

Response ID ANON-JKK1-HGSM-Z

Submitted to Consultation on Future Arrangements for Early Medical Abortion at Home
Submitted on 2021-01-04 15:18:53

Questions

1 What impact do you think that the current arrangements for early medical abortion at home (put in place due to COVID-19), have had on women accessing abortion services? Please answer with regards to the following criteria.

Negative impact

Comments (optional)::

There is a serious risk to the safety and wellbeing of women in allowing abortions to take place in the home.

Making arrangements for women to have abortions at home risks trivialising a very serious procedure. The decision by a woman as to whether her prenatal child lives or dies is life-changing and anything but trivial and should be treated with the seriousness and attention it deserves. The process is further trivialised by using the postal service to deliver drugs which end the life of a human being; something which is inappropriate and deeply insensitive.

Women experiencing a crisis pregnancy should be given face-to-face counselling with an appropriately qualified healthcare professional. The arrangements proposed in the consultation document present the very real risk that insufficient time will be given to counselling during the consultation with the woman, resulting in a failure to explore the potential physical and psychological impact of abortion on women in both the short and long term.

Further, allowing abortions at home jeopardises women receiving important information on all available options for those experiencing a crisis pregnancy, including details of organisations which can offer support to both mother and baby.

Not Answered

Comments (optional)::

Not Answered

Comments (optional)::

2 What impact do you think that the current arrangements for early medical abortion at home (put in place due to COVID-19), have had for those involved in delivering abortion services? (For example, this could include impacts on workforce flexibility and service efficiency.)

Not Answered

Comments (optional)::

3 What risks do you consider are associated with the current arrangements for early medical abortion at home (put in place due to COVID-19)? How could these risks be mitigated?

Comments::

There are significant risks in not affording women the opportunity to have face-to-face counselling and support and allowing medical abortions to take place in the home.

It is difficult to believe that the potentially serious psychological and mental health complications associated with an abortion can be adequately dealt with over the phone or in a virtual setting. There is no replacing human presence and the compassion, empathy, understanding it brings to vulnerable people in crisis situations. Denying a woman experiencing a crisis pregnancy this human contact is disrespectful to those women and their situation.

Women experiencing a crisis pregnancy are extremely vulnerable and should not be denied confidential, face-to-face support and help. To do so would be tantamount to neglect and a failure of the Scottish Government's duty of care towards a vulnerable group. Further, a consultation by telephone or video risks misunderstandings between the woman and health professional and a failure to adequately address all anxieties and concerns.

Significant bleeding and sepsis are not uncommon in women who take abortion pills. Some women might even require surgery. The April 2019 NICE Guideline refers to medical termination procedures which are normally initiated in a clinic, and where the woman is kept under clinical observation for 3 hours. The Guideline refers only to women being permitted subsequently to 'pass the pregnancy' at home. There is, even in these circumstances, a real risk of severe bleeding and sepsis in a small number, and a need for further surgery in a larger proportion, depending on the stage of the pregnancy.

These arrangements also remove vital protections for women coerced into abortion, often by an abusive partner. Women being pressured into having an abortion is sadly relatively common: a US study found that 1/3 of a total of 954 women who had abortions reported external pressure to abort (Chibber KS et al 2014, The role of intimate partners in women's reasons for seeking abortion). Further, sex-traffickers and perpetrators of sexual abuse could use the home abortion 'service' to hide their crimes and to continue their criminal activity undetected.

It is possible that after taking the drugs a woman will see the aborted baby which she may then decide to flush down the toilet. The psychological impact

and damage that this may cause, especially to a woman who may already be in a vulnerable position, could be significant.

The Scottish Government and health authorities must also be careful not to disregard the possibility that a woman experiencing a crisis pregnancy wants to keep her child and the only chance of this being realised is to have a face-to-face meeting and to consider all available help and support. Some women also regret having abortions. Taking abortion medication at home, outside of a clinical setting, decreases the opportunity to reverse the procedure, which is possible in many cases.

There is also no reliable way to verify the stage of gestation without an ultrasound. Assessing gestation by phone or in a virtual meeting room is unreliable and may lead to inadvertent taking of the abortion pill beyond ten weeks gestation which would be beyond the legal limit. Police in England are currently investigating the death of a prenatal baby after the mother took abortion pills at home when she was 28 weeks' pregnant.

