

# Allow women in England to take abortion pills at home, healthcare leaders urge Jeremy Hunt

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Women in England should be allowed to take both the pills required for an early medical abortion at home, just like their peers in Scotland and now Wales, argue healthcare leaders, in an editorial published online in *BMJ Sexual & Reproductive Health*.

The heads of the Royal College of Obstetricians and Gynaecologists, the Faculty of Sexual and Reproductive Healthcare, and the British Society of Abortion Care Providers now call on health and social care secretary, Jeremy Hunt, to follow the example of the Scottish and Welsh governments, and lift restrictions that require the most effective method of medical [abortion](#)—a two-step procedure—to be carried out at a licensed clinic or hospital.

"Specifically, we urge the Secretary of State for Health [and Social Care] to use his powers to extend to women in England the same compassion, respect, and dignity that the Scottish and Welsh governments have announced, so that all women can access safe, effective abortion care," write Professor Lesley Regan, Dr. Asha Kasliwal, Dr. Jonathan Lord, and colleagues in their editorial.

"There can be no justification not to act unless the aim is to punish women having a legal abortion," they insist. "The time for action is now."

An estimated one in three women will have an abortion by the time they reach the age of 45. Most of these will be early in the pregnancy when a medical abortion is most effective, the authors point out.

The safest and most effective method for this is to take two drugs (mifepristone and misoprostol) 24 to 48 hours apart.

But medical abortion didn't exist when the 1967 Abortion Act entered the statute books, and the law has consequently been interpreted as requiring both drugs to be taken at a licensed premises. This risks the distress of having the abortion while travelling back from the clinic, a trauma that would be entirely preventable if women were allowed to take the drugs at home, say the authors.

"This obligation to return to the abortion service...for a second visit impacts many women who struggle with repeated time off work, childcare, transport difficulties or distance from the abortion service," they explain.

"Furthermore, it selectively disadvantages the most vulnerable—those who are deprived, live in rural areas or have dependants," they add, citing data on 28,000 women from one of the UK's largest abortion providers.

These showed that most women (85%) opted to take both drugs at the same time rather than make a return visit to the abortion service, despite knowing that this method was less effective and associated with a higher complication rate.

For every 38 women taking both drugs at once, one additional woman required surgery, compared with those opting for the two-step method, the data showed.

"With only 15% choosing or able to return for a second visit, the implication is that many women required additional, preventable surgery and anaesthesia as a direct consequence of the government's current interpretation of the Abortion Act," contend the authors.

Fewer clinic visits would not only be better for women's dignity, privacy, and wellbeing, but this would also be a better use of resources for the NHS, they argue.

The World Health Organization and many other international guidelines recommend home use of both drugs for medical abortion, and no change in the law would be required, highlight the authors.

The government would need only to use its executive powers to approve the use of women's homes as premises where early medical abortion could be carried out, as both the Scottish and Welsh governments have done.

"Contrary to fears which are sometimes expressed by those opposing abortion, rates do not increase in countries where effective medical regimens are approved," write the authors.

"Rather, it is the proportion who opt for medical abortion over surgery that increases, with women in rural areas benefiting from improved access to abortion care."

In a separate editorial in The *BMJ*, also published today, editor in chief of *BMJ Sexual & Reproductive Health*, Sandy Goldbeck-Wood, on behalf of her editorial board colleagues, calls on British premier, Theresa May, to decriminalise abortion in the UK, following the recent decisions to liberalise abortion laws in the Republic of Ireland and the Isle of Man.

The women of Northern Ireland are most vulnerable to this 1861 piece

of criminal law, as the Province allows no defence, even in cases of rape or fatal fetal abnormalities, and they face a maximum sentence of life imprisonment, she says.

What's more, the law obstructs best clinical practice and undermines reflective decision-making across the whole of the UK and is no longer appropriate, she argues.

Instead she suggests: "Future UK law could support conscientious reflection in abortion care more effectively by guaranteeing women access to the resources they need to make the ethical and practical choices which are theirs to make and live with."

And resources currently used to police choice and access could be reallocated to offering counselling services to [women](#) who are unsure about whether to terminate their pregnancy or who face a wider life crisis, and ensuring they get prompt access to contraception, she adds.

She acknowledges that Theresa May's slim parliamentary majority depends on the support of Democratic and Unionist Party (DUP) MPs, who have threatened "consequences" if Mrs May were to offer her party a free vote on the matter.

Nevertheless, the prime minister could seize the moment to "champion evidence based reform of an outdated, ineffective and unpopular law, with the backing of health professionals and public opinion in Great Britain and Northern Ireland," she writes. "To do so, despite the threats against her, would be a memorable act of courage and leadership."

**More information:** *BMJ Sexual & Reproductive Health* editorial: Early medical abortion: best practice now lawful in Scotland and Wales, but not available to women in England, [DOI: 10.1136/bmj.srh-2018-200134](https://doi.org/10.1136/bmj.srh-2018-200134)

The *BMJ* editorial: Criminalised abortion in the UK obstructs reflective choice and best care, [DOI: 10.1136/bmj.k2928](https://doi.org/10.1136/bmj.k2928)

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