly, so the waiting time varies with clinical need.”

Another said: *“Service has recently improved and is good but cuts corners on best practice (patients given abortions but not screened for Chlamydia – we screen all the patients we refer as we feel this is essential).”*

Other doctors expressed local concern. One said:

“There is a lack of availability sometimes at the local hospital due to doctors not carrying out TOPs.”

Another commented: *“Until recently, no gynaecologist at the local Tameside General Hospital performed abortions. Still most consultants conscientiously object.”*

There have been some concerns that waiting times for NHS abortions have been too long and countries such as the USA usually carry out their procedures earlier in gestation. We therefore asked: *How long is the waiting time of abortion in your area?* In all 660 answered this question and the answers were as follows: Less than 1 week 2.7 per cent (n18), 1-2 weeks 34.2 per cent (n226), 2-3 weeks 36.7 per cent (n242), more than 3 weeks 24.5 per cent (n162). In addition 12 doctors said that they did not know. We further asked: *Do you think this is adequate?* In response 637 doctors replied and three in five (60.9% n388) said yes, the situation was adequate, just under a quarter (23.1% n147) said it was not adequate and the other 16.0 per cent (n102) were not sure. One commented:

“Waiting times are too long. Counselling before is poor and no counselling afterwards.”

Another drew attention to possible problems of the young

“It is sometimes difficult to get early appointments for young women who present late.”

So overall it seems that the quality of services is sporadic.

comments by doctors on relevant issues

An open ended question invited doctors to give their perspective. Only one doctor commented on illegal operations. He stated:

“It would be a great mistake to return to the age of backyard abortion.”

A number of doctors said there were problems for women in accessing abortion. One said:

“There are hurdles for the GP and the patient.”

Another suggested that doctors should be able to carry out medical abortions in their surgeries. Comments on various other issues were as follows:

Conflict amongst doctors

Some doctors might have religious or other objections to abortion or may have concerns that their colleagues have them. Comments in this area included the following:

“I am a parent and value life but feel it should be the individual’s choice and doctors should not take a moral stance but also should not compromise their own beliefs.”

“How can a doctor advise a pregnant woman who is ‘booking in’ for obstetric care give her advice to stop smoking – ‘it may harm your baby’ – and to another pregnant mother who doesn’t want to be pregnant ignore the baby and treat it as if it was just an offending appendage to be disposed of.”

“It is basically up to the person having to bring up the child to decide for or against abortion. Those of us who do not believe that abortion should be very easily available should not be forced to take part.”

“I do not think doctors should be able to conscientiously object and ‘pass the buck’ to other doctors – their own opinions are irrelevant.”

“I do not agree with abortion, however, I do not stop referring. Any individual has personal choices and I respect this autonomy.”

“Parenthood made a difference to my attitudes. I think people should be more responsible and not expect abortion on demand – I feel pressurised.”

“I always tell patients I will not sign the required form but I send them on to the service they want. I do feel it is very easy for patients to have an abortion done. The law is used very leniently.”

Some doctors expressed concern that the system compromised their position:

“The problem is GP’s [sic] have to lie and say it is detrimental to mothers’ health. Actually it is social abortion. By altering abortion demography by severely limiting this, more bright people will have babies.”

Currently doctors have to decide whether the woman meets the criteria. This may lead to problems. For example:

“Patients are very aggressive to me because I will not give them an abortion on social grounds. Patients need to see that GP’s [sic] have rights as well.”

“Conflict of beliefs between the GP and patient can be catastrophic for the Dr-Pt relationship. My impression is that the counselling available is not effective in promoting the keeping of children in a positive way.”

“I am only anti-abortion because the present act is misused as a de facto choice. The above answers support regularising the law to remove the need for a medical judgement and allow women to kill their foetuses as they wish without involving doctors in the choice.”

Religion and abortion

Respondents varied in their attitudes according to religion and the responses can be tabulated as follows:

Table Two: Pro-choice or anti abortion according to religion

	Christian /Protestant		Catholic		Muslim		Hindu		Jewish		No Religion	
	%	N	%	N	%	N	%	N	%	N	%	N
Pro-choice	76.1	194	46.4	24	75.0	12	90.0	27	75.0	6	91.7	111
Anti Abortion	23.9	61	53.6	32	25.0	4	10.0	3	25.0	2	8.3	10
Total	100.0	255	100.0	56	100.0	16	100.0	30	100.0	8	100.0	121

Note: Twelve people of other religion were not included in the table

It was those with no religion and the Hindus who were most pro-choice. The results also show that in each religious group except Catholics over three quarters of doctors said they were pro-choice. Amongst the fifty six Catholic doctors just under a half (46.4%) said they were pro-choice.

Several Catholic doctors made comments:

“I am not a fervent Catholic but do feel we ignore the rights of the foetus to life. From the formation of the brain and spine I feel we are human.”