4 Do you have any views on the potential impacts of continuing the current arrangements for early medical abortion at home (put in place due to COVID-19) on equalities groups (the protected characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation)?

Yes

If yes, please outline possible impacts below. Please be as specific as you can and include any resources or references to evidence on this topic that we should consider.:

Women: As stated in our response to Q3, allowing abortion at home removes protection for women coerced into abortion, sometimes by an abusive partner. Women being pressured into having an abortion is sadly relatively common: a US study found that 1/3 of a total of 954 women who had abortions reported external pressure to abort (Chibber KS et al 2014, The role of intimate partners in women's reasons for seeking abortion). Further, sex-traffickers and perpetrators of sexual abuse could use the home abortion 'service' to hide their crimes and to continue their criminal activity undetected.

Freedom of thought, conscience and religion: Nobody should be compelled to become involved in the process of abortion against their conscience. In the case of early medical abortions at home this might include the preparation and posting of abortion medication.

5 Do you have any views on potential impacts of continuing the current arrangements for early medical abortion at home (put in place due to COVID-19) on socio-economic equality?

Yes

If yes, please outline possible impacts below. Please be as specific as you can and include any resources or references to evidence on this topic that we should consider.:

Statistics published by Public Health Scotland revealed that in 2019 women living in Scotland's most deprived areas were more than twice as likely to have an abortion compared to women living in the least deprived areas. The Scottish Government ought to explore the link between poverty and abortion and determine the factors driving women in deprived areas to choose abortion. Part of this work ought to be to give consideration as to how government can create the conditions necessary to provide women and their families with adequate support in crisis pregnancy situations and to ensure the availability of, and access to, alternatives to abortion.

6 Do you have any views on potential impacts of continuing the current arrangements for early medical abortion at home (put in place due to COVID-19) on women living in rural or island communities?

Yes

If yes, please outline possible impacts below. Please be as specific as you can and include any resources or references to evidence on this topic that we should consider. :

Women living in these areas may require emergency medical treatment which is difficult to access. As outlined in our response to Q3, there are biological risks associated with abortion – significant bleeding and sepsis are not uncommon. The woman might even require surgery. April 2019 NICE Guideline refers to medical termination procedures which are normally initiated in a clinic, and where the woman is kept under clinical observation for 3 hours. The Guideline refers only to women being permitted subsequently to pass the pregnancy at home. There is, even in these circumstances, a real risk of severe bleeding and sepsis in a small number, and a need for further surgery in a larger proportion, depending on the stage of the pregnancy.

Whether to make current early medical abortion arrangements a permanent measure

7 How should early medical abortion be provided in future, when COVID-19 is no longer a significant risk? [select one of the options below]

c) Other (please provide details) –

If you responded c) Other, please provide details:

The Scottish Government should not allow abortions to be undertaken at home, especially in light of the many risks outlined in answer to earlier questions. The government is risking the health and wellbeing of vulnerable women and failing in its duty of care.

To make abortion more accessible and end the lives of vulnerable babies in the womb is completely contrary to the Scottish Government's policy throughout the Covid-19 Pandemic of protecting the lives of the most vulnerable in our society.

We appeal to the Scottish Government to acknowledge the reality of abortion, which is always fatal for the prenatal child and to increase efforts to promote alternatives and to give serious consideration to ensuring equality of rights for the child in the womb, the first such right being the right to life.

About you

What is your name?

Name:
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What is your email address?

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Are you responding as an individual or an organisation?

Organisation

What is your organisation?

Organisation:
Catholic Parliamentary Office of the Bishops' Conference of Scotland

The Scottish Government would like your permission to publish your consultation response. Please indicate your publishing preference:

Publish response with name

We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

Yes

I confirm that I have read the privacy policy and consent to the data I provide being used as set out in the policy.

I consent

Evaluation

Please help us improve our consultations by answering the questions below. (Responses to the evaluation will not be published.)

Matrix 1 - How satisfied were you with this consultation?:

Slightly satisfied

Please enter comments here.:

Matrix 1 - How would you rate your satisfaction with using this platform (Citizen Space) to respond to this consultation?:

Very satisfied

Please enter comments here.: