



The Burning Bush - Online article archive

If doctors vote today to scrap abortion limits they'll betray everything our profession stands for

writes *PROFESSOR JOHN CAMPBELL*

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Public trust in British doctors faces a fundamental threat today that could undermine our entire profession.

At the annual conference of the British Medical Association in Bournemouth, around 500 members will vote to lobby the Government to scrap the law that bans abortions after 24 weeks.

If that happens, the lives of an untold number of unborn babies will be threatened. And the regard that society has for modern medicine, with its infinite potential for doing good, will be gravely damaged, not least because

At the annual conference of the BMA, around 500 members will vote to lobby the Government to scrap the law that bans abortions after 24 weeks (file photo)

Currently, the law states that abortions cannot be carried out after a pregnancy reaches 24 weeks (just under six months) except in cases where there is serious risk to the life of the mother, or severe abnormalities in the child.

The vote by these 500 could change the BMA's official policy, perhaps even to support abortion on demand right up to the full 40-week term of pregnancy.

Another possible outcome is that the BMA will recommend decriminalisation of abortion up to 28 weeks.

I can only concur with Baroness Hollins, a psychiatrist and former BMA president who has described aborting a baby after 24 weeks — the age of medically agreed viability — as 'an extreme move towards involuntary euthanasia'.

Advances in neonatal care mean it is increasingly common for babies born prematurely, even at 22 or 23 weeks, to survive with the right care and support. So the idea of increasing the abortion threshold at all, let alone to 40

A survey of more than 2,000 people by ComRes last month found that 99 per cent opposed raising the abortion limit: 70 per cent of women wanted the current cut-off of 24 weeks to be reduced, with 59 per cent saying it should be below 16 weeks, as in much of Europe.

Alas, there are those at the BMA who disagree and view a woman's right to an abortion as the only consideration.

Traditionally, doctors have been held in high esteem by the public, and that is based on the perception that our actions are rooted in deeply held ethical beliefs, committing us to saving and enhancing life wherever possible.

But if we attempt to liberalise the abortion law, or do away with it altogether, it will appear to many as though we are playing God. It will be seen as wilfully arrogant, out of touch and lacking any moral basis.

And I believe that will undermine everything, from general practice to research and education. It is why I am among 1,400 signatories to a letter calling on BMA delegates at Bournemouth to reject motion 50 on their agenda.

I have been a member of the BMA for 35 years, and there are many senior people within the organisation whom I respect and admire. But when I was 23 years old, coming to the end of my medical training in Ed-



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inburgh, I took the age-old Hippocratic oath that binds doctors to the highest ethical standards. That was a serious, lifelong commitment, and I meant every word.

The oath goes back thousands of years: it has defined the conduct of doctors down the ages. Throughout my career it has had the deepest significance to me.

I am also a Christian and that, of course, has helped shape my opposition to abortion. But it is important to understand that Christians are far from the only people with strong moral objections to easy abortion on demand.

Doctors of many different spiritual persuasions, and of none, regard this as an essential issue of medical ethics. You need not have strong religious beliefs to feel that the idea of taking the life of an unborn child is deeply distressing.

As a professor of general practice and a practising GP, I am not an expert on neonatal advances. But I have heard distressing stories of babies aborted at 24 weeks or less that survived for hours, showing clear signs of life.

To most people, that is simply appalling. What perhaps is less well known is the sheer scale of abortions in this country. Since the 1967 Abortion Act there have been between 8 and 8.5 million terminations — an estimated 98 per cent of them carried out on essentially social grounds, presented as a threat to the mental health of the mother.

The Act's original wording may have been a well-meaning attempt to protect women from backstreet abortions that resulted in unnecessary suffering, injury and sometimes death. But the Act has been interpreted as a licence for unlimited abortion on demand, which is why reform of the law is so urgently needed.

In my view, when a doctor sees a patient who is pregnant unexpectedly or accidentally, there are three people in the room: doctor, mother and unborn baby. It is not my role to preach or persuade, and the law offers the woman a choice. Although, on personal moral grounds, I am unable to refer her for an abortion, other doctors may do so and my role then is to facilitate her care.

What is important, however, is not just that the problem of pregnancy is dealt with immediately, but that it is done in a way that the woman and her partner will be able to justify to themselves, even in ten or 20 years' time. The decision to abort could have a significant impact on a woman's lifelong health and wellbeing.

Some women will not countenance continuing with the pregnancy, while others may not have had the chance to consider it, given the pressure and immediacy of the situation. Offering an abortion should not be taken lightly, and it seems unreasonable to expect that such an important decision can be reached in a ten-minute GP consultation.

So it is unconscionable that some abortion clinics — as an investigation by this paper revealed — have reportedly truncated the consultation period to a matter of moments — 22 seconds, in one case at a Marie Stopes centre. It is highly likely that many women have ended up having an abortion simply because they were not given enough time to talk it through.

During the course of my career, there have been two occasions when abortion seemed justified and sadly inevitable. In one, many years ago, although the mother's life was in danger, she chose to continue the pregnancy with careful medical support and was delighted to give birth to a healthy child.

In the other sad case, a child that was very much wanted had developed in the womb without a brain. That baby had no hope of life after birth.

But these cases are very rare and any sympathetic human being would recognise that a choice might have to be made between two difficult decisions. The vast majority of abortions, however, are for non-medical reasons.



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The choice to abort is often driven by financial considerations, or domestic and relationship problems, or career considerations. While these are of importance, the question that society and medicine must face is whether these are reasonable grounds for the taking of a human life.

To treat abortion as a lifestyle choice is wrong. To extend the abortion limit is wrong. And for the medical profession to attempt this when almost the whole of the public oppose it is the most destructive course of action imaginable.

John Campbell is Professor of General Practice and Primary Care at the University of Exeter Medical School. The views expressed in the above article are personal to Professor Campbell and do not represent the University of Exeter.

Professor Campbell's plea apparently fell on deaf ears. The nation's moral slide downward continues. The slaughter of the unborn child is the epitome of pagan cruelty!

* Read of the decision taken by doctors **here**.