A second commented:

“I do not feel that my faith should be imposed on my patients, but equally I do not support society’s current drift to viewing medical professionals as pure technicians. I declare my faith to patients and offer an immediate appointment with a partner. If society wishes abortion to be available “on demand” then the form should be scrapped and a service delivery model akin to GUM services – i.e. confidential self referral – could be adapted without requiring GP’s [sic] to be economical with the truth (i.e. on the form).”

Some were concerned about a decline in morality but still refer women for abortion:

“The longer I have been in general practice, the more strongly I have felt that the relative ease with which an abortion is available reflects a sanitized erosion of the value our society places on human life. More effort should be put into promoting the value of human life. (I would also add that I would have these views even if I wasn’t a Catholic.) I also see and refer patients requesting a TOP.”

Sex education

There is a debate in the United States over education for abstinence. It does not seem a large issue in Britain. Doctors may wonder why people do not take more advantage of contraceptive methods, however:

“I view abortion as a “necessary evil”. Life is not perfect and it is not a perfect world. Early, frank and non value-laden, non-judgemental sex education is important, along with open confidential access to contraception – including emergency contraception. We provide such a service and my impression is that most of our abortion requests now come from older women with relationship problems (e.g. relationship split).”

“As a GP for nearly 19 years I now appreciate for many women the decision to terminate a pregnancy comes after much heart searching and torment. However, increasingly it appears that it can be seen as a method of ‘contraception’ – despite free contraception to all women and advice available from a number of services i.e. GP’s, clinics, drop in centres, school nurses, school programmes etc there is still the false idea that you can have a sex life without risk of pregnancy. How to address this?”

“I work as a GP and a staff grade in a local young people’s family planning clinic for 2 sessions a month. It concerns me that a small number of women consider abortion as a form of contraception e.g. multiple abortions, not using contraception reliably.”

There were few comments about post coital contraception. One did say:

“Availability of post coital contraception should be better publicised – in English and minority languages.”

However, it is perhaps surprising that others did not have comments on this as a way of reducing the number of unplanned pregnancies.

Agency agreements

In many cases women are referred to one of the two major charities Marie Stopes International or British Pregnancy Advisory Services or other non NHS facilities. Some doctors commented:

“The PCT has a contract with Marie Stopes and all TOPs are done outside of local hospital services.”

“The service is run by Marie Stopes International and they do NHS abortions adequately and very satisfactorily.”

“We refer all our patients to Marie Stopes under PCT contract as local NHS services are unsatisfactory.”

Other doctors reported that the agencies were used in part:

“We can refer to BPAS and the PCT picks up the tab for young (teenage) / unsupported girls. The NHS facility is poor as clinics are too full to see a woman before the 12/52 deadline.”

Usually the comments about the agencies were very positive:

“I think that Marie Stopes provide a very caring service far better than the local hospital used to.”

“We use Marie Stopes – it is generally excellent.”

“Recent commissioning of ‘private providers’ has improved it tremendously (BPAS / Marie Stopes).”

“Commissioning of non-NHS (Marie Stopes/BPAS) services has been very useful.”

In some areas the charities are used as a stop gap. One doctor commented:

“If the local clinic is full, patients are asked to call the BPAS for help.”

The local hospital may only perform early abortions. So one commented:

“Access to secondary care limited. Numerous referrals to Marie Stopes.”

A final comment on this area was:

“Good service through NHS access to BPAS. However, can be problematic when trying to access services at the local hospital in cases where BPAS would be unsuitable for medical reasons.”

Travel

Some were concerned about women having to travel:

“Abortions are not carried out locally. Have to refer patients to BPAS and are seen in Liverpool. Transport is a problem for many patients.”

“TOP over 12/40 not done locally.”

“Gwent Trust purchases services from BPAS in Leamington Spa some 100 miles away.”

“Patients travel from Kidderminster to Birmingham. No local counselling services in Kidderminster.”

“Little if any service within the NHS. Referrals for abortion have to be made out of the area.”

“Patients have to travel 30-70 miles for termination.”

“Nearest service is Leeds – long trip for our patients especially on public transport.”

“Good service but needs to be local. In recent years patients having to travel too far to access service – currently Banbury/Oxon – London/Reading.”

Not all the cases of need to travel were due to the distance to the agencies. So one doctor said:

“The local hospital only performs TOP to 12 weeks i.e. medical termination. Nearest for later abortions 2 hour drive and only one consultant team carrying them out so difficult to get appointment.”

“[Service is] Good, but only up to 12 /40 gestation. Patients have to travel elsewhere sometimes if > 12 weeks pregnant.”

A slightly different point was made by another doctor:

“Was better when there was local treatment. Travel expectations etc for some can be unreasonable and may make the practicalities of confidentiality hard.”

Counselling

A few countries insist women undergo some kind of counselling and some doctors recommended Britain should do the same. For example:

“I find this issue very difficult to deal with and whilst I support the right to abortion (as opposed to prohibiting abortion) I feel that there should be a counselling pathway that patients requesting TOP on ‘social’ grounds should be required to go through to thoroughly explore possibilities and consequences.”

