

Abortion Law Reformers

Pioneers of Change

Interviews with people who made
the 1967 Abortion Act possible



Abortion Law Reformers: Pioneers of Change, edited by Ann Furedi and Mick Hume, was originally published in 1997 by Birth Control Trust. It has been reissued by **bpas** to mark the fortieth anniversary of the 1967 Abortion Act. Those interviewed spoke to Mick Hume. Their opinions are their own and do not necessarily reflect the views of Birth Control Trust or **bpas**.

There were many others not interviewed who made significant contributions to the reform of the abortion law. Many Members of Parliament steadfastly supported the Bill through long debates. Without the support of other Abortion Law Reform Association committee members, organisers and local activists, those whose contributions are recorded here could not have succeeded in their achievements. Particularly noteworthy was the contribution of Professor Glanville Williams QC, FBA, former Rouse Ball Professor of English Law at Cambridge University and former President of the Abortion Law Reform Association, who died on 10 April 1997.

Some of those whose interviews are recorded here have died since the original publication of *Abortion Law Reformers: Pioneers of Change*. This volume is dedicated to their memories.

By Ann Furedi,
chief executive,
bpas

Since the 1967 Abortion Act became law in April 1968 almost seven million women have benefited from safe, legal abortion in Britain. And, for every woman who has benefited directly from legal abortion, there are thousands more who have been able to enjoy sex confident that an unwanted pregnancy need not lead to unwanted motherhood.

David Steel's Bill, which received Royal Assent on 27 October 1967, made abortion legal when two doctors agreed in good faith (a) that the continuance of the pregnancy would involve risk to the life of the pregnant women, or risk of injury to the physical or mental health of the pregnant woman or of any existing children in her family, greater than if the pregnancy were terminated; or (b) that there was a substantial risk that if the child were born it would suffer from such physical or mental abnormalities as to be seriously handicapped. The law allowed doctors to take into account the woman's 'actual or reasonably foreseeable environment'.

Pro-choice critics of the 1967 Abortion Act, which still regulates abortion practice, correctly identify that the legislation did not grant women the right to end an unwanted pregnancy. The Act gives doctors the power to decide whether there are medical grounds to support a woman's request for abortion. The law does not allow a woman to end her pregnancy simply because she wants to; there must be evidence that the pregnancy would threaten her physical or mental health or that of her children. As a consequence, women are reliant on the opinion of their doctors.

Nevertheless the law, which appears highly restrictive on paper, can be interpreted liberally by doctors who understand that it is detrimental to a woman's health to force her to endure a pregnancy and to become a mother against her will. And, because the law has been interpreted in this way, it has met the needs of many women. The vast majority of abortions end unwanted pregnancies and are carried out by doctors who accept that it is damaging to the mental health of a woman to force her to endure a pregnancy against her will. The accounts given in this book by those who drafted and lobbied for the Act suggest that this interpretation is entirely within the spirit of the Act. Indeed, it is arguable that without such liberal interpretation the Act would have been unworkable.

The 1967 Act was a product of its time. It reflected and codified the concerns of the 1960s and was shaped by the debates and controversies of its day. Public discussion about abortion in the 1960s took place in the context of the social reforms and more liberal attitudes that have

come to be regarded as characteristic of that period. The sixties was the period in which capital punishment was abolished, homosexual acts between consenting adults in private were decriminalised and censorship in the theatre ended. Divorce became easier to obtain and the contraceptive pill became available. The Labour Government elected in 1964 and re-elected in 1966 had, with some success, sought to promote a consensus that social conflicts and problems could be resolved through welfare policies. Abortion could be framed as a welfare policy – a means to help women who, for one reason or another, not cope with their pregnancy.

In part the Act was a response to the existing reality of abortion outside the law. Estimates as to how many illegal abortions occurred each year vary from 15,000 to 150,000 but there is no dispute that a large number of pregnancies were ended in this way. Many women, especially those from working-class communities, relied on ‘back-street’ abortions and traditional ways to induce menstruation with variable success and safety. It was estimated in 1959 that the treatment of spontaneous and induced abortion accounted for one fifth of gynaecological admissions treated within the NHS (Report of the Committee on the Working of the Abortion Act (Lane Committee), HMSO, London, 1974, volume I, paragraph 35). However, throughout the 1960s, abortion was increasingly carried out by ‘respectable’ doctors who believed they could defend their actions. Although abortion was illegal, a defence was available if the act was performed, in good faith, for the purpose of preserving the life of the mother. The Bourne judgement of 1938 affirmed that if an abortion was performed because the continuance of the pregnancy would make the woman a ‘physical or mental wreck’ the doctor was ‘preserving the life of the mother’.

Although many doctors still refused to sanction abortion, by 1967 it has been estimated that almost 10,000 abortions a year were being provided by NHS gynaecologists. In the private sector, abortion was emerging as a lucrative source of income for those prepared to exploit desperate women by charging high fees.

The law was, and was perceived to be, unclear, inadequate and in need of reform. Not surprisingly there was some disagreement about what such reform should be. The seminal account, *Abortion Law Reformed* by Madeleine Simms and Keith Hindell (Peter Owen, London, 1971), describes in great detail the different expectations individuals and organisations had of David Steel’s Bill. Some viewed it as an opportunity to regulate and restrict abortion, perhaps by limiting those who could perform it to consultants, or to NHS premises. Others saw it as an important clarification of the circumstances in which pregnancies might or might not be ended, and yet others as a means to provide caring doctors with protection from prosecution for humane acts that would give women with unwanted pregnancies a chance to regain control of their lives.

The 1967 Abortion Act has served women reasonably well for the last four decades. Women still experience many problems obtaining abortion in Britain but these are largely caused by problems in the organisation and funding of services rather than by the law itself. Certain elements of the law are irritating and anachronistic. The insistence that two doctors must certify the grounds on which the abortion is performed is needlessly bureaucratic and can cause delays in the assessment process. The absence of clear provision for abortion on request in early pregnancy means that women must justify their need in a way that many find to be degrading and intrusive.

There are, however, some aspects of the law that have been of great benefit to women and their doctors. The British law, unlike that of many countries, does not change the criteria for abortion at 12 weeks so that abortion remains available to protect the woman's health up to 24 weeks. In spite of this greater freedom almost 90 per cent of abortions are performed before 13 weeks and fewer than two per cent take place after 19 weeks. The proportion done in the first three months has tended to rise rather than to fall. The relatively liberal provision after the first trimester has been of enormous benefit for those who would not, for a variety of reasons beyond their control, have been able to take advantage of earlier procedures. The small proportion of second trimester abortions has also provided a clear demonstration to the world that legal provision of late abortion does not mean that large numbers of late abortions will occur.

The social significance of the 1967 Abortion Act, and its benefits to women's lives, can be most easily seen in problems faced by women in Northern Ireland – a section of the UK to which the Abortion Act does not apply. In Northern Ireland abortion is regulated by the statute and case laws that applied to the rest of the UK before the Steel Bill was passed. Northern Ireland in the 1990s, however, provides a very different social climate to that of Britain in the 1960s and consequently doctors there interpret the law conservatively. Women in Northern Ireland are forced either to accept unwanted pregnancies or travel to clinics in Britain.

It is an indication of the strength and practicability of the 1967 Act that it has endured over four decades of considerable social change with so little amendment. In 1990, a comprehensive codification of law relating to the embryo and artificially assisted reproduction provided an opportunity for Parliament to review the abortion law. Few changes were made. The upper limit for abortions to protect physical or mental health was clarified as 24 weeks but the gestation limit was removed when termination was necessary because the pregnancy threatened the woman's life or would result in grave permanent damage to her health, or when there was a substantial risk that the fetus was seriously abnormal.

Public opinion remains firmly in support of legal abortion. In a national poll carried out by Ipsos MORI for **bpas** in 2006, 59 per cent agreed with the statement: ‘abortion should be legally available to all who want it’; 27 per cent disagreed and the remainder neither agreed nor disagreed or said they did not know. The proportion of those agreeing with the statement had increased by five per cent since 1980 when the same question had been put in a comparable poll conducted by the same agency. This shows a growing acceptance of legal abortion and a widespread belief that the law should not force women to continue unwanted pregnancies.

The law is in need of reform if it is to meet the needs of women and modern society. A woman should not be dependent on a doctor’s judgement that an abortion will damage her less than continuing her pregnancy. She needs to know that safe legal abortion is an option that is available to her if she does not wish to go on with a pregnancy. Women from Northern Ireland should not have to travel to clinics in Britain but should have access to safe legal abortion in their own home towns. The NHS should be compelled to meet women’s need for abortion just as they are required to meet women’s need for maternity care when the pregnancy is wanted.

As Chancellor of the Exchequer in 1969, Roy Jenkins looked back at the social reforms of the 1960s and expressed concern that ‘despite these successes the forces of liberalism and human freedom are now to some extent on the defensive’. He continued: ‘The permissive society – always a misleading description – has been allowed to become a dirty phrase. A better phrase is a civilised society, a society based on the belief that different individuals will wish to make different decisions about their patterns of behaviour, and that, provided these do not restrict the freedom of others, they should be allowed to do so within a framework of understanding and tolerance.’ (Cited in Simms and Hindell, *Abortion Law Reformed*). It is this spirit of genuine ‘permissiveness’ that shines through the accounts of the abortion law reformers which follow.

These interviews were conducted more than a decade ago, and first published by the charity Birth Control Trust to commemorate the thirtieth anniversary of the 1967 Act. A further 10 years on the memories of the abortion law reformers remain relevant. Those responsible for the 1967 Abortion Act are often its sternest critics and the most insistent that a new generation of reformers must build on the gains that have been made. One feels honour bound not to let them down.

Foreword

by Ann Furedi, chief executive, **bpas**

Part One

The Campaigners

- 08 **Diane Munday**
Women's rights campaigner and former general secretary and vice-chair of the Abortion Law Reform Association
- 15 **Madeleine Simms**
Author of *Abortion Law Reformed* (with Keith Hindell) and founding trustee of Birth Control Trust
- 19 **Dilys Cossey** OBE
Former secretary to the Abortion Law Reform Association, former trustee of Birth Control Trust and former chair of the Family Planning Association
- 24 **Alastair Service** CBE
Chief parliamentary lobbyist during the passage of the 1967 Act through Parliament author and former chair of the Family Planning Association and the Abortion Law Reform Association
- 29 **Lady Vera Houghton** CBE
Former chair of the Abortion Law Reform Association and founding chair of Birth Control Trust

Part Two

The Doctors

- 33 **David Paintin** FRCOG
Former chair of Birth Control Trust and Emeritus Reader in Obstetrics and Gynaecology Imperial College School of Medicine at St Mary's London
- 39 **Professor Malcom Potts** MB BChir PhD
Former member and executive committee member of the Abortion Law Reform Association and professor of Population and Family Planning University of California Berkeley
- 44 **Peter Diggory** FRCOG
Former medical adviser to David Steel MP and the Abortion Law Reform Association

The Parliamentarians

- 50 **The RT Hon The Lord Steel of Aikwood** KBE PC DL
Member of Parliament (Liberal, Liberal Democrat) from 1966 to 1997 and sponsor of the Private Member's Bill which became the 1967 Abortion Act
- 54 **The RT Hon The Lord Jenkins of Hillhead** OM
Member of Parliament (Labour) from 1948 to 1976 and Home Secretary from 1965 to 1967. Member of Parliament (Social Democratic Party) from 1983 to 1987
- 57 **The RT Hon The Lord Houghon of Sowerby** CH
Member of Parliament (Labour) from 1949 to 1974 and chair of the Parliamentary Labour Party from 1967 to 1974
- 62 **Renee Short**
Member of Parliament (Labour) from 1964 to 1979
- 65 **Dr John Dunwoody**
Member of Parliament (Labour) from 1966 to 1970 and general practitioner
- 69 **The Hon Mrs Gwyneth Dunwoody** MP
Member of Parliament (Labour) from 1966 to 1970 and from 1974 to the present day and Member of the European Parliament from 1975 to 1979
- 71 **Sir George Sinclair**
Member of Parliament (Conservative) from 1964 to 1979 and unofficial Conservative lobbyist during the 1967 Act's passage through Parliament
- 74 **Peter M Jackson**
Member of Parliament (Labour) from 1966 to 1970 and unofficial lobbyist in the Labour Party during the 1967 Act's passage through Parliament
-
- 77 **Appendix One**
Abortion law before 1967
-
- 79 **Appendix Two**
The 1967 Abortion Act
-
- 85 **Appendix Three**
The 1967 Abortion Act as amended by the 1990 Human Fertilisation and Embryology Act

The Campaigners

Diane Munday

**Women's rights
campaigner and former
general secretary and
vice-chair of the
Abortion Law Reform
Association**

I once knew a woman who had a backstreet abortion and died: a married woman, already the mother of three young children, who just could not afford another child. I was absolutely shocked. It was the first time I had come across abortion. I was in my early twenties, working at St Bartholomew's Hospital doing research, and I mentioned it to a group of doctors one lunch time. They looked at me in amazement, and said words to the effect: 'Well, where have you been all your life? Stay behind on Friday.' I discovered that Bart's and all the other London hospitals put wards aside every Friday and Saturday night for women who were brought in as a result of backstreet abortions – Friday being pay day. Bleeding, septic, sometimes dying. This was accepted everywhere.

I put it to the back of my mind. Then, during my third pregnancy, I was very uncomfortable and not sleeping well – I am a diabetic and I had very large babies. My doctor gave me a prescription for Thalidomide (a drug found to cause disability), which I never took, and I was so thankful that my son was born perfectly alright. I was aware of a number of people in the area who had badly handicapped children. I saw a letter in the Observer, talking about the Abortion Law Reform Association (ALRA). I wrote and joined because, having thought about it deeply probably for the first time, I came to the view that if I had taken that drug, and had developed a handicapped fetus, I would have wanted an abortion.

Initially I was a fairly inactive member of ALRA – and then I became pregnant again for the fourth time in four years. I just knew that there was no way I could cope with a fourth child at that time. I was married, we had a reasonable income, but it was an instinctive drive telling me our family was complete. Nothing, nobody could have made me have that child. For the first time, I recognised the feeling, the strength of the drive that forced women, like the one who had died previously, to damage themselves, to take the risks they took to end a pregnancy. We all have our limits. For some it can be after one child, for others it can be before they have any children, and for some it can be after 10 children. It is an individual drive and so must be an individual choice.

I was fortunate. After a lot of asking around, a lot of heartache, I bought my abortion in Harley Street. The first National Health Service consultant I asked about an abortion treated me like dirt: 'My wife's got four children and she manages perfectly well, what's the matter with you?' Then a wet-behind-the-ears trainee psychiatrist informed me that my problem was in my relationship, that my whole life was a mess, and I should have this child and go up to London for psychiatric

treatment three times a week. As far as I could see the only major problem in my life was that fourth pregnancy and to suggest I should travel 60 miles a time, three days a week with four under-school-age children just showed he didn't know what real life was about.

“ *Abortion was a word you could not say but it was the experience of many women* ”

A woman I had met on holiday gave me the number of a Harley Street doctor who her neighbour had been to. I was utterly terrified when I went in to see him. He said, 'You look terrible, would you like a drink?' and got out a bottle of gin. Everything I had ever read about

backstreet abortionists flooded back to me! However, he was an extremely highly qualified man. Years later, when I persuaded him to give some money to ALRA, I asked him how he had got into doing abortions. He told me that, when he was a young doctor, a woman had asked him for an abortion and he had sent her away, told her to have the baby and that she would grow to love it. She hanged herself that same night, and he said he felt he had killed her as surely as if he had put a gun to her head.

He sent me to see a psychiatrist, for 10 guineas to get a certificate – this was 1961 – to show that I was so mentally disturbed I could not cope with another child. The gynaecologist then told me that he had booked me into a nursing home the next week and it would be £150. We could not raise £150 – that was the equivalent of over £1000 today. So in my naiveté I asked him, 'Could I take sandwiches in and I don't mind sharing rooms?' He came back and asked if £90 would be alright. It absolutely broke us. But I had my abortion. I was alive and well and without the pregnancy that I could not contemplate, and I knew other women in similar situations were dying.

When I came round from the anaesthetic, I could not thank God because I don't believe in God, so I made a very muddled vow to myself. I woke up thinking of the woman who died and others who would die and that it was because I had a cheque book to wave in Harley Street that I was alive. At that point I thought, 'I am going to get involved in this, I am going to do what I can for women who don't have cheque books so that they too can have what I saw then and still see as the privilege of a safe abortion'.

That provided the spark for 30 years of campaigning. I went to the next ALRA annual general meeting, and that was when I met Madeleine Simms. Before I knew where I was. I was on the ALRA committee, never having sat on a committee for anything in my life. But I became determined to go out and talk about it. I went to public speaking classes and took all my medals. I think I was probably the first person that said in public, on television and the radio, that I had an abortion. It was a word that you could not say, it was never mentioned. It is impossible to imagine those days

now because the world is so totally different. I remember the first meeting I spoke at, it was a local afternoon Townswomen's Guild, which meant they were all older women because the younger women with children went to the evening meetings. I went in fear and trepidation to talk about abortion to these ladies wearing gloves and hats. But during the tea break when they brought the home-made cakes in on lacy doilies, they came up to me, one after the other, and said, 'You know, I had an abortion in the 1930s, I've never told anybody before, my husband was out of work, we just couldn't afford it.' And that was the first inkling I received that it was the common experience of many, many women. I would take heart from those oh-so-respectable ladies and it was the fact that I said that I had just paid to have an abortion that opened the floodgates. That became my experience wherever I spoke or broadcasted. And the letters just poured in of other people's abortion experiences.

“ *In the run-up to the Bill, there were huge audiences almost every night of the week* ”

Of course there were adverse reactions too. The first time I spoke on radio was the day before sports day at my sons' school. When I walked in that afternoon a hush fell over the whole field. The greengrocers in the village, a real gossip shop, refused to serve me. Later on,

when I was doing the office work from home, a lady who did the ALRA accounts took her cheque to one of the local shops. They refused to cash it and said, 'You know where that money comes from, she does abortions on the kitchen table'. It could be pretty horrible. Many people came to me for help in obtaining abortions. Usually it was their daughters who were pregnant, they could not tell their husbands. I would drive them and their daughter to the clinic, I would hold their hand while the operation took place. And then next time I saw them in the village they would cross the road and not talk to me. I understand it much more now. But at the time, that was one of the things that really hurt.

As soon as the 1964 Labour Government came in, Vera Houghton, chair of ALRA, took a delegation to see Frank Soskice, the Home Secretary, and came away with the message, reinforced later from Harold Wilson, that abortion law reform was a highly sensitive issue; there was no public demand for it and therefore no government would touch it with a barge pole. We decided we had to show there was public demand. To do this you had to educate, you had to convert, and then you had to measure and demonstrate support. I worked on the women's organisations, persuading them to pass resolutions through their annual conferences. There was a team of speakers I trained to go all over the country. The National Council of Women was really the important one because that was quite right-wing, very respectable, and listened to by governments. I worked through their branches on gaining their support for two or three years. Initially the meetings I spoke at were very small, local women's groups. Word got out and the gatherings grew bigger and bigger with us ending up in places like the Free Trade Hall in Manchester. In the run-up to the Bill, there were huge audiences almost every night of the week. This was a new world to me. I had been working in a laboratory

and then stuck at home. It was very heady. I have to admit that standing on a big platform and finding you can sway an audience is a very powerful feeling. I see in demagogues today how easy it is to be carried away with this feeling of power. So maybe it was fortunate that the anti-abortionists used to stand there chanting, 'Murderer! Murderer! Murderer!' so that sometimes we could not be heard.

Everything we did was aimed at influencing MPs and the Government. The parliamentary and public campaigns meshed together. Individual MPs look to their votes, and liberalising the abortion law was, on the surface, a highly unpopular topic which many MPs would have loved to have avoided. Like women with unwanted pregnancies they just wished it would go away. The only way to gain their support was by organising pressure on them from their constituents saying 'We want abortion legalised, are you going to vote for it?' In order to do that it was essential to educate people outside Parliament to support and press for change. Once there was obvious support from the electorate, MPs could be persuaded to put their names on Early Day Motions (EDMs), thus poking their noses out of the woodwork to sniff the atmosphere outside. If an EDM attracted a respectable number of signatures the press would report it and that would have the circular effect of people outside thinking that if MPs were discussing it, it was acceptable for them to discuss it openly too.

I learnt about parliamentary procedure the hard way, sitting up all night writing briefings and speeches for MPs. When you actually have a Bill before Parliament there is inevitably conflict between the person who is carrying the flag in Parliament and the campaigners outside. We had only one aim in our sights, whereas an MP has many other things to do and anyway must look to the practicalities of getting legislation through.

My aim was that many women who felt they could not continue with a pregnancy should have the opportunity of ending it safely with dignity and without having to spend a fortune. Although that was my ultimate goal, we soon recognised that we were not going to achieve it immediately. I was never happy with the two doctors clause in the final Act. I always believed that only the woman should make the decision. None of us were happy that it would be in doctors' rather than women's hands, but it was the price that had to be paid for legislation at all. And in another way, we have paid the price in Britain for being the first, because the rest of Europe leapfrogged over our shoulders, saw the problems that our legislation had caused, and were able to move on. But our legislation, being the first, had to have limits to get through; it was that or nothing. I can remember being in a basement room in the Commons with David Steel, Vera Houghton, a representative from the Royal College of Obstetricians and Gynaecologists (RCOG) and somebody very high up in the Church, almost horse-trading clauses, 'We'll let this go if you'll put that in'. There were times when we rather despaired of it all.

“ *I was never happy with the two doctors clause in the final Act* ”

But I think we had to do what we did. If we had not accepted compromise we would have achieved nothing. I have been attacked by some in the women's movement who say 'You sold us down the river, you gave the power to doctors, you've really stitched women up.' It wasn't like that. If we had held out for anything broader we would have been left with nothing. It was a compromise.

At the millennium I think all the evidence shows how inadequate the 1967 Act is. Many late abortions occur because of delays early on, and delay is inherent in the system as enshrined in the Act. The need for two doctors has caused delays and acts to the detriment of many women not least because many NHS hospitals won't terminate pregnancies over 12 weeks' gestation. The 1967 Act not only allows these delays to happen but positively encourages them and it is time it went. I would opt for abortion on request in the first 13 weeks and no signatures needed. Clearly if a doctor is terminating a pregnancy he must be in agreement so his conscience is not compromised. After 13 weeks I believe only one doctor should sign.

When the law was passed I took over as general secretary of ALRA, but we were very naive, and actually believed that the pressure group could soon go out of existence, in the way that, for example, the divorce law lobby had become superfluous. However, we were forced to continue, not to further liberalise the law, but to defend it and fight the opposition.

Early on the opposition learnt that describing themselves as anti-abortion didn't get them very far. So they changed to calling their campaign 'pro-life'. The media has gone along with this and it has been a very successful ploy.

When I am at a meeting I open with something like: 'Right, you've heard the opposition who call themselves pro-life and it would be logical to think the opposite of pro-life is anti-life, that the opposite of anti-abortion is pro-abortion. However neither I nor anybody else is pro-abortion. The day that we don't need any more abortions I shall be out cheering with the rest of them. But the fact is that when a woman is pregnant and doesn't want or cannot cope with a baby, she is faced with only two alternatives, and often abortion for her is the least bad option. I am pro-life, I am pro-quality of life. The most important thing any of us ever do is bring another human being into the world. It should be done positively, responsibly, and I don't believe that it is being pro-life if a child is born because of too much to drink on a Saturday night, or because a contraceptive sheath split. Those are not good reasons for bringing human life into the world. And by quality of life I don't mean wall-to-wall carpet, or a colour television set, I mean the right to be wanted, the right to be loved, to be accepted as a valuable person. To just give birth is an animal thing, it isn't a human characteristic. It can be just like a litter of puppies, born because they happen to be there.

That, for me, is not being positively pro-life. Human beings are much too important to be brought into the world for such unthinking reasons.'

In the early and mid-1960s the arguments of the anti-abortion lobby were, I would say, honest. They thought that abortion was wrong and immoral, equivalent to sticking a knife in a two-year-old. But they found that this carried little or no weight with people who didn't have the same moral standpoint and the same religious beliefs. So over the years they have shifted their ground. After the Act became law we were told that abortion was a very dangerous operation that caused sterility and had a high death rate. But the statistics started coming out and this was demonstrated not to be true. The next argument they used was that it was very bad for women's mental health, that every woman really believed she had murdered her child, which caused depressions and breakdowns. But research conclusively showed that, within six months of the operation, most women were very thankful that they were able to have an abortion. There were higher rates of admissions to psychiatric hospitals for postnatal depression than post-abortion depression.

So now the argument has changed from immediate problems to long-term psychiatric problems – that it might be 20 or even 30 years after the operation that the woman suffers. There is much talk of this post abortion trauma syndrome. There is an organisation, Victims of Abortion, which started in the States, where women of all ages blame any problems they ever have on the fact that they once had an abortion. But many women (and men too) have problems in middle age, and you cannot blame all of these on abortion. Everybody when they have a problem wants to know why. They go back and try to find a cause, and as abortion is a very clear-cut single incident it is very attractive to see it as the focal point and the basis for all their ills.

Through all their shifting arguments, the anti-all-abortion lobby expresses concern for women. But all you have to say to them in the end is, 'What if it was clearly shown that abortion was good for women. That their hair grows curly, their skin becomes clear and they feel fantastic, would you agree with abortion then?' And they have to say no, because their real concern is for the fetus, but they believe it will further their campaigns if they express compassion for women.

I have no regrets, except that we were not able to go further, that we had to leave power in the hands of doctors, rather than women. But that was inevitable, so it is pointless regretting it. I recognise that not all the effects have been good but, overall, I believe that the benefits of the Abortion Act far, far outweigh any deficits. It was a good, effective and proper piece of legislation in its time and if I had my time over again I would campaign in exactly the same way.

I think the impact on women, and indeed on the whole of society, has been immeasurable. It has given women more control but still not total control over their lives. It has given them

“ *If I had my time over again I would campaign in exactly the same way* ”

confidence. I was once stopped in the street by somebody I hardly knew, and she said, 'I want to thank you for what you have done. I am one of those women who became pregnant at the drop of a hat (or at the drop of my husband's trousers) and it was a great problem for me. I have now picked up the threads of my career, and am confident I can get to the top. If I had thought that I might get pregnant again and could do nothing about it, I wouldn't have had the confidence to go back to college and go back to work. What you did has given me the confidence to go forward with my life because I know that a moment's accident will not destroy it all.'

That puts one of the great benefits in a nutshell. Women are no longer at the mercy of their fertility and that is also because of contraception. The two go hand-in-hand because contraception is not infallible. Abortion as a back-up can free women from the tyranny of unwanted childbirth and, in turn, from the tyranny of being forced to stay in unsatisfactory or destructive relationships, either from emotional or economic points of view. Legal abortion is of great benefit to women and to society and I believe will continue to be so.

Madeleine Simms

Author of

Abortion Law Reformed

**(with Keith Hindell) and
founding trustee of Birth
Control Trust**

In about 1960 I went to a Fabian Society lecture by Gerald Gardiner QC, who later became Lord Chancellor. He outlined a list of legal issues to which he thought the next Labour Government should apply itself. He just mentioned in passing that the abortion law needed to be reformed. This was the first time I became aware that abortion was illegal. In retrospect this seems rather odd, because I was already a 30-year-old married woman with a child. It shows how hidden the subject was then, that you could actually reach that stage in life and not quite understand what the position was about abortion.

I joined the Abortion Law Reform Association (ALRA). The Association didn't seem to do very much, but I joined anyway.

We were the second wave of ALRA activists. Alice Jenkins and her friends Janet Chance and Stella Browne had founded ALRA in 1936. They did a lot of educational work and held meetings and conferences, but when the war came, the whole thing went into hibernation. When I joined 25 years later, there were a lot of elderly and rather respectable people running it, with an Indian army Colonel as the chair, which was not quite what I had expected. They were restrained and discreet. They felt you could hardly mention abortion in public, you could not write letters to the press about it, nor even to MPs unless you knew them personally. But in the 1960s we younger members started writing letters all over the place and found they were often printed. We showed that you could go into the House of Commons and not only talk to MPs about the subject, but pounce on the first few names drawn in the annual Private Members' Ballot and ask the lucky MPs to sponsor an Abortion Bill. This was new – we probably pioneered this type of lobbying. Now of course everyone does it.

I became really active when the Thalidomide tragedy occurred. I have always been particularly concerned about the prevention of handicap, and it struck me as so appalling that there were people around who were actually prepared to compel women to have handicapped babies when this could be avoided. A friend of my parents had a brain-damaged son who grew far too big for her to handle; he was quite violent. It devastated her life. Seeing this at close quarters affected me. Until people have experienced the devastating affect on their own or a friend's life of having a handicapped child, they do not always understand what the implications are for the mother and the whole family. There is a lot of sentimental talk about the joys of a lifetime's caring, particularly on the part of those who do not have to do it themselves. If people choose to have a baby with Down's Syndrome, that is their right. But the notion that

you have the moral right to inflict your preferences on other people who are much less able to cope is monstrous

So Thalidomide was my original motivation, but once you become involved in a cause, other issues come into play. I became very conscious of the social injustice involved. Middle-class women in a sense needed abortion law reform least because they could always buy abortions in Harley Street and could obtain them most easily. Working-class women often in desperate need had to go to the most appalling and often self-mutilating lengths and put themselves in great danger to obtain an abortion. Alice Jenkins, one of the founders of ALRA, wrote a book *Law for the Rich*, which particularly drew attention to the social injustice.

Another very important motivation was my love of children, and the horror that they might be born to women who did not want them, and who might therefore resent, neglect or abuse them. Children born in these circumstances often end up in care and in the courts. The notion that the law favoured inflicting unwanted children on hostile mothers makes no sense at all. I cannot understand why anyone should support such an idea – religion has a lot to answer for.

Some of our political opponents in the 1960s really did believe that those who were in favour of having children by choice not chance disliked children. So they were quite surprised that between us we had so many. I remember being amused by this thought when I was correcting proofs of an article about abortion law reform while sitting in bed at University College Hospital awaiting the birth of my second child.

I continue to be shocked by the notion of having a child carelessly. It is too important and far-reaching a decision to be undertaken lightly. It is a lifetime's commitment, and only to be entered into with deliberation. It's not like choosing a holiday or making some other trivial decision. If parents have children only when they really want them, this maximises the chances of the children having happy and successful lives, and this is what matters most.

The Steel Bill was not the ideal Bill. It was too hedged around by bureaucracy and restrictions. But I thought it was probably the best compromise we could achieve in the circumstances. It was scandalous that Northern Ireland wasn't included, as long as it continued to be part of the United Kingdom, but at the time we nearly lost Scotland too. It was only because David Steel was a Scottish MP that we did not. I was unhappy about the absence of a straight social clause, but we had to settle for what we could – in this case the 'medico-social' clause as it came to be called. We had to fight hard to save even that. David Steel was under enormous pressure to cut down his Bill. I greatly admire what he did and regard him as one of the great unsung heroes of the women's movement, but he was desperate, as MPs are in these circumstances,

to achieve an Act of Parliament. We knew we could not go through all this again in a hurry, so we had to ensure that we obtained a major reform, which we did.

Years later the Abortion Act seems inadequate and restrictive, however advanced it appeared in the 1960s. This is inevitable. Perspectives change over time. I don't think the abortion decision should be up to doctors, it should be the decision of women. They are the only ones who can truly judge their social and emotional resources. It seems obvious now that abortion should be available on request at least in the first three months of pregnancy, and thereafter on serious grounds. It should be treated like any other operation, and not hedged round by special

regulations, for two doctors to agree, and legal notification, and all the rest of it. At that time, of course, doctors did not want their authority taken away from them and handed to patients. They said in effect: 'We know best'. The 1967 Act enshrines this attitude, which is my chief objection to it. On the whole doctors now recognise that they can't know best in this particular context, though they generally do of course know best about the technical aspects of the operation,

which is anyway becoming more simple all the time. Most doctors now recognise that it is not up to them to deny women birth control or abortion if that is what the women require. Of course, in the 1960s, Roman Catholic MPs and doctors were as opposed to contraception as they now are to abortion. People have forgotten that, and Roman Catholics do not much like to be reminded of this now. A series of national opinion surveys have shown that a majority of Catholic voters now support abortion law reform, even surprisingly in Northern Ireland, and this despite all the pressure on them from the Church and their politicians.

Despite my reservations, I do think the Abortion Act was an enormously important reform. It has enabled anyone who needs an abortion on grounds of serious handicap to obtain it, and there has been a huge increase in access for working-class women. There are still problems. But, yes, I do think reforming this law was a great thing to do. It was also an important international landmark which had tremendous influence in changing the abortion laws in Europe and America and throughout the developed world. I am enormously proud of having been a part of it. It is the most useful thing I have ever helped to do in my life and I am grateful to have had the chance to participate in such a campaign.

The group of people who came together in the 1960s was formidable. Getting to know them well was one of the marvellous side effects of being so closely involved in this cause. I suppose it was in the spirit of the age to some extent. Reform was in the air. We were getting rid of the last bits of Victorian baggage that were surplus to requirements – the 1861 Offences Against the Person Act in our case. The whole thing could not have taken off without Vera

“ *It was scandalous that Northern Ireland wasn't included* ”

Houghton, our chair, who was a superb co-ordinator of all our individual and slightly chaotic efforts. She was the only one of us with previous high-level political and administrative experience both in her own right and with her husband, the greatly-respected Labour MP Douglas Houghton.

I remember it primarily as a parliamentary campaign. I always loathed demonstrations, of which there were many by the 1970s, and always marched rather unwillingly, doubting how effective this form of mindless activity was. But the Catholics did it so we felt we had to as well. I preferred sitting at those round tables in the lobby of the House of Commons helping MPs to write speeches. I remember the great excitement when the Bill finally went through, having stayed up all night, then going out in the morning to find a barrow selling coffee and buns off Parliament Square.

I am a bit sad that my own children are not involved in this sort of campaign, though they and my husband have been wonderfully supportive of my activities. I feel they are really missing out on something. Making common cause with people brings very close ties. It is natural in a way that young people today are a little complacent about abortion because they have grown up taking for granted that it is legal and safe. But if you look across the Atlantic you can see how threatening it can be if you do not keep up the pressure.

“ *It was in the spirit of the age* ”

The 1967 Abortion Act has helped a new generation of women plan their lives and careers in a way that very few women of my generation were able to. If you are confident that you can control your fertility you can afford to be ambitious and compete with men for the really interesting, worthwhile and powerful jobs. This is beginning to happen now and it is wonderful to witness.

I have often heard people say at meetings that the Abortion Act was the result of the women's movement, but this isn't so. The women's movement did not really start until the 1970s. The 1960s campaign for abortion gave impetus to the women's movement. It brought women together and showed that, by concentrating their efforts on a central issue, they could achieve something. I think this example encouraged women to come together on other issues too. It was a stepping stone to the whole feminist rising in the 1970s and 1980s. I hope it will continue.

Dilys Cossey OBE

Former secretary to the Abortion Law Reform Association, former trustee of Birth Control Trust, and former chair of the Family Planning Association

My involvement with the Abortion Law Reform Association (ALRA) happened for a combination of reasons. In 1963 I was 28 years old and I had been married for a couple of years. I was a graduate, a trained secretary and a trained teacher and had worked in London and in Cairo. It was clear to both my husband and myself that we were on the threshold of a changing society and I wanted to be part of that change. The issue I chose reflected my concern to help create a less hypocritical, more liberal and compassionate society.

But my main motivation was my experience as a sexually active single woman in this country and abroad in the late 1950s and early 1960s. This was a time when sex for single women was secret and furtive; contraception and information about it was difficult to obtain; none of it was accessible for single women. Family planning clinics (where women could be fitted for a diaphragm) did not accept 'unmarried' women as clients; general practitioners did not prescribe contraceptives: there was no pill. Men could buy condoms – then more commonly known by the trade name Durex – from barbers and some chemists; single women never bought them. There were also contraceptive pessaries, but I would never have known how to obtain them. However I was absolutely certain that I did not want to get pregnant. When I was working abroad I remember asking a friend where I could go if I needed an abortion: she told me she had been to Switzerland for hers.

I was very aware of a basic unfairness in life that single women were not supposed to be sexually active. We were indeed sexual beings, but we could only express it if we were married. The penalty was so high – pregnancy – and I felt this put women in such an unequal position. Fundamentally it was the issue of women's sexual freedom: for women to express themselves sexually they needed the protection that contraception and abortion could provide. I strongly believed (and still do so) that a woman had a right to be herself and if she was to be herself in a sexual sense, then she needed to know that she could end a pregnancy she did not want. Of course, this is true whether a woman is married or not.

There were two other underlying factors: I had enjoyed an exceptionally loving and caring upbringing, which gave me an instinctive understanding of the responsibility of having a child; I was therefore determined not to have a child until I settled down and got married (which was what one did in those days). There was also the debate around the results of prescribing Thalidomide to pregnant women which had brought the question of abortion into the public arena. This was neatly encapsulated by the caption to the Trog cartoon of a young woman

consulting her doctor who says: 'I'm sorry but the ethical position is quite clear. Thalidomide was a legal prescription. What you are asking for is an illegal operation'.

And, like most women of my generation, I had friends and contemporaries who 'had to get married' or who disappeared for a few months, when we all knew that a baby had been born and given up for adoption. The stories of children contacting their birth mothers are well known now, and I am grateful that today's young woman with an unexpected pregnancy does at least have the choice of childbirth or abortion.

The upshot of all this was that when, towards the end of 1963, I saw an advertisement in the New Statesman for a part-time secretary for ALRA to work from home at £2 a week, I applied and was successful. And that was it.

“ *The Committee meetings were frequent, long and lively* ”

Over the next four years ALRA ran what we would probably call today a classic advocacy campaign: there was a clear focus – the reform of the abortion law; a committed group of individuals as embodied in the executive committee and key advisers such as Peter Diggory and Parliamentarians such as Peter Jackson; we had a corporate image – the Greek 'alpha' sign used on our letterhead and

literature; our message was targeted in our leaflets and publications – the leaflet 'In Desperation' drew on the real experiences of women with unwanted pregnancies; to show public support for our cause we worked with voluntary organisations, particularly women's organisations, and used public opinion polls; and, above all, we learned about Parliament and how parliamentary procedure worked; we kept our supporters briefed. All this was underpinned by sound administration and good budgeting.

This last was my role. As secretary I provided the administration which enabled the campaign to function. I looked after the enquiries, wrote minutes, kept the Committee briefed, answered correspondence, kept the basic files and, in conjunction with Vera Houghton, ran the Committee meetings. At the height of the campaign, the Committee meetings were frequent, long and lively.

Organisation had to be precise and keep to deadlines; we had no e-mail or faxes, let alone photocopiers, answerphones or word processors. We worked on manual typewriters, communicated by telephone and letter or by telegram if there was a crisis, produced copies with carbon paper or, for several copies, cut wax stencils. With carbon paper we rubbed out mistakes; with stencils we painted them out with a strong smelling red liquid; this made us very careful. Stencils were taken to a typing agency where they were run off, collated and stapled. At first I worked on an Olivetti portable typewriter; after a year I was offered a salary increase

from £2 to £3 per week; I said I did not want an increase, but I would like a new typewriter. I thus acquired my sturdy and trusty manual Remington, which lasted for the whole of the campaign and cut a mean stencil.

My address was listed in the telephone directory as the ALRA head office; it was not uncommon for a woman (sometimes with a partner or friend) to arrive on the doorstep of our small south London flat seeking an abortion. This was difficult because ALRA's task was to reform the law, not to provide a referral service. However, I would give them a sheet of ALRA's headed

“ *Women with unwanted pregnancies would go to any lengths to obtain an abortion* ”

notepaper together with a copy of ALRA's leaflet 'What Help Can ALRA Give?', which had the Advisory Council members listed, among whom were one or two gynaecologists. I very soon learned that women with unwanted pregnancies would go to any lengths to obtain an abortion; this made me realise – a belief I hold even more

strongly today – that it is only the woman herself who can make this decision. People from all kinds of backgrounds came for information: I remember film director Ken Loach arriving one day to get some background on abortion for his TV film *Up the Junction*; on another occasion two Dutch journalists spending an evening with me, finding out about our campaign.

An important part of our campaign was the work we did with a wide range of organisations, particularly women's organisations, and the support they gave us by passing resolutions calling for reform of the abortion law. These were crucial in terms of influencing the government. The Co-operative Women's Guild were key in this area, as were the National Union of Townswomen's Guilds and the National Council of Women. The 1966 ALRA Annual Report is an interesting historical record of these resolutions.

ALRA also had a country-wide network of individual members (this grew from 200 to over 1,000 during the campaign), who did sterling work writing to their MPs, distributing literature in their local areas and often taking local initiatives. At the height of the campaign I would go almost every day to my local sub-post office with a shopping trolley full of literature to be sent out all over the country. We had the introductory leaflet *What is ALRA?* (36,000 copies distributed by 1964), the 'case-history' leaflet *'In Desperation'*, and for those women seeking help with abortion *What Help Can ALRA Give?* (12,000 copies distributed by 1964). There was also *A Clergyman's View* and *A Lawyer's View*. These leaflets were written by the committee members and drew on ALRA's own resources and experience. After all, there was not a great deal else to draw on – ALRA was the main source of expertise.

It was a highly professional campaign. For that we have to pay tribute to and thank Vera Houghton for her organisational and strategic skills. We all learned a tremendous amount from her and have a profound respect for her achievements. Not only did she have an amazing eye for detail and a capacity for hard work, but she knew how to put the right people in the right place and to manage them with tact. Vera turned a group of young, committed but inexperienced individuals into a professional team. We worked quite formally: for the whole four years of the campaign I called my colleagues Mrs Houghton, Mrs Munday, Mrs Simms and Mr Service. When it was all over it became much more informal and I remember Diane Munday saying to me one day, 'I think we could call each other by our first names now, don't you?'

We were the pre-war generation, most of us coming to maturity in the 1940s and 1950s. Many of the social changes which were enacted in the 1960s (abortion, divorce, homosexuality, legal position of married women) had their roots in the pre-war years and some were the outcomes of women (and men) reacting against social, legal and domestic constraints. It is also important to remember that society in the 1960s was still very different from today in a number of ways.

“ *I embraced the abortion issue as an issue of fundamental importance in a free society* ”

Men were far more free than women; women just did not do some things, even seemingly unimportant things like going into pubs on their own; and it was unheard of, probably impossible, for a woman to take out a mortgage without a husband. Employment stereotyping for women was strong; secretary, teacher, nurse;

equal pay was a rarity (teaching was one of the few exceptions). Women were expected to get married and have babies straight away; domestic and family responsibilities took priority and for women long-term work and career plans were at the bottom of the agenda. And, of course, women died from the results of illegal and botched abortions and many more suffered consequent ill-health.

There was a more positive side: full employment meant that jobs were easily available; it was still possible for two people to live on one salary. This allowed – possibly exploited – women to work on a voluntary basis and many voluntary organisations (like, for example, the Family Planning Association) flourished because it was one way women could get out of the home and use their skills, be creative and get involved in issues which fitted in with their domestic responsibilities. It is true to say that it was the 'ALRA husbands' (Douglas Houghton, Derek Munday, Dennis Simms and Chris Cossey) who helped finance ALRA. We did it off their backs. It is, of course, no longer possible (even if desirable) for women to work in this way unless they are very wealthy; it was a luxury for us to be able to do it, although in the end we all had to move on to paid employment.

The campaign was extremely absorbing; I became an abortion bore. Even among sympathetic friends I began to be aware of eyes glazing over. I moved away from ALRA (but not far, into the Family Planning Association) after that, because I felt I needed a change after such an intensive period. But not for long. By 1970 I was back organising the Birth Control Campaign and the successful fight for free contraception, working again with Vera Houghton and Alastair Service.

Our generation has been criticised today for the arguments that were used to reform the abortion law in the 1960s. There are accusations of 'eugenicism' and of discrimination against poor women. Someone reading Hansard reports of those debates with contemporary eyes might see some evidence of that. But it should not be exaggerated. A staple ALRA text in the 1960s was *Law for the Rich* by Alice Jenkins, one of the three women founders of ALRA in the 1930s, who made the case eloquently that if you had money you could buy a safe abortion privately, but if you were poor you risked your life and health at the hands of a backstreet abortionist. The maternal mortality and morbidity figures bear this out. This was the essential motivating factor for the 1960s campaign.

There was no women's lobby as we understand it today at the time the abortion law was reformed. ALRA gave women a focus to look at the way society was treating them and the behaviour that was expected of them. In the 1960s the women's lobby was the women's organisations with whom ALRA worked.

I embraced the abortion issue as an issue of fundamental importance in a free society.

At the time I did not realise what a profound effect abortion law reform would have on our society and how bitterly opponents would continue to attack it. It really moved things forward in terms of women's expectations and feeling in control of their lives. Although it did not go as far as I would have liked, I think it has improved women's choice, has enabled them to live their lives according to what they would like rather than what was imposed upon them and given them the power to change things. I am very proud and privileged to have been involved in bringing about that change.

The law we have now is workable, but it is in need of reform. It gives too much power to the medical profession. What is needed now is a liberalisation, which provides for abortion on request up to 12 or 14 weeks; we need adequate support and provision for later terminations and a concerted effort by the NHS to provide easy access to early termination to ensure that women get the service they need and deserve.

Alastair Service CBE

Chief parliamentary lobbyist during the passage of the 1967 Act through Parliament, author, and former chair of the Family Planning Association and the Abortion Law Reform Association

My first wife Louisa and I went together to that ALRA meeting in Highgate, we heard what Diane Munday and Madeleine Simms had to say and I was absolutely appalled by the horror of the situation they described. The fact that there were around 100,000 illegal abortions every year, and still in 1963 a great many women were going through unskilled operations, was something I had not previously thought about. I wanted to become a novelist at that stage but I had had three novels turned down by countless publishers and I was feeling pretty useless. So when at the end of that meeting Diane asked if anybody was interested in doing some work in north-west London, my wife and I were the first to put our hands up and in a short time I became chair of the group.

Initially we talked to several GPs and I was struck that while in the ALRA group people assumed that doctors were against a reform of the law, these doctors seemed to be quite strongly in favour of reform. So we surveyed all the doctors in north-west London. We got an extremely strong response from doctors who were fed up with being put in this unclear position about which patients they were able to refer legally for an abortion. That survey got a lot of publicity for us and I think helped to make a start in gaining new support in the House of Commons.

There was an assumption among the old ALRA people that they were the guardians of a lost cause. A Dorset Conservative MP, Simon Wingfield Digby, who was a great supporter of ours, told me he loved supporting lost causes. I protested, but he laughed, 'Oh, you just haven't been around very long, my boy'. But the abolition of capital punishment had got through in 1964/65, and that broke the dam for social reform. Gradually we started to realise after the 1966 general election that everything had changed. A programme for reform had been set out by the incoming Lord Chancellor, Gerald Gardiner QC, in his book *Law Reform Now* (Gollancz, 1963), which included the abortion law as one of those needing reform. There were well over 100 new Labour MPs from professional backgrounds who, we thought, probably felt the same as us on this issue. So it was a matter of establishing who they were and gaining their support. We started with about 30 known supporters in the House of Commons and we built this up until at one time an overall majority of members of the Commons were known supporters. There remained many who did not have an opinion about abortion or who thought it was a matter of private morality. I remember having lunch at Chris Price's house with Roy Hattersley who said he was against what he called 'these fashionable reforms'. The majority of our most active supporters were the younger Labour Members of Parliament. Most of the Liberals supported us, and over 50 Tory MPs. Chris Price and Peter Jackson were the new Labour MPs who formed a 'whip team' with me to support David

Steel's Bill to reform the law, though many others helped us. I was the only person around the House of Commons whose sole business was getting the numbers together for ALRA. I worked as a publisher for my family's firm in Covent Garden and most Monday to Thursday evenings at 5pm, I took a bus and was at the Commons in 10 minutes where I worked till about 8pm. My tactics were worked out with Vera Houghton, the ALRA chair. I would often get hold of one of our supporters in the House, and we would simply stand in the central lobby, or go into the bar, and the MP would say, 'There's Ted Bishop (for example), do we know what his views are?' I would look them up on my list with cryptograms beside each name for what their position was and if we did not know, we would go over and the MP would introduce me. I probably spoke to somewhere between 300 and 400 MPs over the following year or so.

Myself and a small number of very committed MPs were all that David Steel had to substitute for a proper party whips' office, and the only leverage we had was appealing to people to identify with the cause. That was not quite so difficult as it sounded as a large number of these young, idealistic

MPs soon became quite disenchanted with the second Wilson government and their ability to achieve anything themselves. I remember standing with one MP in a corridor and a group of MPs came out of a committee room and one of them came up and kicked the MP I was talking to – literally kicked him in the buttocks quite hard. It turned out that this MP had voted against the Government the night before and that's

why he was being kicked. There was lot of dis-enchantment around, that was why we were able to persuade many of them to come to debate and vote for abortion reform – it really achieved something for countless women.

“ *It was the first systematic attempt to 'lobby' support* ”

In building up such numbers of supporters in Parliament I'm sure we were doing something that was pioneering. It was the first systematic attempt to organise that sort of support in the House of Commons. Now of course almost all voluntary organisations have their own parliamentary lobbyist, and there are professional lobbyists, and the scene is completely different. You could go almost anywhere in the House of Commons in those days. All those corridors and lifts and places where the MPs have their offices and the bars and dining rooms, since nobody except the MPs and their guests ever wanted to go in there (it was before the days of the IRA scares), were all absolutely open, and I just sort of wandered in and out. And of course with nobody else doing it, the MPs were not in a mental condition of wanting to get rid of lobbyists – with the exception of one or two. I remember once sitting in the Central Lobby, when George Brown came and sat down beside me looking absolutely fed up. I thought I'd better get my courage together, so I said, 'Mr Brown, can I ask whether we have your support for the reform of the abortion law?' He simply looked round and growled, 'Piss off!' There was a certain amount of stuff like that which one had to withstand, but in general MPs were quite receptive.

Of course the parliamentary support had to be backed up by support around the country. MPs' abortion correspondence was huge, though we were in contact with only 1,000 or so ALRA members. That was why I was very keen on developing the opinion polls. An early supporter of ours offered us a trial NOP poll for a peppercorn. It showed two-thirds popular support for legal

“ *It was clear that we were not going to get strong positive support from the Government* ”

abortion. The early polls we did were simply about what people would support, the different indicators on which abortion should be allowed, and whether there should be a social clause. And the figures were huge. They were towering, around 90 per cent in favour, for threats to the life and health of the woman. The figures for the social clause were always

over 50 per cent, usually in the lower sixties. The press coverage was good, and we made it our business to send the poll results to MPs and then to members of the House of Lords. All that added to the impact that Diane Munday and Madeleine Simms were making with their travelling to address meetings and letters to the press for ALRA, and we all had excellent administrative back-up from our tireless secretary, Dilys Cossey.

It was clear that we were not going to get strong positive support from the Government in the way that Harold Wilson had supported the ending of capital punishment. Wilson never mentioned any of the other social law reforms in his memoirs; quite extraordinarily he thought Private Member's Bill reforms to be of no importance. However, we had in Roy Jenkins, Dick Grossman, Douglas Houghton, Tony Crosland and Barbara Castle formidably strong cabinet supporters. Our chair, Vera Houghton, played a central role at that high level. Of course when Roy became Home Secretary it became a quite different matter, for we knew we had the strength of support which would get us through. It was with their support in Cabinet that we were able to get those two extra all-night sittings which were crucial to getting the Bill through.

On the Bill itself, Vera Houghton, Diane Munday and I had hurried consultations on numerous occasions with David Steel and other supporter MPs about what was the best wording to be used for the social clause. First of all a wording that would be clear to the women concerned was very important; secondly it was important to get something which was medical enough for a doctor to be clear about, and thirdly it had to be watertight legally to succeed because otherwise the numerous lawyers in the House would pour contempt on it. We came up with, I cannot remember, how many different definitions and there were times when David was for abandoning a social clause altogether, on the grounds that we could not find a wording that would serve. In the end it gradually evolved to the point where it was a consideration which would imbue all the other main grounds, rather than being an important separate ground by itself.

As for the outcome, I think that the Bill works very well. You could say it is a very typical British compromise compared to the wordings of the American and other acts. It certainly leaves the responsibility to two doctors, rather than to the woman involved, and many would say that this was a measure that in effect controls a woman's right to make a decision about her fertility, and that is in itself wrong. A good many doctors would probably refuse to operate an Act which gave the total power to a woman. It is my conviction though, that the medical profession would, within say a couple of years, get used to the idea, as so often they do get used to things which at first they say are unacceptable, and there will be further change in the future. The French law, which like most others followed the British reform by a few years, allows a decision by the pregnant woman within the first three months; that might be a useful addition.

The central issue is whether the reproductive process should be controlled by the main operative patient, or controlled by a couple of doctors. It is my belief, and probably that of about two-thirds of British people, that it should be the woman's right, in consultation with her partner or husband, to determine that.

Returning to David Steel's Bill, I was comfortable with the compromise that we arrived at as a working model. As a theoretical model it was not very comfortable, but as a workable model it is. Indeed I wrote to the press asking that newspapers correct the misapprehension that this was a Bill for abortion on demand. There was a danger that if it got dubbed in this way then it would be rubbished. It quite clearly was not, and is not, any such thing. ALRA have spent the subsequent years debating whether it was yet time to push on with a Bill which made abortion a matter of choice by the woman concerned, and those arguments have ebbed and flowed.

I do not think we are going to get to the point where abortion ceases to be a difficult and controversial issue, unless we can address the whole issue of fertility control with good quality sex education, including personal relationships and emotions, and decent publicity for the availability of contraceptive services. Actually as the Abortion Bill rolled through its final stages in the Commons, Vera Houghton and I were out on the terrace having a cup of tea together and discussing how ridiculous it would be now, to have a situation where a woman was able to get an NHS abortion, but could not get family planning on the NHS. We decided to set up what later became the Birth Control Campaign and Birth Control Trust to do the same job when an opportunity arose, to make free family planning available to women. So we missed the final moments of the great abortion law struggle in the chamber of the Commons, but we would return some years later for victory for NHS family planning.

“ *As a theoretical model the Abortion Act is not very comfortable, but as a workable model it is* ”

I think the Abortion Bill was one of the most important advances for the status of women in our society because it has meant that men have had to make all sorts of readjustments to cope with the changes in women's sense of independence and self-responsibility. The American reforms followed very shortly afterwards. The very fact that a reform of this law was possible in a country which the Americans relate to as like their own changed the whole framework of reality for them. And then there followed the French, German and Italian reforms. I think that probably my helping to reform abortion law, especially in the context of the later family planning reform, was the most important thing that I shall do in my life.

Lady Vera Houghton

CBE

Former chair of the Abortion Law Reform Association and founding chair of Birth Control Trust

I first became aware of the abortion issue when I was working in an office during the war. Quite a few of the girls became pregnant at different times and had to buy illegal abortions – I saw one or two girls through that experience. Later I became more interested in the issue when I started work with the International Planned Parenthood Federation (IPPF). In those days we had to make it very clear that we were opposed to abortion and only in favour of birth control. I had to keep my views very quiet.

I had seen what illegal abortion meant and I knew that women were bleeding to death on bathroom floors. People were terrified of abortion and afraid to let it be known that they supported it, particularly at the Family Planning Association, the national member of IPPF in the UK. The 1861 Offences Against the Person Act was a draconian piece of legislation and I just knew something had to be done about it – it was simply a question of what we should do.

I became involved with the Abortion Law Reform Association (ALRA) through Alice Jenkins, who was a great supporter of birth control. My husband Douglas was elected to Parliament in a by-election in 1949 and when Alice heard he was in Parliament, I became a useful ally. I was brought on to ALRA's executive committee and we used to meet in my office at IPPF. Professor Glanville Williams was president at that time and I was much younger than the old pioneers who made up the rest of the committee.

I did not become chair of ALRA until 1963. I never intended to be the chair but I was dragged into it by Madeleine Simms and Diane Munday. I thought the job would be better done by 'a man of some standing.' I was really thinking of prestigious names in the UK as I was better known abroad than in this country.

I was not the main organiser behind the campaign. I was nicely placed but I think I was just lucky – I could not have done it without the team. It really was team work. There were people who wanted to help and there were posts that had to be filled. Sometimes we put square pegs into round holes but we usually got it more or less right. For example, Alastair Service was first the treasurer and then we made him lobby organiser – that really was putting a round peg in a round hole. By some extraordinary chance everyone was in the right place at the right moment. That was our good fortune. Some things happening at that time, like Thalidomide, also made an impact. We did not realise the full implication, how propitious everything would be, we just felt the time was right for a change. Alice Jenkins, Dorothy Thurtle and Stella Browne's

generation had already spent most of their lives on the issue almost before we were born.

Fortunately we all had husbands and did not have to work – not the case today where women have to either keep their husbands or pay the mortgage. Much voluntary labour has been lost because of this.

We used all our own homes – my house is still full of papers. Dilys Cossey ran the office. Madeleine Simms contributed through her letter writing. Diane Munday's forte was public speaking. Diane was the only one of us to have had an abortion. Madeleine, after she first met her, said she had never even met anyone who had had an abortion before.

When the Labour Government was elected in 1964, Madeleine and I went to the House of Commons to seek out MPs and find out if they would take a Private Members' Bill. We really had to stick our necks out. Curiously, many people in Parliament never realised that I was married to Douglas. They never associated the names and I did not draw their attention to our relationship – after all, he was only a backbencher at the time.

I was fortunate because I got on quite well with people in the right position, like Lord Silkin. Even so, I had to learn the right way to approach matters. I remember an occasion when I had a large number of letters for distribution to peers and Lord Silkin would not take them because they did not do 'that sort of thing' in the House of Lords.

My private life was not really affected by my association with abortion but those in Parliament who were going to take on Bills were leaned on. They would be told: 'I shouldn't do this if I were you, it's not a good idea', or 'don't go as far as they want you to go.' The opposition was vicious.

When David Steel decided to take his Private Member's Bill, he was leaned on by a number of people and we were all aware that some horse-trading would have to be done to get a Bill through. There was a point when we had to decide to warn David Steel that we could not continue to support his Bill if he insisted on watering it down too much. We did not have that problem in the Lords as they do not have constituents to worry about, nor do they have to submit themselves for re-election. The Lords saw themselves as a great reforming chamber and had just reformed capital punishment when Lord Silkin, in conversation with Mrs Schofield Allen whose husband was an MP, said: 'What can we do next?' She replied: 'Abortion law reform' and he seized upon it.

It is hard to believe the Act was actually passed when I think of what the campaign went through. I do not think a Private Member's Bill could have got through without our lobbying

organisation, although once we had persuaded David Steel of a certain course of action he really could be as hard as steel.

We also needed Parliamentary time and this is where Douglas was very helpful. He became a cabinet member in 1964, and later chair of the Parliamentary Labour Party, which meant he had

“ *The opposition was vicious* ”

considerable muscle. Douglas was also very helpful in guiding us through parliamentary procedures. Some members of the Government were supportive – Richard Grossman, Roy Jenkins and Kenneth Robinson come to mind. The Prime Minister, however, was not so supportive.

I once tackled Harold Wilson during one of the Queen's flights. I said: 'I didn't see you having anything to say about abortion' and he replied: 'And you won't'. Most of them just did not want to worry about it.

When the Bill was passed my feeling was absolute relief, like a great load being lifted off my mind. We really thought that we had achieved as much as it was possible to achieve. Initially, we hoped we could move on and think about something else, like getting contraception on the NHS because after the 1967 Act was passed, we were in the strange situation where abortion was available on the NHS but contraception was not. It has been said that we should have fought for contraception first and then abortion, but strategically I do think we were right.

When the Act was passed we did not realise that within a matter of months Norman St John Stevas would make an attempt to change it. After all, we thought we had done the job. We did not expect the enemy to fight on for all these years. I remember Sir Keith Joseph's [Secretary of State for Social Services 1970-74] reaction when we told him that research was reaching the point where women might be able to take a drug to end a pregnancy. He was absolutely horrified at the thought that women might be able to take matters into their own hands.

The removal of time limits on abortion for grounds of fetal abnormality brought about by the 1990 Human Fertilisation and Embryology Act has been the most significant change in the law over the past years. This is probably the issue which will preoccupy our opponents. I am surprised that there has not been more change, particularly around the requirement for two doctors' signatures and the regulations on performing abortions in approved places.

I would like the law to be more permissive, but I am not sure how we could achieve it. Perhaps in the end, scientific developments will place decisions in women's hands.

“ Perhaps in the end, scientific developments will place decisions in women’s hands ”

What has been the impact of the Abortion Act? I hope it has kept the population down. This is a very important aspect that people do not want to talk about. Are we going to leave any room for the next generation, are we going to leave any room for animals, for plant life?

Abortion is a more open subject now, but it is still not entirely open. There are people who are trying to retain the stigma and guilt attached to abortion because they want that kind of control over women. It is going to be a thorny problem for quite some time yet. The important thing is to make sure that our achievements are not lost through complacency. We have a greatly increased number of women MPs but in the past women MPs on the whole have not always been as helpful as they might have been – there were of course some outstanding exceptions.

We should also take a lesson from what is happening in America. People opposed to abortion have already attempted to send campaigners here to lobby against the Abortion Act. People should realise what it is like for women to have anti-abortionists shouting at them outside clinics when they are going in. It is a terrible thing to happen to a woman who is in need of help and we must not let it happen here.

The battle may have been won but the war is not yet over.

The Doctors

David Paintin
FRCOG

Former chair of Birth Control Trust and Emeritus Reader in Obstetrics and Gynaecology, Imperial College School of Medicine at St Mary's, London

When I qualified in medicine in 1954 in Bristol, I hadn't really thought about abortion at all. It had been touched on as a topic in an undergraduate course, but only to emphasise that illegal abortion is dangerous and a doctor should never be involved. The ethics of abortion and the need for legal abortion had not really crossed my mind.

In 1956 I went to work in Aberdeen, with Professor Dugald Baird (later Sir Dugald) and I was surprised to find on each gynaecological operating list at least one abortion, sometimes two. These were mostly older women in poor circumstances who were often being sterilised at the same time. The reason for most of these terminations was, to my surprise, that the women already had three or four children and felt that they could not cope with another. Professor Baird thought that this was the right thing to do. He asked me 'Would you mind doing some of these abortions?' I didn't really know whether I minded or not, I certainly didn't feel horrified. Having been supervised through one or two I learnt to terminate pregnancies. Talking to the Professor, I became increasingly convinced that this was a very humane social policy. He was able to show me statistics – for example that the number of women who had more than four babies in Aberdeen in those years was half the proportion in Glasgow and Dundee, and he felt that the reduction in infant deaths in Aberdeen, compared to the other cities, largely reflected women being able to have families nearer to the size that they wanted.

In 1963 I went to London to work as a lecturer in obstetrics and gynaecology at St Mary's Hospital Medical School. I found that each week, coming into our gynaecological unit at the Samaritan Hospital, there were maybe as many as 20 women with pain and bleeding in early pregnancy. They said they were having miscarriages, but many had the social characteristics of the women whose pregnancies I had been terminating in Aberdeen. So it seemed that there was a fair amount of concealed illegal abortion about. I moved down to London at the suggestion of the new Professor at St Mary's, Ian MacGillivray, who had been a senior colleague in Aberdeen. Together we felt that we should provide an abortion service in Paddington. In our opinion, as long as we had the whole-hearted written support of the referring doctor, or of a psychiatrist, we could do abortions legally, within the 1861 Offences Against the Person Act, as interpreted by the Bourne judgement of 1938. We were doing it to protect the woman from becoming a mental or physical wreck. And so, with the co-operation of a small number of family practitioners in North Kensington, we were soon doing two or three abortions a week. Not a large number, but it was a beginning.

The medical establishment's interpretation of the abortion law in those days was unnecessarily cautious. Our work attracted adverse comments from our senior gynaecological colleagues at the Samaritan Hospital. They feared that their respectable and well-known unit would get 'that sort' of reputation. We did not charge our patients, they were all on the NHS, and this protected us to an extent. I have always felt that my having no private practice has given me the freedom to advocate abortion as a choice for women, without anybody accusing me of drumming up trade.

“ *Gynaecologists were taught to believe that abortion should rarely be necessary* ”

I also began to appreciate, through experience of talking to women with unwanted pregnancies – perhaps because I was getting older myself – that couples often do not have close control over their sexuality, and that it is very easy even for those with the strongest motivation to avoid an unwanted

pregnancy to be a little impulsive in their sexual behaviour. Many pregnancies were also the result of contraceptive failure. I rejected the view that a woman, once pregnant, had an obligation to society to continue her pregnancy. It seemed to me that if you really felt that women should have equal status and rights then they should have total control over their fertility, and that this was only really possible if there was legal abortion.

I joined the Abortion Law Reform Association (ALRA) in 1963 because of the views I had formed in Aberdeen. I was not actually involved in political activity until about 1965, when Professor Will Nixon had a heart attack and died, so ALRA lost their senior London-based gynaecological adviser. They had to fall back on Peter Diggory and myself as we were their only members who were members of the Royal College of Obstetricians and Gynaecologists and who also held consultant posts.

There were so few gynaecologists involved in abortion law reform because we were all taught to believe that abortion should rarely be necessary, that therapeutic indications were few and far between and that the reasons for illegal abortion were always unethical. Any gynaecologist who felt even slightly sympathetic to the provision of abortion feared they would become an outsider, and this would be disadvantageous when it came to being considered for senior appointments, or in attractive private practice appointments. Most were in gynaecology because they were interested in the technicalities and the mechanics of helping women stuck in labour, in the process of cutting out cancers or in fixing leaking bladders. The women behind these technical problems did not always feature too largely in their minds. When women came into hospital, bleeding and in pain, perhaps infected after a 'miscarriage', no questions were asked. They only diagnosed an illegal abortion if a woman had some obvious damage to her

vagina or cervix, or if she died. But women with serious injuries after illegal abortion were in fact quite uncommon, that side of abortion has to some extent been exaggerated. Most illegal abortionists in the 1960s were really quite skilful.

The Steel Bill had already been drafted by the time I got involved, although I had been in the group that had briefed Lord Silkin when he presented his Abortion Bill in the House of Lords during the previous parliamentary session. I supported the inclusion in the Steel Bill of a clause

that would have restricted abortion to consultants in the NHS. This was because I was – still am – very much in favour of a National Health Service that we all contribute to through our taxes, and that provides the whole care we need when we need it, at no cost. It is one reason why I have never had a private practice. But in London in the 1960s there was a small number of gynaecologists,

“ *I strongly supported the social clause that was dropped from the Steel Bill* ”

outside the medical establishment, who were reputed to be making fortunes from abortion by charging fees, which, in current money would be a few thousand pounds per case. It seemed to me to be wrong to pass legislation that would favour that sort of profit making. And, in my naiveté, I felt that if the bill confined abortion work to NHS consultants, in NHS hospitals, it would prevent that sort of exploitation happening.

Others in ALRA, who were wiser than myself, felt that the NHS would never move fast enough to provide the service that women needed and that therefore the private sector was essential. I did not accept that point of view, and it became quite a serious issue for me as the parliamentary debate developed. While I took an active part during the second reading of the Steel Bill, the part I played in the later Committee stage was much smaller because I differed from the others in the ALRA group in believing that abortion should be an NHS activity. In that respect I was wrong, but at the time I felt strongly about it.

I was very enthusiastic about the Steel Bill. I wanted it to get through, I strongly supported the social clause that was dropped and that would have allowed abortion if a woman's capacity as a mother would be severely overstrained by the care of a child. The Abortion Act made any two doctors able to decide an abortion was necessary but this has to be for reasons that are medical. It was not practicable at that time to have a law that said if the woman wants an abortion she is entitled to one, and that made it clear that she is the best judge of her social circumstances. The groups that really influenced the drafting of the bill were the British Medical Association, the Royal College of Obstetricians and Gynaecologists and the Royal Medico-Psychological Association (now the Royal College of Psychiatrists).

When it became apparent to these senior establishment bodies that the abortion law was likely to be changed, they were prepared to back strongly a Bill that made it clear that doctors had the discretion to do abortion legally. They were also keen that the reasons for performing abortions should be broadly based, so that the doctor would have clinical freedom to judge each case on its merits. There is no doubt that these bodies did not envisage a great increase in the numbers of abortions. They mainly wanted to free doctors from the uncertainty that had been created by the Bourne judgement and by the wording of the 1861 Offences Against the Persons Act. And this was why the explicit social clause was lost. The Act was designed to give doctors the power to provide the abortions they considered necessary. They wished to retain clinical freedom by avoiding legal grounds that were too specific – that would have allowed women to demand abortion in some circumstances as a legal right.

There was substantial public support for the Act. A National Opinion Poll in 1970 showed that a majority of voters supported the Act and that a substantial proportion of these would have liked it to have been more liberal. Improved provision by the NHS developed quite rapidly but was clearly going to be inadequate to meet the demand. But this was compensated by the establishment by groups from ALRA of two abortion-providing Pregnancy Advisory Services, **bpas** in Birmingham and PAS in London. These charities provided abortion at cost price for women who could not obtain help in the NHS and filled an important gap in national provision.

After the Act was passed nobody quite knew how liberally the law could be interpreted. Until about 1971 I still felt a duty to pick out the women who really needed abortion, those who faced undue hardship if the pregnancy went on. This means that I felt there were some women who deserved an abortion and some who did not. I was not confident that the law was sufficiently broad to allow me to give the woman a choice. I became increasingly concerned about this because of the anger women showed when I said: ‘Well, I’m afraid in your case I don’t really think an abortion is necessary’. I also became aware from one or two small studies done elsewhere at that time which showed that when women were refused an abortion they mostly did get their pregnancy terminated by someone, but not usually through the NHS.

The problem was deciding what constituted ‘a threat to mental health’. I would turn a woman down if, for example, she was 17 or 18, but was not involved in an educational course, and had a boyfriend, a relationship she hoped was going to become marriage, and there was a supportive parent in the background. I felt such a woman could cope. If, on the other hand, she was a sixth former and this pregnancy would have interrupted her studies and stopped her going to university, then I would have felt she was at risk and that I should support abortion.

In 1971, unhappy with this situation, along with colleagues, I tried to devise a point scoring

“ *The arguments from anti-choice groups have changed since 1967* ”

system. We gave points for factors such as support from parents, reasonable housing, loss of educational and job opportunities and so on. I thought that those above a certain score could be considered suitable for abortion, those below a certain score would accept that they had to go on with the pregnancy. But it became clear that the way we each allocated the points was very much based on our personal perspective on life. In my case I had two young children and had found being a parent quite hard. So, when a married woman came in and said ‘I just can’t

cope with another baby’, I felt inwardly that I knew just how she felt, and I would sign the forms. But some colleagues took a different view. For them the fact that she was married biased them strongly against abortion. If a girl came along looking well made-up and in charge of herself, with no children at all, and said, ‘I’d really rather go on working at the

moment, doctor’, I would feel she had the capacity to cope and that termination should be refused. Some colleagues took a different view. It became apparent that we were making judgements on the basis of our own experience of life and our own system of values. So as a result of this informed study, and quite distressing experiences during the first two or three years of the Act, I decided that the only just interpretation of the law for me was to allow women choice over abortion.

During the 1970s, in speaking to medical audiences, I stressed that the law is broadly phrased and that the World Health Organisation’s definition of health could be used. All that was necessary to make an abortion legal was to identify the ‘social factors threatening the women’s mental health’. This view of the law was not challenged, and many others felt the same. By the 1980s, this practice became accepted, and began to appear in medical text books. A liberal interpretation of the Abortion Act is now based on practice and would be supported by expert witnesses if a case came to court. A vigorous challenge with a test case in the early days might have led to lawyers interpreting the Act much more narrowly. But not now.

Looking back, I think the Abortion Act was probably the best law we could have achieved at the time. Without the support of the medical establishment it would not have got through Parliament. We were also in a sense the pioneers of abortion legislation in Europe. The Act was the first in Europe since the pioneering Scandinavian laws of the late 1930s. Ideally I would have abortion on request, certainly up to 12 weeks. The Act is now out of date. Other European countries have more women-friendly legislation to encourage women to seek abortion as early as possible. But the distribution of abortions by gestation has been very similar over the last 30 years, with 80 to 90 per cent before 12 weeks, and about two per cent after 20 weeks. I think that women do not have late abortions because, like doctors, they feel the maturing fetus is entitled to increasing respect and should be destroyed only in dire circumstances. In fact, there

may be no need for a legal gestation limit but this would not be a realistic aim if the Act were to be amended in the next few years.

Now of course I am involved in the fight to defend late abortions. I have been forced into it by the tactics of pressure groups who object to all abortions. This is where current anti-abortion attacks are targeted. My support for late abortions does not mean I want abortions done after 24 weeks, but it does mean that I support very late abortions which involve a gravely abnormal fetus. Back in the 1970s I was quite uneasy about abortions after 20 weeks, although I was certainly doing a small number. The pressure from the opposition over the last 10-15 years has made me see that this unease was not well founded and that late abortions can be ethical.

The arguments from anti-choice groups have changed somewhat since 1967, particularly their focus on abnormal fetuses. Fetal abnormality was not a very important feature of the 1967 debate. Antenatal diagnosis was in its infancy in those days. Most abnormalities were not detected until birth but a few were diagnosed by X-rays – taken because the fetus was in an odd position or because the size or shape of the uterus seemed unusual. The abnormalities that were found were usually very severe. Some were, for example, grossly hydrocephalic, and usually incompatible with prolonged survival. In such cases most obstetricians, myself included, had no compunction about ending the pregnancy in a way that prevented the fetus surviving, naturally with the consent of the woman and her partner. We didn't regard this as an abortion but as obstetric management. Many of the 70-80 very late abortions done each year may actually be in this category. Legalising very late abortions for severe fetal abnormality may have transferred such cases from being registered as stillbirths to being notified abortions.

The 1967 Act has helped people to understand that abortion is necessary if women are to have complete control over their fertility. Abortion is no longer associated with the fear of death and the disgrace of prosecution for the woman and the doctor. In the early 1970s women requesting abortion consulted a doctor in fear, with anxiety that he might criticise her behaviour – and decide that her request was not within the law. Women now come with some confidence that sympathetic skilled help is available. That is a considerable gain.

I do not think that women could lead the sort of working professional lives that they do today without the control of their fertility that is possible because of legal abortion. It has led to women being released from the slavery of childbearing. This has always been an important plank in my personal view of abortion. Men are not shackled in the same way when an unplanned pregnancy comes along.

