

DFCUK'S RESPONSE TO CONSULTATION ON THE SFIAA BILL

Introduction

[Doctors for Choice UK \(DfCUK\)](#) is a group of UK-based clinicians who believe that evidence-based, high-quality abortion care should be recognised as a routine part of women's reproductive healthcare and accessible to everyone who needs it. We focus on campaigning for the extension of abortion rights within the current legal framework, whilst also working towards the full decriminalisation of abortion.

DfCUK does not support the introduction of gestational limits in cases where a severe fetal impairment or, indeed, in any circumstances. The proposed 'Severe Fetal Impairment Abortion (Amendment) Bill' is wrong in both practice and in principle: it (mis)uses the criminal law to enforce arbitrary gestational limits that serve no discernably useful purpose other than alienating those who provide and seek abortion services, whilst also having the likely detrimental impact on women and pregnant people requiring highly specialised and legitimate healthcare.

Wrong in practice

This Bill would have the effect of enforcing a gestational limit of 24 weeks in cases of severe fetal impairment; this has potential to do enormous harm to women and pregnant people considering their pregnancy options in often very difficult circumstances.

Firstly, it is most often the case that women and their medical team will need more than 24 weeks to investigate fully the pregnancy and then to interpret the results of a wide variety of available tests; often these tests come with their own risks that need to be considered and women will require specialist support throughout what can be a very difficult time. This Bill, therefore, would introduce unhelpful legal constraints on service users and providers who otherwise require time to gather and reflect on vital information about what is often a much-wanted pregnancy.

Secondly, there are limits within existing diagnostic tools such that it is often the case that we cannot know for certain what the outcome of a particular pregnancy will be; determining the difference between a 'severe' and a 'fatal' fetal impairment is not at all an exact science and no serious or authoritative medical guidance would pretend otherwise. For example [it has been shown](#) that, in the Republic of Ireland where abortions without gestational limit are only accessible in cases of *fatal* fetal anomaly (FFA), "less than half of the congenital anomalies could be classified as FFA; however, all were fatal". As a result of restrictive abortion laws in the Republic of Ireland, there is insufficient time to thoroughly investigate suspected cases of fetal anomaly and women are either forced to continue a pregnancy that will end in stillbirth or to travel in order to access an abortion.

Wrong in principle

Gestational limits are only incorporated into medical practice to satisfy legal requirements and are not a standard part of clinical guidelines. Legal limits at any stage of pregnancy ultimately function to police the choices that women can make about their pregnancies, with restrictions in

place on when a woman can have an abortion based on why she feels she needs one; they introduce a mechanism that gives powers to the state to prevent abortions that it deems unjustified. Those who argue in favour of gestational limits seek to use the significant powers of the state to manipulate the choices women and pregnant people can legally and safely make about their pregnancies in order to satisfy their own ideological interests, which often trivialise the moral implications of denying abortions to women and ignore the distress that this would cause. Women and pregnant people dealing with the unexpected news of a suspected or diagnosed fetal anomaly require compassionate and holistic multidisciplinary care that can be delivered without consideration to unnecessary and directly harmful legal deadlines, rather than an abdication of care based on an arbitrary deadline that has no clinical or ethical basis.

Conclusion

DfCUK recommends that the SFIAA Bill be rejected by the Health Committee.