Another doctor commented: ***“Many patients get pregnant soon after a TOP and regret their decision. I feel with proper counselling many terminations could be avoided.”***

“Access to local cottage hospital for assessment/treatment with medical abortion pill is available. No NHS provision for adequate pre abortion and post abortion counselling.”

“I am a strong believer that the service should be offered on a local basis. However the decision on referral can only be made after full counselling by the patient’s family practitioner – and discussion of all alternatives and consequences.”

“Abortions done very efficiently. Alternative support very poor. Insufficient counselling or support (practical support) for women who might otherwise keep their baby.”

Length of waiting time

“Luckily, we can use the services of three fairly local District General Hospitals so can usually get women in pretty quickly.”

“Long waiting times to access first appointment. Efficient booking system. Good standard of care once seen. Shorter waiting time to see secondary care specialist would be helpful.”

“Wait too long – limit of 14 weeks often passed with no alternative for women.”

“There is a limit of 12 weeks for NHS abortions. However, patients are referred for TOP at 9-10 weeks but then can’t get NHS appointment until after 12 weeks.”

“There is a waiting period before being seen but has the advantage of allowing some change of mind in certain cases.”

Medical abortion

It seems from comments that doctors would like to use medical abortion to a greater extent:

“We need greater use of the early medical abortion pill. Currently it is rarely used.”

“It is almost impossible to access medical abortion pill due to waiting times. Most patients go through BPAS.”

“Many women would like access to RU486/medical TOP they often present at 6-8/40 and the local service often cannot see them by 9/40. Therefore very few get RU486 – most have to have a surgical TOP.”

“If no appointment women have to wait then undergo surgical TOP when presenting at time medical TOP would be appropriate.”

“If women are to be offered medical abortion, the waiting list must be one week maximum or the opportunity is lost.”

These comments all indicate the possibility of increased usage with reduced waiting times:

Those not involved in abortion

Doctors with a conscientious objection made a number of points:

“I do not know about service as I never refer for termination, my partners do this.”

Another said:

“Very difficult to refer patients for termination if you are not prepared to sign blue forms – my beliefs should not prevent patients being seen.”

discussion

The fact that a majority of the doctors were willing to support an extension to the 1967 Abortion Act to give women the right to choose an abortion in the first trimester indicates that doctors are broadly supportive of the current law, but wish women to receive additional rights. However, there are a minority who are broadly anti-abortion. Some of such doctors may not wish to have any part of the process. Yet others may follow the position of the Boston Priest Fr. Drinan who took the view that while he personally did not support the decision to have an abortion, nevertheless women who did not share that view should be able to follow their own consciences.¹ The finding from our study that one in five doctors say they are anti-choice and a similar proportion do not agree that women should have free abortions on the NHS indicates that, while the law remains as it does, there could be problems for women in certain practices. If the law were changed to give women the right to choose then doctors would not have the responsibility of deciding whether or not to refer women. At the moment vulnerable women who are young or perhaps poorly

educated may face problems with accessing services if obstacles are placed in their way by obstructive practitioners.

Although the study shows there is no change in GPs' position on abortion since 1999, the 2007 findings do show an increased ambivalence or desire to restrict women's access and to free abortion services on the NHS. The current findings also show that fewer GPs believe doctors should declare their moral position towards abortion to a woman seeking an abortion, compared to those in 1999. Furthermore, of the doctors who are broadly anti-abortion more doctors in 2007 compared to 1999 disagreed that a doctor should declare their objection to abortion. It is clear that some women face GPs who not only are opposed to abortion, but also unwilling to make that fact clear and provide women with the opportunity to access another doctor.

The question of time limits for abortion raises a variety of legal problems. Scotland did not have an upper time limit at all for over twenty years and did not seem to have any problems. Canada does not have an abortion act at all and seems unlikely to obtain

one. It could be argued that it is better that the law does not get too involved in medical practice. If there is too much risk of litigation then it could be that the health of women is compromised by doctors concerned about legal involvement.

The fact that a quarter of general practitioners thought that the Abortion Act placed an unreasonable burden on GPs could be problematical. Furthermore, one third (35%) (compared to a quarter (27%) of GPs in 1999) who were reportedly 'broadly anti abortion' said that they did not believe that doctors should reveal this fact. This could cause potential problems for women and suggests that some GPs are not aware of their contractual obligations.

Doctors anecdotally expressing concerns about delays preventing women accessing medical abortion are also worthy of note. Removing the barrier of requiring two doctors' signatures in order for an abortion to proceed and reducing other delays could give more women opportunities to avail themselves of the medical abortion option within the 9 week gestational limit for this service.

The proportion of abortions carried out on the NHS has increased in recent years but the fact that almost a quarter of the doctors in our survey said their service was not satisfactory raises cause for concern. There may be a case for a study of the quality of abortion services to identify factors leading to good quality care.

As we approach 40 years of the Abortion Act we can see that the laws of virtually all non Catholic western countries give women the right to choose an abortion. In fact traditional Catholic countries like France and Italy do so and so it may be time for this country to give women this right and to generally improve the quality of our service.

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