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Abortion crisis as doctors refuse to perform surgery

By Jeremy Laurance, Health Editor

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Britain is facing an abortion crisis because an unprecedented number of doctors are refusing to be involved in carrying out the procedure. The exodus of doctors prepared to perform the task is a nationwide phenomenon that threatens to plunge the abortion service into chaos, the Royal College of Obstetricians and Gynaecologists (RCOG) has warned.

More than 190,000 abortions are carried out each year in England and Wales and the NHS is already struggling to cope. Four out of five abortions are paid for by the NHS but almost half of those are carried out in the private sector, paid for by the NHS.

The reluctance of NHS staff, both doctors and nurses, to be involved has led to a doubling of abortions paid for by the NHS, which are carried out in the private or charitable sector, from 20 per cent of the total in 1997 to almost 40 per cent.

Distaste at performing terminations combined with ethical and religious convictions has led to a big increase in "conscientious objectors" who request exemption from the task, the RCOG says. A key factor is what specialists call "the dinner party test". Gynaecologists who specialise in fertility treatment creating babies for childless couples are almost universally revered - but no one boasts of being an abortionist.

As a result, after decades of campaigning, anti-abortion organisations may be on the point of achieving their objective by default. Repeated efforts to tighten the law have failed and public opinion remains firmly in support, but the growing number of doctors refusing to do the work means there may soon not be enough prepared to carry out terminations to meet demand.

Ann Furedi, chief executive of BPAS, the British Pregnancy Advisory Service, which carries out a quarter of all abortions performed in England, said: "There is a real crisis looming. Unless we can address the problem and motivate doctors to train in abortion, we may well face a situation in five years' time in which women's access to abortion is severely restricted. It is our biggest headache."

Many doctors felt that, with contraception freely available on the NHS there was "no excuse" for women who got pregnant accidentally. Ms Furedi said: "They say, 'why should we use our skills to clear up the mess?' It is a very naïve view - unplanned pregnancy occurs for all sorts of reasons."

In the US, where abortion is more politicised, groups of young doctors were committed to providing terminations which was seen as "worthwhile and heroic" because of the pressures they operated under, Ms Furedi said. But in Britain it was regarded as low status and unglamorous.

The decline in medical involvement in abortion is occurring as demand is rising. The number of terminations has doubled since the early 1970s and is now at a record 190,000 a year. One in three women has an abortion at some point in her life.

No figures are held centrally on the number of doctors refusing to perform abortions but the RCOG says anecdotal reports suggest the problem is widespread.

The situation has been aggravated by the cut in junior doctors' hours, introduced two years ago, which means doctors no longer have time to train in all parts of the service and must pick and choose the areas to work in.

Richard Warren, honorary secretary of the RCOG and a consultant obstetrician in Norfolk, said: "In the past, abortion was an accepted part of the workload. People did not like it but they accepted that it was in the best interests of the woman concerned. Now people are given the option of opting out of the bits of the job they don't like doing and if two or three say 'No thanks', it makes it easier for others to follow."

He added: "There is an ethos that people go into medicine to save lives and look after people. Usually, a decision for termination is taken reluctantly even though it is recognised that it is in the best interests of the woman. It is difficult and upsetting work and it is done with obvious reticence. We are seeing more doctors who are reluctant to be involved in the process and this is happening in the context of growing demand."

Doctors have always been able to opt out of doing abortions on religious grounds. But, since the 1990s, guidance issued by the Faculty of Family Planning and the RCOG has included a conscientious objection clause.

Kate Guthrie, a spokesperson on family planning for the RCOG and a consultant in sexual and reproductive health in the North of England, said: "You get no thanks for performing abortions; you get spat on. Who admits to friends at a dinner party that they are an abortionist? It is not a sexy area; it is a bog standard area of women's care. The problem is that the more who exit the area, the more those that remain are dumped on [with extra work]."

"There is an increasing number of young doctors who are not participating in the training. The college and the Department of Health are really worried.

"There is a new core curriculum being introduced in August and my view is that we must ensure abortion care is part of core training. We would not make [carrying out terminations] compulsory but we need to ensure trainees are given the knowledge so they are more likely to want to develop the skills."

For an abortion to be legal, it must be certified by two doctors under one of seven grounds, ranging from the continuation of the pregnancy posing a threat to the life of the woman to there being a "substantial risk" the baby would be born "seriously handicapped".

A spokeswoman for the Department of Health said: "This is an issue we are aware of and will be discussing with the the RCOG."

Josephine Quintavalle of the Alive and Kicking alliance, an umbrella group of anti-abortion organisations, said: "We welcome this development. We should be working together to make abortions rare."

'I don't sit in judgement' - Kate Guthrie, 52, sexual health specialist

As head of the abortion service in Hull, Kate Guthrie, who performs terminations regularly, is aware that it is not a comfortable career choice.

"In a social environment people can go cold on you," she says. "Others are really interested. But the worst are colleagues - they can be overtly rude."

Most young doctors now are middle class and have no experience of what life is like on inner-city housing estates, she says.

"Their working hours have been cut, they don't get the breadth of clinical experience they once had, so they pick and choose the sexy bits of the job" - discarding abortion.

"I don't sit in judgement. We are here to provide a service. For most women having an abortion is an awful thing to do. No one takes it lightly. You can't deal with contraception without dealing with its failures.

"When my kids were young there was a standing instruction never to open any packages sent to the house. There was a time in the Nineties when the American anti-abortionists came over to the UK to try to radicalise the British public.

"I did worry about victimisation of staff [involved in carrying out abortions] and their families.

"I cure cancer, I save babies, I make women happy - it does give a rosy glow to everyone involved. But if you really care about the total health care of women you cannot leave out their sexuality."

'Three of us at my practice object to abortion' - James Gerrard, general practitioner in Leeds

Due to his strong feelings about the abortion debate, James Gerrard refuses to refer any of his patients seeking the operation. During his training in the Nineties he also opted out of any tuition on abortion.

"Medically, abortion really isn't a popular thing to do, it is not a very technical or demanding operation and it's actually quite disheartening," he says.

"There's no handshakes or slaps on the backs afterwards, or the sense that you've done something great for someone. The best you can hope for is sense of relief that it is over.

"In my day to day work I deal with requests for terminations but I have a conscientious objection to that. During the consultation I will tell them because of my personal views I cannot refer them to hospital for the procedure and they will have to speak with another doctor. Out of the six doctors in our practice, three of us object to abortion.

"I had made my mind up on abortion before entering the medical profession. I am a Roman Catholic and my religious beliefs do form my moral point of view. Personally I feel the foetus is a person and killing that foetus is wrong. I have not come up against any aggression because of my stance, either from colleagues or from patients I've refused to refer.

"I think people understand it is a personal choice and respect that."
