

BHA BRIEFING: Health and Social Care Bill, 2010-2011

Report Stage: Nadine Dorries' 'Informed Consent' Amendments



September 2011

Briefing from the British Humanist Association (BHA):

The British Humanist Association (BHA) is a pro-choice organisation that campaigns for evidence-based policy. We support the current permissive laws concerning abortion that enable women to proceed with this option if they feel it is appropriate for them, and we strongly object to religiously motivated attempts to limit women's right to choose.

The amendments:

Nadine Dorries MP has tabled a series of amendments to the Health and Social Care Bill¹ concerning the information and advice provided to women who are seeking to terminate their pregnancy. These amendments may be debated on the 6th or 7th of September.

The amendments would require health consortia to ensure independent information, advice and counselling services are available to women requesting an abortion, and organisations that provide abortions are to be excluded from offering these services as they not classed as 'independent'.

The BHA believes:

- The regulations as they stand ensure patients undergoing any procedure are fully informed
- The inclusion of these amendments in the Bill would restrict choice for women whilst delaying the process needlessly
- Some of the organisations that may provide the alternative information and counselling services are likely to have a specific political and religious anti-abortion agenda, and are not able to provide non-directional services that meet the needs of the individual
- Claims made that abortion providers are profit-making commercial organisations are incorrect; the UK's largest providers are registered charities

The BHA strongly disagrees with these amendments and we urge you to oppose them at the report stage

Why the amendments are unnecessary:

The amendments are presented as a reasonable statement of fact: Women undergoing a procedure are entitled to full and unbiased information on that procedure. By implication, this suggests that this is not the case at present; however **abortion providers are already obligated to offer full, unbiased information.**

The Department of Health document, *Procedures For The Approval Of Independent Sector Places For The Termination Of Pregnancy*² sets out the standards private abortion providers must comply with.

¹Nadine Dorries' amendments to the Health and Social Care Bill, given on 31st March 2011

<http://www.publications.parliament.uk/pa/cm201011/cmbills/132/amend/psc1323103p.1833.html#top>

² *Procedures For The Approval Of Independent Sector Places For The Termination Of Pregnancy*, 30 November 2001

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4084698.pdf

The Department of Health affirms the needs for written impartial advice, including counselling and 'literature and information on alternatives to abortion – for instance adoption and motherhood – from sources independent of the clinic for women who decide to continue with the pregnancy.'³ Regular inspections of clinics are undertaken by the Care Quality Commission in England and the Health Inspectorate Wales, to ensure that these criteria are met, and details of each inspection can be located on their respective websites.⁴

The Department of Health requests that abortion providers abide by the guidelines issued by the appropriate Royal Colleges in relation to clinical matters. The current guidelines, issued by the Royal College of Obstetricians and Gynaecologists,⁵ clearly stipulate the requirement for full and impartial information.

It is also important to note that the guidelines clearly state the array of post-procedural after-care required, including a written account of the symptoms that women may experience, and that they are to be provided with information for a follow-up appointment and referral for counselling where necessary.⁶

Abortion providers are currently obligated to provide impartial advice. The British Pregnancy Advisory Service (bpas), one of the UK's largest private abortion care providers, estimate one in five of the women who attend a BPAS bureau does not proceed to an abortion after having initially contacted them.⁷

Why these amendments would make a difference: The religious agenda of alternative counselling services

Not only are the amendments unnecessary, and likely to cause unnecessary delays for women seeking abortions, the BHA has serious concerns over many of the alternative advice services available, as many are operated by religious organisations.

Far from being independent and impartial, these organisations promote a specific political and religious agenda, and not the best-interests of individual women and their families.

For example, the Care Confidential network of independent pregnancy advisory centres does not overtly present itself as a religiously inspired programme, however, the majority are associated with local church groups, and according to research by Education for Choice Care Confidential training materials refer to abortion as 'a wickedness', and 'a most grievous sin'. The quality and accuracy of the information provided has also been found to be highly variable, and there have been recent reports of the misleading and distressing information offered by some of these centres.⁸

³ Ibid, page 10

⁴ Care Quality Commission's Care Directory
<http://caredirectory.cqc.org.uk/caredirectory/searchthecaredirectory.cfm>
Health Inspectorate Wales <http://www.hiw.org.uk>

⁵ *The Care of Women Requesting Induced Abortion Evidence-based Clinical Guideline Number 7, September 2004* Page 8 <http://www.rcog.org.uk/files/rcog-corp/uploaded-files/NEBInducedAbortionfull.pdf>

⁶ Ibid, Page 13

⁷ bpas Press Release: *bpas on Dorries' amendments to the Health and Social Care Bill, 29 March 2011*
<http://www.bpas.org/bpasknowledge.php?year=2011&npage=0&page=81&news=431>