Professor Malcolm Potts

MB BChir PhD

**Former member and
executive committee
member of the Abortion
Law Reform Association,
and professor of
Population and Family
Planning, University of
California, Berkeley**

I was a young doctor specialising in obstetrics and when I worked in the North Middlesex Hospital in London as a houseman I had to get up every night to complete somebody else's botched abortion. I saw the suffering of women and I thought that this was a strange state of affairs.

I have a vivid memory that once in the operating theatre at 3am, dealing with the aftermath of an abortion, I asked the anaesthetist, 'Wouldn't it be interesting to know how many of these women are induced abortions and how many are spontaneous?' And he replied, 'Oh I know that.' He would talk to the women as he gave the anaesthetic. They went through a stage when they were too sleepy to tell lies. They would tell him who had done the operation, and nearly all of them were induced, a much higher ratio than had previously been thought. The other thing he discovered was which of the doctors he met at the golf club were doing these abortions.

It imprinted on my mind that nearly all the women who came in bleeding had done something to themselves, or had something done by somebody else. Then I began to offer the women contraceptive advice when they left hospital. That led to me being rebuked by my obstetric consultant at the hospital. He said that giving contraceptive advice was not part of the work of an obstetrician. That only reinforced my desire to do something about the whole situation.

When I was at University College Hospital, London, which was also where Peter Diggory had been, my obstetric professor was a remarkable man called Will Nixon, who played an important role in many things to do with abortion and family planning. He was called 'the abortionist of Gower Street' by his conservative peers, because he would do literally two or three abortions a year. Even that was very controversial. In those days the majority of senior obstetricians were against tackling the issue of abortion. Today it is very different.

I went back to Cambridge to do a postgraduate degree in early embryology, which at that time I saw as a preparation for going back into clinical medicine. During that time I founded a family planning clinic for young unmarried people in Cambridge, and I became the first male doctor to work in the Marie Stopes clinic. I had joined the Abortion Law Reform Association (ALRA). As I was coming to an end of PhD work at Cambridge I was made a fellow of Sidney Sussex College, which gave me a very respectable address. So I was put on the executive committee of ALRA as the only physician. I was young, I was strongly motivated, I was a tolerably good scientist. There were people like Peter Diggory who were much more experienced consultants. But if they stood

up on television and said we should change the abortion law, the opposition would say, 'Ah yes, you are only saying that because you want to make money.' Whereas I came from a Cambridge college, I was not in regular clinical practice and I certainly was not doing abortions, so I could put forward what I thought were the arguments for reform, and that's what I did.

In 1965-66, Vera Houghton found some money and I went to Eastern Europe to look at their experience of legal abortion. Part of the scientific debate was that obstetricians like the Queen's gynaecologist Sir John Peel would say that 'it is impossible to believe those Communists in Eastern Europe, they just doctor the numbers, abortion cannot be as easy and as safe as they say it is'. There were large numbers of abortions being done in Eastern Europe and they had many years of experience. When I went there, at an incredibly cold time of the year, I was

probably the only person crossing the Iron Curtain in that month, certainly the first Western doctor to go to most of the places I visited. I was linked up with people through Vera's network, through people at the IPPF, and I was enormously welcomed. I only met one doctor who was a Party member in the whole of my visit, and ended

“ *It was 20 years before British women had access to day care/outpatient abortions* ”

up both getting excellent statistical data and performing outpatient abortions myself, using the vacuum aspiration method which I think no other Western doctor had seen at that time. I was absolutely astonished that you could do an abortion at eight weeks, and the woman could go home two hours later and make her husband's dinner.

I came back and said what I had seen and done. And it was very interesting because senior obstetricians, and even some of my teachers whom one always respects, said 'That's impossible'. I was told it was impossible so many times when I described what I had seen, it was like saying you could walk on water. Eventually I even stopped believing it myself. Then some years later I went back to Yugoslavia, and of course they were still doing what they had always done. And outpatient vacuum aspiration abortion techniques using an electric pump became the technique that has gone around the world as the basic way we do abortions.

Everything that I learnt on that first trip has now been confirmed 1,000 per cent by my experience in Britain and America. There was nothing that I was in any way misled about. What I saw in 1966 was true. The problem was getting people, particularly obstetricians, to believe abortion could be so simple. I felt in a strange way that it helped that I was inexperienced, because I came back with the argument that if I could do abortions in this way, then most health professionals could. In England to do abortions under local anaesthetic was a new experience, and to suggest that you could them as an outpatient procedure bordered on the revolutionary. I learnt a lot during the actual campaign to reform the law. It was an exciting time under Vera

Houghton's leadership, understanding a bit about how Parliament works, and learning about the compromises needed to make legislation possible. David Steel's Bill was the Bill I wanted at the time. Looking back on it, I think two mistakes were made. One was we were too anxious about the words used to define the context in which doctors could make the decision. There were tremendous battles about the exact phrases. For example 'taking into account the woman's total environment' came originally from a statement by the Archbishop of Canterbury. But in the end, I don't think the exact words defining when abortion might be performed proved to be the most important part of the Bill. Basically doctors did what they thought they had to do, and they probably would have done exactly the same if the words had been subtly different. There had to be phrases taking into account the woman's health, but once that was defined in the Bill, then looking back on it I think the exact details were probably not important.

There was a second mistake. We didn't pay enough attention to the restrictions that the law was placing on where you could do the operation. The nursing home and 'registered place' system created a legal framework which those who had to enforce this on the Government side exploited in a rigid and restrictive way. It really took over 20 years before British women had any access to day care / outpatient abortions. For decades we had the nonsense that a clinic could not do more abortions in a day than there were beds in the facility. But you didn't need beds. I think the evidence now shows it would have been possible to do abortions in the basement of the Marie Stopes clinic in the 1970s. Britain remained a long way behind the USA in the way in which it provided abortions. We could have helped to do things more cheaply, more efficiently and probably with less mortality in the end if that part of the law had not been framed in the way that it was.

Shortly after the law was reformed, I met an American called Harvey Karmen who had gone one step further than the Eastern Europeans in simplifying early abortion techniques. He had devised a plastic 50ml syringe with a flexible plastic cannula that made it possible to do abortions with a piece of equipment costing only a few pounds. Harvey and I published the first description in the Lancet in 1972, and since that time the technology has gone round the world. Yet it was not used in the UK. In my opinion early abortion in the first eight weeks really could have become and could still become a general practice procedure. The phrasing of the Bill delayed and complicated operations. The Department of Health and Social Security interpreted the Abortion Act and there was one female regulator, almost a policewoman, who chose to make the conservative interpretation that you could not do more abortions in a clinic than there were beds. Doctors had been trained to think that abortion was difficult and dangerous, and it took them a decade to adjust to the fact that it is a simple, straightforward procedure, often completed in four or five minutes. That just was not in their mindset.

Harvey Karmen wasn't a doctor, but a psychologist who as a youth was good with his hands, and, for example, made model aeroplanes. He invented his syringe equipment because he had not been taught that it wouldn't work. Doctors are by nature conservative. I include myself in the criticism. Physicians are dealing with human lives and you don't normally leap in and do adventurous or interesting things. Caution at the start was explicable. What is sad was how long it took English doctors to learn how simple abortion could be, and how long it took them to make the changes that permit people to do outpatient, local anaesthetic abortions. Yet the epidemiological evidence since the 1960s has shown that this is the safest way of terminating a pregnancy.

“ *The problem was getting people to believe abortion could be so simple* ”

Did the Act achieve the goals we hoped for? I think we were correct in thinking that many of the abortions doctors diagnosed to be spontaneous were in fact induced. Maternal mortality due to abortion has now virtually disappeared. That is a triumph. When I was taking my final obstetrics exams, almost a third of all maternal deaths were abortion related. The deaths have disappeared. That is a dramatic change. Abortion reform moved abortion into a sensible emotional context.

The law had two other impacts. One was when the Family Planning Bill followed the Abortion Bill. If we had been rational about these things we would have had a Family Planning Bill before the Abortion Bill. But the fact that people were facing up to the reality that fertility control was difficult, that women were suffering and therefore we ought to improve our family planning was important. Abortion reform led to a quantum leap forward in family planning services. Nearly all the doctors offering abortion were meticulous in following up with contraceptive advice.

My interpretation of the statistics since 1967 is that the total number of abortions taking place among married women probably declined as a result of the Abortion Act. The number of abortions among unmarried women however has remained quite high. I would not ascribe this to the Abortion Act, but to other unrelated social changes which took place in the 1960s, such as women beginning to marry later and wanting smaller families.

The third impact was international. The change in British law broke the logjam internationally. The law changed in Commonwealth countries and it also had an impact in the United States. The impact was extraordinary. I think the UK Act probably improved the lives of more women outside the UK than it did in England and Wales.

“ *Abortion reform moved abortion into a sensible emotional context* ”

The legalisation of abortion has saved a lot of lives and suffering. And abortion is the key to fertility control. No society has ever achieved low fertility without many abortions. My belief is that family size should be whatever you want it to be. I am not against people having lots of kids if they want to, or indeed a small number; it is just not a thing for the state to decide. Most adults will agree that the number of children you have is a very important personal decision, and the role of the state is to allow you to make that decision. The Abortion Act has helped to make that possible and, looking back on it, I think that what happened in 1967 was probably the most important professional event of my life.

Peter Diggory FRCOG

**Former medical adviser
to David Steel MP and
the Abortion Law Reform
Association**

In celebrating the Abortion Act we need to remember the conditions from which it arose. At the time when David Steel first considered reforming the law regarding abortion Britain was an extraordinarily hypocritical society on this subject with a totally confused medical profession. Neither medical students nor trainee doctors were taught about either contraception or induced abortion. The trainee gynaecological specialist would never be examined in either subject. Teaching hospitals rarely admitted cases of induced abortion and carried out very few therapeutic abortions. In effect the gynaecological establishment barely admitted the existence of criminal abortion as a medical problem and, although many gynaecologists did carry out a few terminations in their private practice, this did not come to the notice of students and young doctors who received no teaching about its incidence, causation or treatment.

I first encountered abortion in 1961 when I was appointed gynaecologist to Kingston Hospital in Surrey. A large number of unsupported women worked in London but found living in Kingston to be cheaper. Possibly these women had a higher than average rate of unintended pregnancy and therefore of criminal abortion. In any case, Kingston Hospital admitted more than 400 women every year suffering from complications of criminal abortion. This made it the most common single reason for admission to a gynaecological bed. It became obvious that accidental pregnancy followed by criminal abortion was an extremely important problem largely ignored by the medical profession. Women who found themselves accidentally pregnant were prepared to go to extreme lengths to be rid of the pregnancy.

Anyone facing any operation will feel apprehension and fear even though it is to be performed in a well-equipped hospital by a known surgeon. The emotional reactions related to pregnancy make this worse and even today facing a legal abortion imposes greater emotional strain than any other operation. At that time the deliberate termination of a pregnancy was, in itself, an especially traumatic experience filled with doubt and guilt. For a woman to expose herself to such an abortion in her own home or in some other equally unsuitable environment, knowing that the operator is not medically qualified and has no back-up should things go wrong, was extremely frightening. Women who faced and accepted such risks made one realise the compulsion they felt to avoid giving birth to an unwanted child. Doctors who actually met such women could hardly fail to recognise that the medical profession was failing to meet their needs.

How big a problem was criminal abortion? Accurate statistics will never be available. The medical establishment pretended that the numbers were small though the general practitioners

knew that this was untrue because they frequently saw women suffering from its complications. Amongst the general public everybody knew a friend or relative who had resorted either to a backstreet abortion or a legal one and the press carried lurid stories of the perils. Women who actually had abortions were very silent about their experience and often displayed great loyalty towards the abortionist, refusing to disclose names even when seriously ill and questioned by the police.

In order to assess the Kingston experience of 400 cases per year from complications of local abortions, we needed to estimate the proportion of criminal abortions cases free of such complications. After very widespread discussions with general practitioners and others we came to the conclusion that four out of every five criminal abortions were probably free of such complications and never came to any hospital. Thus there were in the order of 2,000 criminal abortions on women in our catchment area of approximately 500,000 people. If the Kingston area were typical, and we had no way of judging this, it implied a rough estimate of 150,000 abortions per annum in the whole country. Professor Philip Rhodes of St Thomas' Hospital published several papers on the incidence and consequences of illegal abortion. He estimated a national figure of 100,000 per year. Later, when the Medical Termination of Pregnancy Bill was before Parliament, the Home Office put forward exactly the same estimate. By 1966 there was a further substantial number of women, probably about 30,000, who obtained private legal abortions which in truth were nearly always performed for social reasons

and were not notified or recorded. In most such cases the hospital records merely showed that a D&C had been done.

“ *Where women took large overdoses of drugs it was generally the woman herself who suffered* ”

It is worth recording how the abortions in our study were done because criminal abortion is now very rare and no future

study will ever be possible. During the period 1964 to 1966 every woman admitted as a result of criminal abortion was confidentially questioned, having been totally assured that nothing indicating her identity or that of the abortionist would ever be disclosed. There were 734 such women, 381 married and 353 single.

Seventeen claimed to have taken drugs: quinine, ergot extracts, purgatives alone or with alcohol and 21 said that they had douched themselves with a variety of fluids at varying temperatures. It is probable that in a proportion of these cases the actions taken were not actually the cause of the abortion which followed after very variable periods of time.

Four hundred and twenty women gave stories making it clear that something had been

introduced through the cervix into the uterus. Of these 218 said that fluids had been injected into the uterus. Soapy solutions, a solution of permanganate of potash, brine, a proprietary abortifacient paste supplied complete with applicator, toothpaste and whisky were all reported. Seventy-six of these women did not know the nature of the fluid used. In a further 86 of these cases an instrument of some kind, varying from crochet hooks and lengths of thin lead pipe to surgical uterine sounds and fine arterial forceps had been passed and manipulated. One hundred and sixteen women said that some form of soft body, such as a male catheter, a length of firm thin tubing – at that time much used in curtain hanging – or multiple contraceptive devices had been inserted. Five women did not know what had been used.

In a further six cases it was apparent that a general anaesthetic had been given and abortion performed by dilatation of the cervix and curettage of the uterine contents, the method generally used by a gynaecologist. Suspicion – not reported outside the research team – fell upon a local dentist who carried out abortions working on a barge. He eventually fell foul of the police because a woman died. It then transpired that he administered the general anaesthetic and then performed the operation totally unassisted.

Finally there were 270 women who were quite unable to give even a sketchy description of the method used. It is possible that some may have used this denial as a form of protection for the abortionist. Certainly loyalty to their abortionist was very prominent. I recollect one woman, admitted extremely ill with septicaemia [blood poisoning], who maintained that her abortion was natural right up to the time when she was given the last rites by a priest. And yet, when the embryo was expelled, and she began to recover, a rubber catheter came with it.

Quite outside the series above there was a medical student who made an unsuccessful attempt to abort his girlfriend by giving her quinine. Then they married. Unfortunately the child was born totally and permanently deaf. Where women took large overdoses of drugs in the hope of causing an abortion it was generally the woman herself who suffered and the Kingston study certainly included women whose future health had been impaired. Women surviving an infected abortion might well discover later that they had become infertile. This must have applied to some of the women we saw but we did not carry out infertility investigations to establish whether or not this was true. In 1950 pelvic tuberculosis was taught as the most common iatrogenic cause of female sterility but by the early 1960s a previous criminal abortion with infection had superseded it in this respect. Few deaths were actually recorded as due to criminal abortion – only about a dozen cases per year.

Legal abortion was also available in 1966. At that time sympathetic gynaecologists to whom a GP had referred a woman and requested an abortion would seek a recommendation for the procedure from an equally sympathetic psychiatrist. Backed by the recommendations of these

two doctors the gynaecologist would then openly terminate the pregnancy. Such abortions were not notifiable and most hospitals recorded only that D&C had been carried out. The cost of private legal abortion was high since the operator, psychiatrist, anaesthetist, hospital and

“ *An abortion performed openly would impose less emotional strain, guilt and fear* ”

theatre staff had all to be paid. Nevertheless in 1966 if a woman wanted an abortion and could afford the fees, she could fairly readily obtain the operation openly and legally. On the other hand if she was the wife or girlfriend of an ordinary working man with little money the situation was completely different.

Figures from Japan, Russia and Czechoslovakia – where very large numbers of abortions were performed – and from the Scandinavian countries where a few, but carefully studied, women were aborted legally, proved conclusively that abortion under good medical conditions was very safe and unlikely to induce subsequent infertility. In any case it was obvious that an abortion performed openly by a medically qualified gynaecologist must be far safer and would also impose less emotional strain, guilt and fear than criminal abortion. For these reasons I decided that I would start to do abortions myself and I did quite a lot before the Abortion Act came into force. This was known to local general practitioners and gynaecological colleagues. In 1966 the Family Planning Association held a national conference under the title ‘Abortion in Britain’ and, for the first time, I reported on the Kingston experience of criminal abortion and on a series of abortions carried out by me. These showed that, in the majority of cases in which I played a part, the indications were psychiatric distress or, more honestly, social.

At that time it was believed, against all experience of criminal abortion, that termination of pregnancy – the commonly-used term for legal abortion at that time – would be followed by deep and harmful guilt. Women aborted at Kingston were all confidentially and exhaustively interviewed six weeks after the operation and, although many indicated much regret about the pregnancy, not one patient said that she regretted having the abortion. The studies from Scandinavia, Czechoslovakia and Japan also showed that therapeutic abortion, particularly if it is accompanied by contraceptive advice and help – which ought to have preceded it – rarely promotes psychological stress requiring professional help.

When David Steel won first place in the ballot for a Private Member’s Bill he originally wished to introduce a bill on forestation but, since the government of the day offered to take over his draft and enact it, he was approached by the Abortion Law Reform Association (ALRA) and persuaded to take a Bill to reform abortion law instead. He sought a suitable medical adviser and ALRA asked me to act. The campaign took a great deal of time and, amongst other work,

“ *The Abortion Act is purely
a permissive Act* ”

I attended in the Committee Room of the House of Commons every Friday afternoon and sometimes long into the evening throughout the Bill's slow passage. The passage was slow because, although he had a substantial majority at his command, David Steel felt that his opponents should always be allowed plenty of time to put their case to the Parliamentary Committee, to the House of Commons and, because the proceedings were very widely reported and debated, to the public at large.

The Medical Termination of Pregnancy Bill took what was then a record time of 18 months for its Committee stage. During the whole of this time the media, particularly the rapidly developing television coverage, were actively involved. There is no doubt that this informed the general public whose support for reform was constantly confirmed by opinion polls. This support undoubtedly influenced the Members of both Houses of Parliament.

