



















Rt. Hon. Matthew Hancock MP Secretary of State for Health and Social Care 39 Victoria Street Westminster London SW1H 0EU c/o Stephen Hall Political Adviser to the President Royal College of Obstetricians and Gynaecologists 10-18 Union Street London SE1 1SZ

22<sup>nd</sup> March 2020

## RE: Two doctors' signatures to certify abortion during Covid-19

Dear Secretary of State,

We are writing at this time of crisis to urge you to amend the Coronavirus Bill currently before Parliament to allow nurses and midwives to ensure that women needing abortions in the coming weeks and months will be able to access care.

In the next 13 weeks prior to the best estimates of Covid-19's peak impact on the UK, 44,000 women in England and Wales will need access to an Early Medical Abortion.

As you are aware, the current law on abortion requires that two doctors provide signatures to certify that the abortion being carried out does not breach the terms of the Abortion Act 1967. These signatures are all that stands between healthcare professionals and the threat of a life sentence for performing an abortion outside the law. In the next 13 weeks, 88,000 signatures will be needed for abortions prior to 12 weeks' gestation.

It is important to note that this requirement is legal and not clinical – that many Early Medical Abortion services are nurse- and midwife-led, that these healthcare professionals are qualified, experienced, and registered with the Nursing and Midwifery Council. Despite being the people who meet face to face with women, that take medical histories, that obtain informed consent to treatment, that hand over the medication, they are legally unable to certify an abortion.

In normal circumstances, the requirement for two doctors' signatures – particularly in the NHS – means that women may be asked to return to a clinic more than once, that they may be asked to come via their GP so that their GP can sign the form, or that once they are sat in our waiting rooms, our doctors have to physically walk around the hospital to find a doctor willing to provide a second signature.

In normal circumstances, this aspect of the law may be clinically unnecessary but it is the law nonetheless and we make the best of the situation.

In the current circumstances with Covid-19 meaning doctors are self-isolating or off sick and the NHS under immense pressure, it wastes valuable time, puts everyone at greater risk of spreading or contracting coronavirus and risks our ability to provide abortion care at all.

Currently, 72% of all abortions are provided in the independent sector. During this crisis and given the pressure on hospitals, we expect this proportion to rise. To sign off abortions, these abortion services rely on the dedicated provision of only 20 FTE doctors. Of these doctors, 70%

also work within the NHS, as GPs, or in sexual health clinics – meaning that they are likely to come into contact with patients who are exhibiting the symptoms of Covid-19 and may well be left unable to work for periods of time.

In the NHS, many Early Medical Abortion services operate as standard with only two doctors (supported by registered nurses). If one is required to self-isolate then the service will be unable to run.

In the Coronavirus Bill, there is a recognition that in the highly unusual circumstances presented by Covid-19, there may be occasions where two mental health professionals are not available to detain somebody under the Mental Health Act 1983. However, there is no recognition of the similar pressures on the abortion service.

In 2018 there were more than 200,000 legal abortions in England and Wales. As Secretary of State for Health and Social Care, regardless of how controversial a topic you may consider this to be, you must recognise the unacceptable impact on any woman forced to continue a pregnancy for want of a second doctor to sign off a form.

We are asking you to amend the legislation currently before the House to enable a single registered medical practitioner, nurse, or midwife to perform and certify an abortion under the Abortion Act 1967.

We are not asking for a permanent change to this provision, nor a change to the underlying criminalisation of abortion – we are asking you for a simple but essential measure to ensure that no woman in England or Wales is forced to continue with an unwanted pregnancy during the Covid-19 epidemic.

Yours sincerely,

Professor Dame Lesley Regan | Chair, RCOG Abortion Taskforce

Dr. Edward Morris | President, Royal College of Obstetricians and Gynaecologists (RCOG)

Dr. Asha Kasliwal | President, Faculty of Sexual and Reproductive Healthcare (FSRH)

Gill Walton | Chief Executive, Royal College of Midwives

Dr. Suzanne Tyler | Executive Director, Services to Members, Royal College of Midwives

Katharine Gale | Chair, Royal College of Nursing's Women's Health Forum

Debra Holloway | Fellow, Royal College of Nursing | Fellow, RCOG

Joanne Fletcher | Co-Chair, British Society of Abortion Care Providers (BSACP)

Dr. Jonathan Lord | Medical Director, Marie Stopes UK | Co-chair, BSACP

Dr. Tracey Masters | Lead for Abortion Service at Homerton University Hospital

Dr. Patricia Lohr | Medical Director, BPAS

Michael Nevill | Director of Nursing, BPAS

Dr. Nabanita Ghosh | Medical Director, NUPAS

Nicola Moore | Executive Director of Quality and Governance, Marie Stopes UK

Kate Allen | Director, Amnesty International UK

Dr. Jayne Kavanagh | Co-chair, Doctors for Choice UK

Sarah Green | Director, End Violence Against Women Coalition

Dr C Quinn | Chief Executive, Rape Crisis England & Wales