⁸ 'Abortion: pregnancy counselling centres found wanting', The Guardian, Tuesday 2 August 2011 <http://www.guardian.co.uk/lifeandstyle/2011/aug/02/abortion-pregnancy-counselling-found-wanting>

Regrettably, some NHS trusts, such as Bedford Hospital NHS Trust,⁹ already refer patients to anti-abortion Christian counselling services. It is entirely unacceptable that women who are in the often stressful position of choosing an abortion face the additional burden of dealing with religious groups promoting their own agenda. Counselling and information services should strive to facilitate the most appropriate outcome for their patient. We do not believe public funds should be provided or referrals made from the NHS to services with a religious ethos opposed to abortion in principle.

Restricting the right to choose:

Women's reproductive rights came under a series of attacks in the last parliament. This amendment is part of a wider effort to limit choice and cast dispersion on the legal measures that require informed consent, and on the organisations that provide abortion services.

- In 2008 a series of amendments sought to reduce the upper time limit for terminations from 24 weeks down to between 22 and 18 weeks. Contrary to the reports issued at the time, fewer than 2% of abortions occur after 20 weeks, and there has been no increase in the survival rate for babies born before 24 weeks' gestation.
- In October 2006, Nadine Dorries introduced a Private Member's Bill with the aim of reducing the upper limit from 24 to 21 weeks, and introducing a mandatory 10 day pre-abortion cooling off period with compulsory counselling sessions.

Please oppose this most recent effort to restrict choice

About the BHA:

The British Humanist Association is the national charity working on behalf of non-religious people who seek to live ethical and fulfilling lives on the basis of reason and humanity. The BHA campaigns for the end of discrimination on the basis of religion and belief, and for evidenced based policy making.

For more details, information and evidence, contact the British Humanist Association:

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⁹ *Termination of Pregnancy*, Bedford Hospital NHS Trust Patient Information, April 2010 http://www.bedfordhospital.nhs.uk/upload_folder/patient%20information/termination%20of%20pregnancy.pdf

Appendix

(A) The Amendments

HEALTH AND SOCIAL CARE BILL, AS AMENDED

Nadine Dorries

1

Page 5, line 45 [Clause 9], at end insert—

‘(c) after paragraph (f) insert a new paragraph as follows—

“(g) independent information, advice and counselling services for women requesting termination of pregnancy to the extent that the consortium considers they will choose to use them.”.’.

Nadine Dorries

2

Page 5, line 45 [Clause 9], at end insert—

‘(1A) After subsection (1) insert a new subsection as follows—

“(1A) In this section, information, advice and counselling is independent where it is provided by either—

- (i) a private body that does not itself provide for the termination of pregnancies; or
- (ii) a statutory body.”.’.

Nadine Dorries

3

Page 191, line 28 [Clause 221], at end insert—

‘(1A) The regulations must require NICE to make recommendations with regard to the care of women seeking an induced termination of pregnancy.

(1B) The regulations must apply the provisions of subsection (8) so as to require health or social care bodies to comply with the recommendations made by NICE under subsection (1A).’.

The guidelines:

(B) Procedures For The Approval Of Independent Sector Places For The Termination Of Pregnancy, The Department of Health, 30 November 2001, Page 10

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4084698.pdf

All clinics/hospitals must demonstrate that they have effective services providing advice, medical assessment and counselling. The primary function of medical assessment is to establish whether a woman referred or referring herself for termination has grounds for the termination under the Act. The medical assessment can be assisted by trained, non-medically qualified, clinic staff who help by defining problems the pregnancy would cause, assist the woman to understand and assimilate the new information she needs to make her final decision and provide her with information on associated health matters.

There should be information on sources of advice and support for women following termination.

There should also be literature and information on alternatives to abortion – for instance adoption and motherhood – from sources independent of the clinic for women who decide to continue with the pregnancy.

Practice will be monitored as a part of the DH inspection process

(C) The Care of Women Requesting Induced Abortion Evidence-based Clinical Guideline Number 7, The Royal College of Obstetricians and Gynaecologists, September 2004, Page 8
<http://www.rcog.org.uk/files/rcog-corp/uploaded-files/NEBInducedAbortionfull.pdf>

13. Verbal advice should be supported by accurate, impartial printed information that the woman considering abortion can understand and may take away to consider further before the procedure.'

14. The use of nationally developed patient information (such as that produced by the RCOG or fpa) ensures accuracy and readability. Services are encouraged to adapt national information to reflect local circumstances or to supplement a national leaflet with a sheet summarising local details.

16. Clinicians providing abortion services should possess accurate knowledge about possible complications and sequelae of abortion. This will permit them to provide women with the information they need in order to give valid consent.