Many MPs presented the views of various medical bodies such as the British Medical Association, the Royal College of Obstetricians and Gynaecologists, the Royal College of Midwives and the Royal College of Nursing etc, which were all very hostile towards liberalisation of the law – as might be expected from the medical ‘establishment’. Only the GPs and the Royal College of Psychiatrists submitted medical evidence in support. Many individuals and lay organisations sent in papers outlining their reasons for supporting or opposing changes in the law. The most important medical and technical evidence, most of which supported reform highlighting the dangers and complications of criminal abortion, showed that legal, medically performed abortion was safe and relatively free of complications. In general this evidence came from individuals and from the official statistics of countries where abortion was already legal.

The Abortion Act was a highly successful piece of social legislation. It has certainly saved lives which would otherwise have been lost by criminal abortion and, even more importantly, it has done away with a very large amount of illness and guilt. It is easy to take its benefits for granted since medical students and young doctors no longer see cases of criminal abortion and it is hard for them to realise what a degrading and dangerous thing it used to be. It was important not only for its effect in the UK but also because it has been used to help pass liberalising laws in very many other countries.

Nevertheless our present law insists that two doctors must separately certify the need for abortion before its performance may be legal. In practice most experienced doctors would agree that, in many cases, only the woman herself can truly judge the need. We ought now to reform the Abortion Act and give the woman the right to choose in early pregnancy. Most European countries have such legislation and few countries anywhere impose such stringent rules regarding notification of abortion and bureaucratic control over the doctors, hospitals and clinics where it may be performed as we have in Britain.

In looking back it is important to recognise that the Abortion Act is purely a permissive Act. No woman and no doctor has ever been forced to take part in an abortion against their convictions. Personally I remain grateful that ALRA and David Steel allowed me to help change our law.

The Parliamentarians

The RT Hon
The Lord Steel
of Aikwood
KBE PC DL

**Member of Parliament
(Liberal, Liberal
Democrat) from 1966
to 1997 and sponsor
of the Private Member's
Bill which became the
1967 Abortion Act**

In the beginning I knew very little about abortion. As parliamentary candidates in the 1964 general election, we were lobbied by the Abortion Law Reform Association (ALRA) as to what our attitude would be. I looked at the literature and I ticked the box saying that I would be a supporter of abortion law reform if elected to Parliament. And that was really about the sum total of my thinking on the subject.

I did not get elected at the 1964 election but I came in at a by-election six months later. When I drew number three in the Ballot of course I was lobbied by everybody under the sun, including ALRA, so the question then was, would I actually introduce a Bill myself? I did a bit of reading including Alice Jenkins' book *A Law for the Rich*, and obviously met with ALRA and with Home Office Ministers who were anxious to move forward the Bill that had already been through the House of Lords. I read the Lords' debate and decided this was definitely a worthwhile reform, long overdue, and I was lucky enough to have the place in the Ballot to do it.

The figures spoke for themselves. The number of deaths of women from criminal abortion showed up in the Home Office statistics each year as somewhere between 30 and 50 and that was only the tip of the iceberg. The public wards of every hospital had cases of either self-induced or botched abortion sufferers. It seemed to me a genuine social problem.

The old Home Office report had been kicking around since before the war, recommending that there should be a positive state of law on abortion that it should not be regarded as a criminal offence. There had also been six other attempts at Private Members' legislation before mine.

I did not see it primarily as a women's issue. That angle was very much retrospective, I believe. We are talking about the late 1960s, and I don't think there was very much a feminist push as there is today. ALRA itself, although it was primarily led by women, contained large numbers of men as well. It was not seen as a feminist issue at that time, simply because the feminist movement had not really got going.

I saw it as an issue of justice and hypocrisy really, because as Alice Jenkins' book showed, you could get round the law if you had enough money and contacts to persuade somebody in the private sector to carry out an abortion under some other title.

We did not create abortion on request, we created a state of law where there is a balance

between the right of the fetus to develop to full life and the right of the women to have what I would call in the biblical phrase 'abundant life'. And that is a balance which only the medical profession can make. That's why, in the Bill, the phrase 'good faith' is there. It requires two doctors to operate in good faith.

Now of course it is inevitable, doctors being human like everybody else, that their own standards on what are or are not grounds for abortion vary from one doctor to another. But we do not have a woman's right to choose in this country. It is quite interesting that since 1967, so many of our neighbouring European countries have gone more down the route of the woman's right to choose, and have created a law where in the early weeks of pregnancy if a woman wants an abortion she can have one. Ours remains in the 1967 mode, that it is up to two doctors to decide on that balance. That is what Parliament decided at the time. I think the balance is right, and I think the balance is in accordance with public opinion in this country. But just as there is a great campaign to reverse the Abortion Act, I quite see that those who regard it as too restrictive are equally entitled to campaign for a more liberal law.

“ *We do not have a woman's right to choose in this country* ”

I had a very close relationship with ALRA. They provided a great deal of the backing including, mainly through Alastair Service, the organisation of the voting in the major parties. I belonged to a minority party. We had our unofficial whips, Peter Jackson in the Labour Party and George Sinclair in the Tory Party, but it was Alastair

Service acting on behalf of ALRA who actually came and organised all of the briefing meetings and the lobbying of MPs. ALRA was a very significant factor in getting the reform through.

I inherited the Bill as it was in the House of Lords, it was Lord Silkin's Bill and not mine. There was a social clause, rape clause, abnormality clause and a health clause. I was subsequently persuaded by Professor Dugald Baird and his colleagues in Aberdeen that this sort of categorisation of abortions as A-B-C-D was wrong, and that one should simply have a general approach to the subject which left the judgement in the hands of the medical profession. And that is how the Bill was redrafted between the Second Reading and the Committee Stage.

The Bill was redrafted so that the abnormality clause was the only one remaining in addition to the general clause. And the general clause, in layman's language, simply says that if two doctors think that the best solution to a problem is abortion then they can carry it out without committing a criminal offence. That is how I put it as a layman, parliamentary language is rather more complex, but that is what the law says, and that is in accordance with what most people think is right. I did not feel that redrafting it was compromising the Bill. The Bill as finally drafted was a great improvement on the one that was introduced. I would not have agreed to the

amendments if I had not felt that. The risk was that, if you had left those four categories in, you would have got bits knocked out during the report stage, and would have ended up with a more restrictive law.

The debates were some of the best that we have had in the House of Commons. There was no party line or whips, people spoke very strongly in both directions and they were very highly charged debates indeed. And the Committee Stage was very long as well. I don't think there was a lot of bitterness left afterwards. People had strong feelings on the subject and frankly with an issue like abortion, when you get fundamentalist positions advanced, they are not going to be changed by any amount of debate or argument. I think everyone recognised that.

“ *The effects of the Act have been wholly beneficial* ”

If you look at the debates that rage nowadays I object to people who say, 'Oh, this is a Christian viewpoint', meaning this is the viewpoint of the Roman Catholic church and some of the evangelicals in the Protestant churches. That is what they mean, but they attach themselves to the adjective 'Christian'. But what helped me was the report that the Church of England had produced in 1966 called Abortion, an ethical discussion which I still maintain to this day is the best argued document from a

Christian standpoint in favour of having a positive law on abortion. And it counteracted better than I could the arguments of the Roman Catholic Church, and indeed was the foundation of the support that the bishops gave in the House of Lords. My own church, the Church of Scotland produced a report and they too came out in favour of reform. I had no difficulty reconciling my Christianity with abortion law reform.

I think it has gone pretty well. We had some troubles in the early days over importing abortion cases and profiteering in private nursing homes. I remember going to see health ministers and saying they were not actually using their powers under the Act properly to control this. But of course that problem faded away as our neighbouring countries themselves adopted more liberal abortion laws.

People sometimes say that there are too many abortions. Well I could agree with that statement, but the answer is not to make the abortion law more restrictive, it is to have much better sex education, and much better provision of birth control services. When those who are opposed to abortion in principle say that there are too many abortions, I always ask them: 'Well, what is in your view the right number of abortions?' They cannot answer that question, because the right number in their view must be zero. If you equate abortion with murder you cannot say, 'Well, 200,000 a year is too many, it should be 100,000.' They are left with no argument.

The effects of the Act have been wholly beneficial. In the first place the problem of the

backstreet abortion and the criminal abortion has disappeared. Women don't attempt to abort themselves nowadays, they know that they can go to get help. When Dr John Marks retired as chair of council at the British Medical Association, he made some very interesting remarks about how he reckoned the Abortion Act was one of the biggest advances of social medicine in his career. I have no doubts about that. One can still say there are too many abortions. But the solution is not changing the law.

Abortion is a subject that never goes away. You would think that passing the legislation would be it, but not at all. I am still the target of a certain amount of hate mail. Every time the sort of American-motivated campaigns get going there are people writing. I still get letters every month equating me with either of the two H's, Herod and Hitler, one or the other. It is quite extraordinary.

I do not regret being associated with the Abortion Act at all. I have retired from the Commons. A lot of MPs spend a lot of time here and ask themselves what they have achieved. I have never been in competition for power because I have not been in a governing party, but I hope I have had some influence in politics. But when I look back over the whole period, the one thing I can point to concretely is that statute. And so of course I don't have any reservations at all, I think it was a necessary and long overdue social reform.

The problem is we are now looking at a generation of politicians and clergy who have no idea what the situation was before 1967. The fact is that anybody under the age of 40 hasn't a clue what we are talking about. They just look at abortion and say, 'Oh dear, you know, why do we have so many abortions, we must tighten up the law', without thinking what would be the effect of repealing or restricting the 1967 Act. We would be back to where we were before. That is not something to be desired.

The one thing we did change was that we agreed that the presumption of viability at 28 weeks was out of date and should come down to 24 weeks. I cannot think of anything else about the law that requires changing. I think if we were starting all over again I would probably do the same. That won't please everybody in the women's movement who think that the law is too restrictive, but I think that probably we have got the balance about right. However, I'm not saying it's perfect.

The RT Hon The Lord Jenkins of Hillhead OM

**Member of
Parliament (Labour)
from 1948 to 1976 and
Home Secretary from
1965 to 1967. Member
of Parliament (Social
Democratic Party)
from 1983 to 1987**

In 1959 I wrote a private manifesto in a little Penguin special for the General Election which, without a thought of ever being Home Secretary, contained a last chapter rather provocatively entitled 'Is Britain civilised?' On the whole I had to answer it rather hesitantly at that stage. I think it had about six points I thought would make Britain more civilised, and certainly abortion law reform was one of those.

I suppose I supported abortion law reform for all the classical reasons of choice, a woman's right to have one if she wished – not as a backstreet, illegal operation. I considered it to be one of a number of health and social problems that needed to be addressed at the time. When I became Home Secretary in 1965 I very much wanted to see a proper measure of reform brought forward.

In late June and July of 1967 there was a rather odd quirk. We were running the Homosexual Reform Bill and the Abortion Bill in double harness. I would say that I attached equal importance to both. I did not think it realistic to try to make these reforms Government-sponsored Bills, because although the majority of the Cabinet were in favour of them, they were in favour of them with differing degrees of enthusiasm. Out of a Cabinet of about 20 at that time, there were four or five people who were resolutely opposed to these reforms; there were eight or nine people who were strongly in favour and the rest probably wished they would go away. There would have been no chance of them becoming Government Bills. It would have been thought coercive by the four or five members who were strongly opposed if we made the Abortion Bill a Government Bill and whipped people into supporting it.

Rather bewilderingly, some of the people who were strongly involved with these proposed reforms agreed on one but not on the other. Take the example of one member of the cabinet, Frank Longford, who was as passionately in favour of homosexual law reform as he was against abortion reform. Norman St John Stevas was in rather the same position and so, for different reasons, was Leo Abse, who was the sponsor of the Homosexual Reform Bill but was strongly against the Abortion Bill. But broadly speaking, the 120-130 MPs who provided the majority of the enthusiastic support throughout the three all-night sittings on the two Bills were the same people.

The issue was, as is almost always the case with Private Members' Bills, Parliamentary time. Private Members' Bills tend, if they have even a very limited amount of determined opposition, to fail for want of time. In other words they are not voted down, they are effectively talked out.

I convinced the Cabinet to agree that the Government would give these Bills unlimited time, which seemed to me the right way to proceed. We would keep the House sitting for as long as was necessary to get the Bills through, provided there was a majority voting in favour. This was a great advantage to a Private Member's Bill, because it freed it of what was the greatest restraint.

What I was not able to do, I don't think I even attempted to do it, was to get convenient time for the Bills. In the key Committee Stages of these Bills we did not start until about 10.30 at night, and on the last night of the Abortion Bill cut through until nearly 1pm the next afternoon. And at times the progress was so slow it looked as though it would fall. But the way in which we defeated the filibuster was to make it clear that we were prepared to go on throughout the Friday night, the Saturday and the Sunday if our opponents insisted upon it. That of course made it clear that

wasting a few hours was not going to be effective, so the ship came into harbour by lunchtime on the Friday.

“ *We agreed to keep the House sitting for as long as was necessary to get the Bills through* ”

There was a free vote for members of the Government but I also managed to convince the Cabinet to agree that I, and any other Cabinet member who wanted to, should be

free to speak and vote in favour of the Bills from the Despatch Box, from the Front Bench, with the authority such as it was of the Home Secretary. That was from my point of view a very reasonable settlement, and it was enough to get the Bills through. Would the Abortion Bill have got through had not I, or somebody of like mind, been Home Secretary? It would not. I don't say I was unique, Kenneth Robinson for example would have had just as much conviction for those Bills. But I think you would certainly have needed a Home Secretary of similar disposition. I sat through all the nights and spoke on a lot of the amendments and on the Third Reading. We also provided, through the Home Office, a lot of drafting assistance to David Steel.

I thought the Abortion Bill was a pretty good Bill and I thought David Steel did the Bill very well indeed, with great courage, particularly as he was a young Member with a very marginal seat who had won a by-election only a couple of years before. Curiously, when David Steel drew his high place in the Private Members' Ballot, I rather wanted him to do the Homosexual Reform Bill. It is odd, in view of how things have developed since then, that David Steel, who was in favour of them both, thought that he would rather do abortion because he thought the homosexual thing would lead to some constituency upheaval. But the Homosexual Reform Bill, once law, has never been challenged. We have had arguments about what the age of consent should be, but nobody has ever made any serious attempt to go back on the principle of the legalisation of it. On the other hand, abortion has remained a much more controversial subject.

“ *People should as far as possible be free to make their own decisions about their lives* ”

I have not, to be honest, followed the issue of abortion law closely subsequently. I see no reason to think that this is not about as reasonable and balanced a law as one is likely to get. I have never been persuaded to vote for any substantial amending Bill. It is not a field in which one necessarily thinks that legislation is perfect, but I think it's as good as we are likely to get.

I think broadly that people should as far as possible be free to make their own decisions about their lives, unless they are clearly offending the rights of others. I am often quoted as saying, in 1969, that the permissive society is the civilised society. What I actually said was that people talk about the permissive society and what I would prefer to ask is whether the liberalising changes we made in the 1960s made Britain a more civilised society? And I would firmly answer, 'Yes'.

I am on the whole very much against interfering with people's liberty, unless you can show an overwhelming social cause. This leads me to be liberal on abortion law, it would also lead me never to vote for banning fox hunting, so I apply the rule indiscriminately.

The RT Hon The Lord Houghton of Sowerby CH

**Member of Parliament
(Labour) from 1949 to
1974 and chair of the
Parliamentary Labour
Party from 1967 to 1974.
[Interviewed in 1974]**

David Steel's decision to take abortion law reform was quite a radical measure. The Home Secretary was immediately involved, because although this was a Private Member's Bill it is customary for the Government of the day to put up a Minister to advise the House and to try and guide it, especially on a controversial Bill. They may even tell the House that the Government, for their part, can't accept it. With Mr Roy Jenkins as Home Secretary, it was more interesting still because he was a strong advocate of abortion law reform.

Roy Jenkins felt that, given his past support of this movement, it would look ridiculous as Home Secretary to stand there saying the Government was neutral and he was therefore going to make a neutral speech. He thought that his own integrity was at stake, apart from anything else. So he came to the Cabinet to ask that he should be allowed to state the Government's neutrality and say as this was a moral issue, it was for the House to decide, and point out any difficulties or problems of administration, or enforcement or anything of that kind, but to indicate, when he had done that, what his personal view was.

This could be controversial. It would be done from the Front Bench. He was a Minister and some people might object to it. However, the Cabinet decided, on his very firm insistence, that he should be permitted to do this. That was the first important decision taken, because it meant that the Home Secretary was going to intervene on the Second Reading of a Private Member's Bill and his own personal weight was going to be thrown behind the Bill.

David Steel, as a Liberal, hadn't got the battalions. He had to rely mainly on Labour support. And therefore he had to take counsel with those who were in a position to influence Labour votes. So he had an advisory committee which was not wholly composed of Members of Parliament. My wife was a member of it and we all met together to look at the Bill and to see what the reactions were from outside [Parliament], and what help one could get from inside in drafting difficult clauses. Steel did have assistance with draftsmanship, particularly from the Home Office. There was some difficulty between Roy Jenkins as Home Secretary and Kenneth Robinson as Minister of Health. I think Kenneth Robinson had yielded rather too much, in the view of Roy Jenkins and certainly in the view of the sponsors of the Bill, to pressures that were coming from the British Medical Association. I think in the end it was the view of the Home Secretary that prevailed, and Kenneth Robinson had to excuse himself from earlier undertakings he had given, because the Home Secretary had decided that this was how he wanted the Bill to be.

“ You can win causes when very
often you cannot win the war ”

People who said it was a badly drafted Bill and was slovenly and all the rest of it didn't realise how much care went into the drafting of the Bill, and from the most qualified of sources. I think what was overlooked was that it was the first time ever, as far as anyone knew, that an attempt had been made in the statute of the law of England to define the conditions and circumstances in which a surgical operation should be performed. This was the surgical operation of all surgical operations, and it had to be defined in law, as to who could do it, where it could be done, what licence there should be, and what conditions were necessary in order that the surgeons come on the scene at all. And then when you come to the social clause, how do you define these things? I think we've got used to inexactness in legislation since then. But there were people who wanted precision in a field where the Act would not give it. Case law had decided the matter in the past. However, there was a great deal of exchange of views and reconciling differences of opinion in the drafting of the Bill. I was not more than marginally concerned with it at that stage.

I was also not on the Committee. I came out of the Government in January 1967 and by April I had succeeded Manny Shinwell as chairman of the Parliamentary Labour Party. In that position it was not desirable that I should go on Committees of Bills. I had my other responsibilities, which were pretty exacting. So I did not go on – I was asked whether I would like to go on in the special circumstances but I thought it was best not. Charles Pannell went on and played a very important part in the whole operation.

