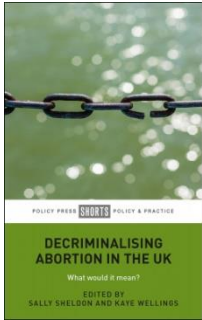


BOOK REVIEW



Decriminalising Abortion in the UK: What Would it Mean?

Sally Sheldon and Kaye Wellings (eds)

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After decades of stasis, the past year has seen some dramatic, and very welcome, changes to the legal landscape regulating reproductive choice and abortion in the UK. In January 2019, approval was granted in England and Wales for women having early medical abortions to self-administer the second medication, misoprostol, in their own homes, rather than having to return to a clinic. (At the same time, the Isle of Man became the first place in the British Isles to fully decriminalise abortion.) Perhaps most dramatically, from 21 October 2019, abortion was decriminalised in Northern Ireland, ending years of highly restrictive law. *Decriminalising Abortion in the UK: What Would it Mean?* edited by Sally Sheldon and Kaye Wellings is therefore a timely and much-needed book in response to these changes and looking forward.

If the argument in favour of decriminalisation of abortion is increasingly being won, then at least two tasks remain. For some people, specific concerns that decriminalisation would lead to a dangerous deregulation may sway them against otherwise supporting decriminalisation. Second, those who advocate for decriminalisation need to present a clear legal and medical model to ensure the best outcomes for women and all pregnant people without the need for criminal sanctions. Through bringing together authors from a range of fields, *Decriminalising Abortion in the UK: What Would it Mean?* produces a lucid and accessible response to both those tasks.

The introduction by Sheldon and Wellings, which sets out the current law and statistics regarding trends in sexual health, is a gloriously clear primer to the question of decriminalisation. It dispels misunderstandings, starting with the surprisingly common belief that abortion has already been decriminalised in England, Wales and Scotland, and proceeds to set out the current confusing law of the Offences Against the Person Act 1861 in terms accessible to the non-lawyer. Given the frequent misstatements of the current legal situation by the media and politicians, this chapter alone should be sent to every parliamentarian, lobbyist and journalist whose work covers reproductive health.

Each of the following five chapters tackles a different question about the effects of decriminalisation. The concerns of policymakers are addressed, devoting chapters to common questions such as “Would Decriminalisation mean Deregulation?” in which Jonathan Herring, Emily Jackson and Sally Sheldon, three professors of law, show how, even after decriminalisation, abortion would be regulated by the same dense web of criminal and civil regulation that regulates all other medical procedures.

Similarly, Patricia Lohr, Jonathan Lord and Sam Rowlands, all from a clinical background, look at both the short-term and long-term health outcomes of abortion. Deftly combining multiple statistical time series, they remind us that today “the risk of death from abortion is shown to be 32 times lower than that from childbirth”. They argue that the law as it currently stands – requiring two doctors to attest that a woman meets the same statutory ground for abortion – both runs contrary to the principle of patient autonomy, and introduces delay, although it is known that the small risk from abortion increases as gestation age advances.

The chapter on the effects of decriminalisation in Northern Ireland by Marie Fox and Goretti Horgan is a reminder of the dramatic changes in Northern Ireland, where as recently as 2016 guidance was issued which required healthcare professionals to report a suspected illegal abortion if a woman presented at hospital with complications after taking pills for medical abortion provided by telemedicine. The authors draw on an empirical study (Horgan, Gray and Moore, 2018) to compare the experiences of women from Scotland who accessed abortion pills through the National Health Service (NHS), and those in Northern Ireland, who accessed them illegally. Criminalisation failed to stop women seeking abortions, but rather meant that “[f]or the interviewees from Northern Ireland, the most common and concerning theme was fear”. Such has been the suddenness of the legislative shift that the exact ambits of abortion care provision in Northern Ireland are still being worked out, though the evidence thus far is that, as predicted, the existing regulation of healthcare is sufficient. In the context of forming a new regime, the two case studies of abortion care in Canada and Victoria, Australia which round off the book provide two examples of the impact of clinical and legal decision-making after (partial) decriminalisation.

There are some areas of concern regarding decriminalisation that could have been given more consideration. The question of whether sex-selective abortion would be permitted, a controversial issue amongst those who are in favour of decriminalisation, is dealt with only briefly, noting that female sex-selective abortion is most common in countries with marked gender inequalities and criminal law can do little about this, and criminalising sex-selective abortion would only drive those seeking abortion to unsafe providers. Both of these are valid arguments, but this is a sufficiently controversial area and one where the law is unclear, such that a more nuanced analysis would have been helpful. There is mention too in several places in the book of expanding the list of professionals who could prescribe pills for early medical abortion beyond doctors, for instance to pharmacists and midwives. This seems to be an idea that would enhance woman-centred care and so should be explored further.

The book does not engage with the philosophical question of the rightness or wrongness of abortion, and it is all the stronger for its focus. Rather it brings together authors from a range of disciplines to write an objective account of the possibilities and pitfalls of a decriminalised abortion care regime. The book is succinct, and each chapter does not venture too deeply into scholarly discussion, though comprehensive citations and bibliography provide a good starting point for someone seeking to research a more detailed point.

Clinicians, lawyers and social scientists might benefit particularly from this book by turning to the chapters outside their specialism. Clinicians will find an explanation of the law, which should reassure them that decriminalisation would not undermine their clinical practice, and lawyers will find the scientific research around abortion made accessible to those lacking a scientific background. Everyone, and particularly those in policymaking positions, will find this a short but comprehensive book, which is invaluable in bringing solid evidence to emotionally charged debates.

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