When I was in the Cabinet I had raised the question of the treatment of Private Members' Bills by Government, knowing that probably during a Labour Government some of the more radical Private Members' Bills might come forward. I urged that it was an affront to Parliament and to public opinion that Bills which represented a very strong movement for change and reform should be frustrated under the limitations of time accorded to Private Members' Bills. We had seen in earlier Bills, particularly one of Leo Abse's for example, where it would have an unopposed Second Reading, it could go to the Committee upstairs, and nobody would bother with it, it would get through virtually unamended because the opponents of the Bill knew that they held the power to defeat it in the end, because it returned to the Floor of the House for a Report and Third Reading and it would just have one day and probably no more – it would be lucky if it had the full day – and down would go the amendments. And at 4pm Standing Orders providing time for Private Members' Bills was at an end, and that Bill would never see the light of day again. They did that time and again. This was why Private Members' Bills were so unsatisfactory, unless it was birds and animals or other inoffensive topics, or something upon which the Government would lend a hand. Clearly neither applied in cases of abortion, divorce or homosexuality and the rest of it.

So I urged the Labour Government to provide time for Private Members' Bills. There was a way of ensuring that no Bill fell for lack of time and that was to suspend Standing Orders and allow the House to function at times when otherwise it would be adjourned.

As chair of the Parliamentary Labour Party I expressed the view, on the part of a great many members of the Party, that they would be very angry indeed if we were to see the same treatment of Private Members' Bills under a Labour Government that we had seen previously. Bearing in mind that 1964 to 1966 was a period of a small majority and Labour ploughing its way through, it was not until 1966 that we felt we that we could breathe the air of Parliamentary freedom and have room to move. We were in and could be in for five years and get on with things. So there was a different atmosphere in 1966.

In 1967 when the Bill was coming out of Committee and coming back onto the Floor of the House, it was necessary to prepare its way. Eventually, after a long discussion with Harold Wilson who was Prime Minister, we came to an agreement that no Bill which had got its Second Reading under its own steam should be allowed to fall for lack of time. That was a very important decision. In fact, that decision governed the progress of Private Members' Bills thereafter, and there was only one that did not get this treatment and that was the Sunday Entertainments Bill, which was coming on rather too near the election in 1970.

With that decided our course was clear. The Bill was put on at 10pm, it could go through the night, and as there was a most unusual Government motion on the Order Paper for Friday, they could suspend the rule for Friday so that the House could go on until Monday afternoon. And that really settled the success of the Bill. Without that decision we might have been frustrated.

I am in favour of people having causes because I think you can win causes when very often you cannot win the war. You can win battles and abortion law reform was the winning of a battle. Homosexuality and divorce were winning of battles. And that's why they were so important.

I'm all in favour of pressure groups. They have only got to have the people, the determination and the zeal and to keep at it. A pressure group to me is pressure underlined, because of its insistence that the cause you are espousing makes an impact. You need a Private Member's Bill, a Private Member's Motion, because you have to get enough people interested who will take this subject if they come out of the Ballot. The Ballot is the great gamble. If you are going to get a chance you need twenty or thirty people to put their names down and promise, 'if I come out of the Ballot in a good position this is what I will do'.

If Steel had not selected abortion when he got the chance, who could say whether there would have been any change in the abortion law? I don't think the Labour Party would have taken it up. This is another quarrel I have with party politics. They do leave big social issues which government should tackle to Private Members and it is not fair – it is not right to the public. For example, no Government ever took up divorce law reform by itself. What it did do, and this is probably one of the great precedents of the past, it gave AP Herbert's Bill time to get it through, and that was one of the notable occasions when a Private Member's Bill was given time in years gone by. This was in the 1930s. So the pressure group, as far as Parliament is concerned, is a desirable institution.

The Abortion Law Reform Association (ALRA) succeeded because they had a good cause. They were dealing with an obsolete Act of Parliament which would have been intolerable if case law had not moderated the penalty for abortions. The good cause had been there for many years and had not made much progress, one must concede, because it had not been pushed in the Parliamentary field. Parliament changes and makes laws so therefore you have to tackle Parliament in the end. Sometimes it's a mistake to go to Parliament too soon and get a rebuff. You need to work it out, get people interested and try and get the support of those who are candidates for Parliament and are elected.

Another important element is skill in presentation and they had some good advice. I was on hand always to advise on the Parliamentary scene and Parliamentary tactics. People lacking that advice could make some very silly mistakes. They tackle Parliament on the wrong day, they don't understand that Parliament has got other things on its mind sometimes, and they must also watch the future course of business.

Parliament is a sensitive institution and people think that just by sending postcards or an avalanche of things to the House they are making an impression. That is not always so. I can only say ALRA did it correctly, and to get it right they were well advised by me, if I may say so, and other people as well. Their publicity was also right. If you know what makes a Member of Parliament look at a thing instead of throwing it in the wastepaper basket, which is an MP's best friend, well, then you know something about propaganda in the House of Commons.

Finally, I think that the opposition was ineffective because they never believed that the Bill would go through. After all, it was a Private Member's Bill and when it started it was under the old threat of extinction. They had never seen a Private Member's Bill go through. It might get its Second Reading, but be killed in Committee. They were unprepared for the decision that the Bill should not be allowed to fall through lack of time. They thought a little bit of disconnected filibuster at opposition on a Friday would be enough, as it was for most Bills that preceded it. It had been a tradition that you could kill the Bill on a Friday afternoon. But this, when the Government had

“ *Not even a three line whip would have kept Members in the numbers who remained overnight* ”

taken that decision, was not going to be so. It meant therefore they had to fight the Bill on its merits, in divisions, on the Floor of the House. The whipping on this Bill staggered all the whips on both sides of the House. Not even a three line whip would have kept Members in the numbers who remained overnight, prepared to stay on a Friday and go on all Friday night. This was the spirit of the thing. It has never been seen before or since, not in my time certainly, not for a Private Member's Bill, and, this was really the explanation – the opposition didn't know what hit them.

Renee Short

**Member of Parliament
(Labour) from
1964 to 1979**

I have always thought that abortion was a very important issue for women, and particularly working-class women who couldn't afford medical care. When I was elected to Parliament in 1964 I asked Ministers lots of questions about abortion. I put forward an abortion law reform bill myself, which was voted out. The Tories gathered their ranks together to defeat it. That time was just a flavour of things to come. I had to withstand a lot more vilification from very right-wing Tories of course, but that didn't worry me. I enjoyed the campaign.

My constituency in Wolverhampton had many, many health problems of all sorts. We had a large number of rather poor families and it was obvious that women were being compelled to bear more children than they really ought or wanted to, so something had to be done. There were large families, a lot of unemployment and very small incomes coming in. It was quite clear that women were very fed up with child-bearing and yet did not seem to know what to do about it, how to prevent it, or how to deal with it.

I had already been to the Soviet Union, specifically to look at what their attitude was to abortion. And I was overwhelmed because it was available free for anyone that wanted it. They had very good nursing care, and of course I came back absolutely raring to go. I wished we had something as good. I had contact with the Abortion Law Reform Association (ALRA), and so that was really how it all began.

We decided the time had come not to succumb to pressure, and to go ahead with a Bill. After all, what could they do to us? All they could do was to try and mobilise people in our constituencies to vote against us when the next election took place. And we said, 'Oh well, blow that, we'll take a chance and we'll work in our constituencies'. I had a fair number of Catholics in my constituency, some of whom supported me from the beginning because Catholic women don't all succumb to the priest and they all have the same things to bear when they are unwillingly pregnant.

So we lobbied and bullied and pressurised Members on both sides of the House. There was a lot of pressure from the opposition as well, of course. They hoped that we would be stymied at birth, so to speak, that the Bill wouldn't get through the House. We had a lot of pressure in the form of letters from opponents, but also a fair amount of support from various organisations. We were worried about the medical profession, what they would do, because there was a large wedge of right-wing elements in the British Medical Association, indeed in the medical profession generally. And of course they had then a very powerful voice, and working-class women were rather afraid of

what the doctors were going to say or do to them when they went for help. So it was a very mixed and complicated situation.

We concentrated our campaign on the Steel Bill. Obviously it was a great improvement on what had (not) existed before, and we were very, very thrilled that we won through. It really was a very tough campaign though. We had to make sure that all our people were there all the time, nobody got any exemptions from attending. If they weren't there we gave them hell.

It was a very exciting situation. On the whole the debates were quite good, and there were some really splendid speeches made. On our side of the House we worked really hard. And of course we had to, in between our sessions in Parliament on the Bill, keep in touch with our own people to make sure that they were going to be there the following week. And we had to make sure that our supporters on the Tory side weren't going to duck out at the last minute. We really had to pester them, and I think they got pretty fed up before the end of it, but nevertheless we had to do it and we did it as well as we could.

“ You had to pull the Tories up if they were making outrageous statements ”

During the debates I always interrupted the Tories if I thought they were trying to put one over on us. That is quite fun to do actually – to make them stop in their tracks and have to answer – as long as the Speaker is helpful. I did quite a lot of the heckling. You had to – you had to pull them up if they were making outrageous statements, because the reporters were up there writing

down every word that was uttered on either side, and if they were printed without any intervention, people would think, 'Oh, well, yes, that's not a bad idea, you know'. You couldn't let them get away with anything. They said abortion was undermining women's health, that it would put pressure on the health service... this, that and the other, all kinds of lies.

Outside Parliament there was a lot of support. And of course we all had a lot of mail from women describing some of their experiences of childbirth and the difficulties that they experienced with the number of children they already had, and how they hoped that we would get the Bill through so that they could get relief if they became pregnant again. Largely it was their husbands that were insisting on having sexual intercourse without any preventative measures being taken, and the women thought they just had to succumb. But public opinion was changing, and we got very favourable reports in the newspapers. All that added very much to our success. It was a great thing to be able to get up and interrupt a Tory speaker, and say hadn't he read this in the Times or the Guardian, and didn't he think was time that he was looking at the right sort of newspapers, getting some instruction from them? We were ever so cheeky to them.

We also got a lot of hate letters, especially us Members of Parliament because the writers did not need to know private addresses. All they had to do was send it to the House of Commons and we got it. An awful lot came from religious people, Catholics mainly. They were terrible letters, really very insulting, you just could not believe that they came from people who professed such a great love of religion. But the letters that came in support were like manna from heaven, they really were marvellous, gave us a great deal of encouragement. We were immensely grateful to all the people that supported us. Without it I don't think we could have carried on, because it was great mental support. We knew that out there was an enormous number of women who wanted this Bill very, very desperately. It is not right to compel women to bear children that they don't want to bear, it's an appalling burden to place upon them.

When it was passed, it was unbelievable, we were thrilled to smithereens, and wondered what the next battle was going to be about. But there never was such an exciting and worthwhile one as abortion, that was the best of all, it really was.

The main impact of the Act has been the fact that women know what to do and how to do it, and don't have to worry about it. It has given them a lot of encouragement to stand up for themselves and say: 'No, I don't want any more of this'. As far as the liberation of women was concerned, it was a major factor.

We did try to alter the clause about two doctors having to agree, but we weren't able to do it. But I think what we did in getting the Bill through and the whole debate, must have re-educated quite a number of doctors who were, at the time, against the Bill. One or two women said to me, 'You did a good job because my doctor's now fine about this, and I can go and talk to him'. But now that it has been law for so long, and it appears to be working well, and as far as one knows there are no horror stories coming out from anywhere, I think this must have had a profound affect on the whole of the medical profession. Certainly I have a very good relationship with the obstetricians and gynaecologists, and I have never heard a word said against the Abortion Act from them.

Today abortion is just part of the National Health Service. I hope I am right to be optimistic that it will continue like that.

Dr John Dunwoody

**Member of Parliament
(Labour) from 1966
to 1970 and general
practitioner**

My experience as a working general practitioner in the days before the law was the motivation to become involved in the campaign to reform the abortion law. Nearly all abortions were illegal and I saw the consequences. There were very large numbers of unwanted pregnancies and very large numbers of illegal abortions. Indeed, in the years when I was a medical student in London, I would see the gynaecology wards at St Stephen's Hospital being emptied towards the end of the week because doctors knew there would be a flood of women having illegal abortions over the weekend. They would come in with haemorrhages, have to be transfused and taken to theatre and hopefully they would pull through. It didn't always happen – women sometimes died as a result of illegal abortions.

I was a GP for a number of years before I became a Member of Parliament and even in a rural district we had some experience of illegal abortions. We certainly had experience of many, many unwanted pregnancies and very large families, at great cost to the health of the parents and other children. When I was elected to the House of Commons I obviously took an interest in medical issues. There was pressure building up to change the law and allow abortion in certain circumstances. I spoke on the subject because of my interest and my background and was appointed to the Committee which examined the Bill in great detail.

Abortion was a health issue because women's health was being severely damaged by illegal abortion. I saw it as an issue of justice to a certain extent. I thought that women had a right in certain circumstances to terminate a pregnancy beyond the sort of extreme examples that most people accepted like rape. Where contraception had been conscientiously used and failed, I could not rationally see why a woman who did not wish to be pregnant should be condemned to go right through the pregnancy, much less have a baby.

I was elected to Parliament in 1966. There was a big increase in the number of Labour MPs at that election and we had a good working majority. We were much younger than the people we replaced. All of the major legal reforms on issues like marriage, homosexuality and abortion were passed in that one Parliament. Pressures for abortion law reform had been building up in a number of fields. There was a sizeable political swing and a Government that was basically sympathetic. The Bill was a Private Member's Bill and was supported and opposed by MPs from all parties, but the Government was prepared to allow time, which is the crucial thing with Private Members' legislation, especially if it is controversial.

My role in the Commons was dictated by the fact I was a doctor. I think I am right in saying I was the only Labour doctor on the Committee, along with [Lord] Winstanley who was a Liberal. I was quite closely involved with the people in the pressure group behind the scenes who were briefing MPs. I was a go-between between members of the Parliamentary Committee and members of the medical profession. I remember going down with David Steel to the Chelsea Hospital for Women, so that he could actually see a termination being performed by a surgeon that I knew. This was so that if anybody said to him, 'You don't really know what you're talking about, you have never seen the operation', he could then say, 'Well, yes I have, actually.' That was my role, and to speak on some of the medical aspects in committee.

The attitude of the medical profession in general was fairly sympathetic. There were divisions of course, and there still are. One accepted people's conscientious objections to abortion, which was written into the legislation. The majority of doctors were in favour of a relaxation of what had been a very draconian law. Some doctors had gone to jail because they had performed illegal abortions, although that wasn't the reason we wanted the change. We certainly did not get any major objections from the major medical organisations, although only a minority of doctors were prepared to go public in support of the reform.

The biggest opposition group was gathered around the Catholic church. The local priest in my constituency invited me along one weekend to take a glass of sherry. The object of the exercise was to tell me that he disapproved of my activities on abortion law reform, and if I persisted in pursuing this line he would advise his flock not to vote for me next time. Whether he did and whether they did, I do not know. I lost my seat in 1970 because of a national swing – there wasn't any difference in my constituency. If you were in, for example, a Scottish Catholic constituency the pressures might be rather different than my West Country, almost Methodist, constituency.

The debate on the floor of the Commons was all fairly predictable. People had their positions and I don't think there were many swayed one way or the other by the debate. In Committee it was a bit different because there were many detailed points of legislation about timing, certificates, signatures and places which could be debated and discussed without people necessarily adopting rigid positions. There was quite a lot of horse-trading on the Bill's clauses – we would concede this if they would concede that and so on. The Bill didn't apply to Northern Ireland, for example, and that was a conscious decision because it was felt at that time that it was just too difficult. I think that was the right decision. Times may be changing, but that is for others to decide.

I did quite a lot of things in the relatively short time I was in the House, but when I look back at it I think that participating in bringing in that change of law was probably the most significant thing I did – including the time I was a Junior Minister.

I thought the Bill as it was finally passed was a good, workable Bill. I have been back in general practice at the grassroots for many years now, and I see the law working very well indeed. The availability of early, trouble-free abortion is accepted in the community with little or no controversy. There are still those opposed to abortion – there always will be – but one of the remarkable things is that changes made in the law since 1967 have been very marginal. There have been changes which have been the result of medical advances, for example in the number of weeks' gestation at which a fetus is viable. But the judgement of successive Parliaments, and presumably of the population as a whole, is that this is still a workable, adequate piece of legislation.

Given the way in which the Act is interpreted, I cannot see a major case for a great battle to change it. The reality of the situation is that, if a woman comes in the early stages of a pregnancy and says; 'I have thought about this and I can't possibly go through with it, I want to have a termination', I think there would be very, very few GPs who would try and argue her out of it. They would accept that view and refer the patient on for an abortion. I cannot remember a single case where I have referred a woman on for a termination where it has not been agreed by the other doctor. Of course you do the obvious checks, like making sure that when the woman says she wants a termination, that is really what she really wants and she has not been talked into it by somebody else.

“ *The majority of doctors were in favour of a relaxation of a very draconian law* ”

We have to bear in mind that the legislation must be continually defended, because there are people who would like to damage it and destroy choice. Some people make the argument that the woman ought to be totally free to decide to have an abortion without

anyone having the right to say no in the first 12 weeks. The reality is that in a practical sense that is what happens today, and I am not sure one would want to take on an enormous Parliamentary battle just to underline what is actually happening.

I have seen a great deal of good come out of this legislation. I have seen very many people whose lives would have been blighted had this legislation not been available. It has given women a degree of freedom they did not possess previously. Combined with the arrival of contraception it has probably produced a freer, more open generation of women than were around 40 or 50 years ago. It has hopefully removed one of the terrible fears that there used to be. I can remember girls who did become pregnant being banished off to nursing homes, and having to stay there until they had their baby, and then being more or less forced to give up the baby for adoption. They had the worst of all possible worlds. They were forced to go through a pregnancy, forced to have the baby, and then forced not to keep it. If somebody gets pregnant

“ *The legislation must be continually defended* ”

by accident and wants to go through with the pregnancy in order to keep the baby, good luck to them. They deserve all of the help and support they can get. But in those days that was not the situation, and one saw this in practice all the time, and one also saw women being absolutely ground down by enormous families of 13 and 14 children, destroying their health.

I would say the law has also made doctors a little more sympathetic and understanding towards the problems of many women. The big change over the same period in medicine is that we now have a larger number of women doctors. The reform of the law was one means by which doctors started to address certain problems that women can have in a more understanding and sympathetic way.

I feel rather proud that I had the opportunity to be involved. I kid myself that if I had not been there, it might not have been quite so good. I have had considerable experience of what it was like before the Act, and considerable working experience of how it has been since, and I certainly know what my patients want. They want the law as it is, and they do not want to be deprived of the opportunity of a legal termination should they be so unlucky to find themselves needing one.

The Hon Mrs Gwyneth Dunwoody MP

**Member of Parliament
(Labour) from 1966 to
1970 and from 1974 to
the present day and
Member of the European
Parliament from 1975
to 1979**

Nowadays people talk as if there are those who like abortion and those who don't. Nobody likes abortion. But not liking something, and recognising the need for it, are two very different things. I felt very strongly about the need for an Abortion Act because, as a young doctor's wife, I used to see what happened before the Act. People sometimes talk as if no abortions took place in this country, but they did and it was pretty horrifying. Until I lived in hospitals and was involved in medicine I had no idea exactly what was going on. It was one of those things that was hidden from people. Before the law became clear there were people who were doing appalling things to themselves, because for financial or perhaps health-related reasons they could not afford other children. And women died of illegal abortions, or made themselves sterile for life.

It was essential that abortion should be legal and properly organised, not least because it was working-class women who suffered, I think, more than anyone. There were always ways around the law if you had a lot of cash. So I had a very clear view that we needed a properly controlled abortion system, within the Health Service, where women's health would be a matter of considerable concern, and where it would NOT become abortion on demand. I get very irritated with people who say 'Oh well, of course it's all now become a ramp to abortion on demand'. That is not, in my experience, the situation. That was certainly never the intention. Anyone who read the debates around that time would know that. I think there is something to look at in abortion on request, but that is a different question and I would have had reservations about straightforward abortion on demand. Not least because I believe it is something people need to be counselled for and against, it is not something that you can rush into.

Most of the women in the campaign were both practical organisers and workers. In the Labour Party we felt very strongly that, since it was an independent vote, it was important to know what each Member thought. After all, because they are free votes, these things depend very much on how many Members you can get to be in the House of Commons at unpopular and difficult times. Of course my own Party has different strands in it, different views, and we have always maintained a conscience clause on abortion. It is rather amusing these days to hear people suggesting that somehow or other those who were against abortion were dragooned. I must say my own memory was rather different, and that the pressure was all the other way, coming from our side. The women in the campaign met on a regular basis and between us we 'split up' the Parliamentary Labour Party and talked to people – as much as anything to know what they were going to do, not necessarily to proselytise, that was not our role. People had to make their own minds up. But we needed to know who we could rely on to be there.

“ *Some members of the Labour Party actually voted against our right to continue to discuss it* ”

There were some appalling speeches made during the Commons debates on the Abortion Bill. I have to say it was a very distressing Bill to be involved with. You learned more about individual Members of Parliament than you did about the subject. You learned about

their prejudices and indeed in some cases straightforward bigotry. You also learned about their attitudes to women, which was again in some instances pretty distressing. People's motives were extremely subjective, as they would be on any mix of sexual and moral problems. Their attitudes were frequently not dictated by facts, and they would quote to you statistics which were not statistics. And if you sought to counter that with facts you were met with a barrage which made it very clear that this was not a question of looking at the actual situation, it was a matter of people interpreting it to suit their views.

It was not a Bill which went through without a lot of trouble. It was also a Bill that was properly discussed. It was discussed for hours, and people actually confronted a lot of the dilemmas. Not always successfully because, after all, individuals do react individually. Indeed it did poison one's relationships with some people because of the way that they behaved. It was an issue that was very strongly felt on both sides. I don't actually mind if somebody says to me 'I disagree totally with your view and I'm not going to support it'. But there were some members of the Labour Party who actually voted against our right to continue to discuss it. Shirley Williams, who is widely thought of as being a very tolerant person, actually voted against our right to discuss it, which I thought was pretty reprehensible.

The final draft was a workable Bill that was a compromise between a lot of things that people felt very strongly about. And whatever people say it has made a very important contribution to health. Doctors' abilities to keep premature babies alive may have changed some aspects of it. But they certainly have not changed the need for the fundamental machinery or the fundamental legislation or the safeguards that are in the Act. And before anybody tinkers with the existing Act either way, they would have to be very clear that this is actually a very delicate and important question.

It is difficult to judge the real impact of the Abortion Act because, as in so many of these things, so much of the evidence is anecdotal. But it is an important element of women's health provision that fulfils a necessary function. I think it is one of the things that have helped to change women's status, but many other things have contributed also. I think it has done something else, too. When you consider the unnecessary and dreadful cruelties visited upon children, it may have contributed to the fact that there are fewer people in those situations. But these are all very subjective judgements. I would not pretend that I am the oracle.

Sir George Sinclair

Member of Parliament (Conservative) from 1964 to 1979 and unofficial Conservative lobbyist during the 1967 Act's passage through Parliament

The number of deaths caused by illegal abortion was the driving force behind my involvement in attempts to change the law. The Abortion Act was clearly justified when several of the great London teaching hospitals stopped the arrangements for dealing with the results of backstreet abortions because the demand had fallen off once the law was passed.

The issue was brought to my attention by my wife who was strongly in favour of abortion. We have known each other since she was five, and her grandmother was a keen supporter of family planning in the early 1920s. When I was elected to Parliament she said to me; 'You've made things happen all your life, now you're going into a talking shop, choose issues that are worth fighting for.' Women were under-represented in the House of Commons and I found out that some of the things they wanted were worth fighting for.

I came into Parliament in 1964. I came out of the colonial service in 1961 and went around the world for a few years on a Cold War inquiry, and then I got selected for the Dorking constituency. When David Steel started the Abortion Bill, I went to meet him accompanied by Chris Chataway's wife. I was greatly persuaded by the arguments they made and when I rang up my wife to say I had committed myself to co-sponsoring this Bill, she said she had known it half an hour ago. It turned out my sister-in-law and my wife had laid on this visit to David Steel. It was all good family stuff!

As a co-sponsor of the Bill I did all I could to help it on its way. There were a number of Tories who supported it, which was very valuable. I had found it something well worth fighting for. Of course there was strong opposition among some of my colleagues. Eventually, after the Act was passed, there were strident campaigns launched to emasculate it, using research that was found to be largely spurious. I became even more determined to help the fight to defend the Bill that had been passed into law.

When one of these amendments came up, the Labour people said it might be a good idea to get two knights from the shires to speak for us to get support. I said I had never been a knight from the shires, I served abroad, and a knighthood is one of the things people get if they stay there long enough. But they still asked me.

To oppose amendments, we all had to talk rather lengthily to make sure that our case was made fully. There is another word for it but that's the way we thought of it. I remember in the middle of one of those debates, I got up as the amendment was called and I made a plea to the chair of

the Standing Committee. I explained to him how important it was and said it was question of ways and means and ends. A lady Labour MP got up and said: 'Mr Chairman, this is an historic occasion. You will possibly never again hear a Tory knight at 3.30 in the morning, quoting from Immanuel Kant.' I spoke for 45 minutes.

Most of the pro-reform MPs were Labour, but our own people were not as opposed to the Abortion Bill as many people thought, mainly because they too knew the facts about back-street abortions. And the stridency of those most bitterly opposed to David Steel's Bill really set a lot of their teeth on edge. So we had quite a lot of support when the amendments came up for judgement but it was a very close run thing on occasions. I only encountered hostility from the people you might expect. They were deeply committed the other way by their religion largely, and one had to respect that. Some of them respected my views. Others thought I was a very strange creature.

I thought David Steel's Bill was very good. We thought that the two doctors rule was acceptable as a stage. There was a possibility that the law might be extended once people had experienced it as it was passed, and seen that there were shortcomings that could be remedied with the support of public opinion. It is a very, very delicate issue – it is still going on today – and people don't want to be bulldozed into it.

One thing that concerned us was provision within the National Health Service. It was very difficult in some areas to get an abortion on the NHS. This was an absolute disgrace, we thought, when the law had been passed, but some consultants were strongly on what they called the pro-life side, and would not have abortion in their hospitals. They put up a very strong argument that abortion would divert legitimate attention from illnesses which had not been self-induced. It was very difficult for people in those areas to get the abortion which they wanted because of their bad luck, fecklessness or whatever reason it was. We really wanted separate clinics within the hospitals to deal with abortion so that only doctors who were in favour of operating the law as it was intended need necessarily deal with it. It was very important for girls who were vulnerable and sometimes very desperate, to go into an atmosphere that would be sympathetic and understanding and not just be treated as a bloody nuisance or worse.

We got some wonderful strength when Douglas Houghton agreed to take on the issue. He was absolutely marvellous. He had been chair of the Labour Party and he was broadly sympathetic to us and he was so reasonable and unflappable. I think a lot of people thought; 'if Douglas is backing this, it must be alright'. We had some other key people, Peter Diggory I remember was very staunch and greatly criticised by a number of his colleagues. He was one of the rocks on which the legislation could rest. Dilys Cossey kept everything organised. I believe that

“ *I believe that women have a great part to play in our public life* ”

women have a great part to play in our public life and it has never been more needed than today, when the influence of the home has got to be a basic strength in regenerating our country. I personally am delighted to see the number of new women MPs. I don't know how far right, left or centre they are, but I know there are more in the House of Commons than there were in my time. Before I came into the Commons my experience was in the outback of Africa, and I always got women onto my committees when we had any development projects breaking new ground. They very often stopped the men making errors and I found it a great strength. I know that on the whole a great number of women were in favour of liberalisation, and if there are now more women in the House of Commons I am sure that they will defend the Act and see that it is not stripped of its impact.

Its impact has been, I think, both good and bad. There were some irresponsible changes in the ethics of the times. It was a very mobile period, and ideas about cohabitation and so on were changing. Like all changes in the law it was abused and also strongly supported, and it is for public opinion to judge by careful examination of what is happening and what has happened. This is an opportunity to tell what it was really like back then, and how the Act has provided a proper outlet for women who felt they had made a mistake. I am very glad I played a part in reforming the abortion law. It was a natural thing to do once I had seen the results of backstreet abortion. I think David Steel was marvellously courageous in choosing this issue when he had just been elected to Parliament and I am full of admiration for those who have kept the pressure going for support and defence of David Steel's Bill.

Peter M Jackson

Member of Parliament (Labour) from 1966 to 1970 and unofficial lobbyist in the Labour Party during the 1967 Act's passage through Parliament

I had been a member of the Abortion Law Reform Association (ALRA) for four or five years prior to being elected to Parliament. I was ideologically committed to women controlling their own bodies, controlling their fertility, and as an environmentalist I was conscious of the impact of increasing world population. I therefore had a strong value commitment to working for change. As an MP I supported measures which increased family planning provision, and readily agreed to the suggestion that I sponsor a whip on David Steel's Bill.

I had a personal experience that acted as a catalyst. I became acquainted with the family of a woman in a working-class part of Sheffield who did 'favours' for her neighbours for small sums of money to help keep her inadequate husband and three young children. I suppose she would be described as a back-street abortionist. She was convicted and sent down for four years. I visited the family and saw the devastation caused by being deprived of this strong, capable woman who was obviously their mainstay. I thought that there must surely be another way. Women will control their own fertility whether it is done legally or illegally. I hated the judge who had sentenced her. It sticks in my mind.

I was elected in 1966, when a lot of younger Labour members were elected together. I soon felt frustrated, a frustration which I know others shared. We had a Labour government led by Harold Wilson with a large majority that was doing nothing, apart that is from supporting the Americans in Vietnam. He was obsessed with the parity of the dollar and the pound. In terms of bringing about any significant or consequential change, little happened. At most it gave people like myself, David Steel and others opportunities to bring in Private Members' Bills on certain social issues such as abortion and divorce. When David drew his high place in the Ballot and opted for an abortion Bill it was the opportunity for me to play the role for which I believed I had been elected. In this area one felt one could bring about significant change. I think this increased Members' motivation to stay up through the night for debates and to turn out on a Friday – which MPs are always very reluctant to give up.

My role in the campaign was basically to organise the votes, to make sure that everyone was there when we needed 100 Members to bring about closure. Quite frankly I was more concerned about numbers than about the quality of the debate. I knew I had the troops. The main enemy for me wasn't intellectual argument at all, it was time. The real struggle, as it always is with Private Members' Bills, was to get enough additional time in Parliament and in Committee to get the Bill through.

I organised MPs to write to members of the Cabinet to persuade them to give us that time. Douglas Houghton told me that when this matter came to Cabinet, all that Harold Wilson was concerned about was the loss of Labour seats in the north-west through the party alienating the Catholic church. That was his only concern. Members of his party, of his government, were actually trying to bring about change, which was more than could be said about his government, and all he could worry about was the party political impact.

Interestingly, my constituency had a majority of Roman Catholics, and some made a bee-line against me. I had two votes of no confidence moved by Catholic members of my party, on the grounds that I was putting a highly marginal seat at risk. Both were defeated. I was described as a latter-day Herod from the pulpit, because of my role in the campaign. But when Labour lost the 1970 General Election I had the lowest swing against me in the whole of the north-west. I only had a three-figure majority so it was unlikely I would hold my seat when the Party lost, but I almost did. Catholic constituents went to my party workers telling them how much they resented the things that were being said from the pulpits. So Wilson was totally out of tune with the feelings of Catholic constituents, many of whom admired my stand. I was proud of what I did, I did not attempt to disguise my role at all, and the other side were very anxious to publicise it, thinking of course that it would be electorally damaging to me. But I would say the reverse was the case.

I think my own involvement with this campaign probably kept me in Parliament, whereas I might very well have resigned if I had not had that job to do. I felt enormously frustrated in the period that I was in Parliament. But I did draw enormous satisfaction from this. The high point in my life was announcing the result of the Second Reading in the Commons. We had a massive majority. That really was wonderful, and just to see it go through was a great joy for me. I felt I had contributed to the well-being of over half the population.

Of course the Steel Bill only went a limited way towards what I personally wanted. But I am a politician, I realised that it was a path-breaking measure, and I am conscious now that this set the pattern for change throughout Western Europe. We obviously had problems with the medical profession and some very prominent obstetricians and gynaecologists were hostile to us. I think if we had gone further we would have alienated more members of that profession than we did. David Steel was under pressure from all sides, particularly from them, and I suspect that David gave greater cognisance to their views than to any other group. He was very anxious to placate them.

I think that every woman in the first trimester should have the right to choose, they should not have to go through the nonsense of finding two medics. Because of the hostility among certain

“ *I felt I had contributed to the well-being of over half the population* ”

medics I was conscious of the administrative problems which the two doctors clause would involve. I knew that, by setting up an administrative machinery that was dependent on the value perspective of medics, some women would get through the hoop and others would not. So I would have been very happy to do away with that clause from the Bill, but one knew very well that one would have alienated the medical profession. The nation has a more relaxed view of abortion than in the 1960s. We have the charities performing terminations and, while the Society for the Protection of Unborn Children is obviously doing its thing, I don't think these people within the medical profession are able to exercise the influence which they could do at one time.

I think it is a basic freedom. I will never forget the Simone De Beauvoir aphorism; 'For women freedom begins in the womb'. A vivid, simple phrase, but how true. I don't think men understand what carrying a child means in terms of determining their life, there is a lack of empathy in understanding that simple proposition. The Abortion Act has not given women total freedom, but it has gone a significant way towards reaching that goal.

Appendix One

The 1861 Offences Against the Person Act

The Offences Against the Person Act became law on 1 November 1861. It contains 79 paragraphs and covers a wide range of possible offences including: administering poison, sending letters threatening to murder, placing wood on a railway with intent to endanger passengers, assaulting a magistrate, rape, child stealing, bigamy and concealing the birth of a child. In the midst of this are two paragraphs on abortion. They read, in full, as follows:

(58) Every Woman, being with Child, who, with Intent to procure her own Miscarriage, shall unlawfully administer to herself any Poison or other noxious Thing, or shall unlawfully use an Instrument or other Means whatsoever with the like Intent, and whosoever, with intent to procure the Miscarriage of any Women, whether she be or be not with Child, shall unlawfully administer to her or cause to be taken by her any Poison or other noxious Thing, or shall unlawfully use any Instrument or other Means whatsoever with the like Intent, shall be guilty of Felony, and being convicted thereof shall be liable, at the Discretion of the Court, to be kept in Penal Servitude for Life, or any Term, not less than Three Years – or to be imprisoned for any Term not exceeding Two Years, with or without Hard Labour, and with or without Solitary Confinement.

(59) Whosoever shall unlawfully supply or procure any Poison or other noxious Thing, or any instrument or Thing whatsoever, knowing that the same is intended to be unlawfully used or employed with intent to procure the Miscarriage of any Woman, whether she be or be not with Child, shall be guilty of a Misdemeanour, and being convicted thereof shall be liable, at the Discretion of the Court, to be kept in Penal Servitude for the Term of Three Years, or to be imprisoned for any Term not exceeding Two Years, with or without Hard Labour.

The 1861 Offences Against the Persons Act still remains operative throughout the whole of the UK. It is widely accepted by legal experts that the use of the term 'unlawful' in respect of abortions implies that some abortions could be lawful.

The 1929 Infant Life (Preservation) Act

The Infant Life (Preservation) Act received Royal Assent on 10 May 1929. This piece of legislation prohibits the destruction of a child capable of being born alive unless the act is carried out in good faith to preserve the life of the mother. The 1929 Infant Life (Preservation) Act, article 1.1 states:

Subject as hereinafter in this subsection provided, any person who, with intent to destroy the life of a child capable of being born alive, by any wilful act causes a child to die before it has an existence independent of its mother, shall be guilty of felony, to wit, of child destruction, and shall be liable on conviction thereof to indictment to penal servitude for life.

Provided that no person shall be found guilty of an offence under this section unless it is proved that the act which caused the death of the child was not done in good faith for the purpose only of preserving the life of the mother.

The 1938 Bourne Judgement

In England, in 1938, Dr Alex Bourne deliberately challenged the law in order to clarify what constituted legal practice in relation to abortion when the abortion was not directly necessary to save the woman from death. He carried out an abortion on a 14-year-old rape victim, and at the subsequent trial brought evidence that if the young woman had been forced to continue with the pregnancy she would have become a mental and physical wreck. Dr Bourne was acquitted. At the trial Judge McNaghton restated that the law allows termination of a pregnancy for preserving the life of the mother and continued:

‘I think those words [that the law allows termination of pregnancy for preserving the life of the mother] ought to be construed in a reasonable sense and, if the doctor is of the opinion on reasonable grounds and with adequate knowledge of the probable consequences, that continuing the pregnancy would be to make the woman a physical or mental wreck, the jury are quite entitled to take the view that the doctor who, under those circumstances and in that honest belief, operates is operating for the purpose of preserving the life of the mother.’

This case was of major significance in that it extended the grounds for a lawful abortion to include the mental and physical well-being of the woman.

Appendix Two

The 1967 Abortion Act

The Abortion Act received Royal Assent on 27 October 1967. The Act was intended to amend and clarify the law relating to termination of pregnancy by registered medical practitioners. The full text of the Act is as follows:

1. (1) Subject to the provisions of this section, a person shall not be guilty of an offence under the law relating to abortion when a pregnancy is terminated by a registered medical practitioner if two registered medical practitioners are of the opinion, formed in good faith—
 - (a) that the continuance of the pregnancy would involve risk to the life of the pregnant woman, or of injury to the physical or mental health of the pregnant woman or any existing children of her family, greater than if the pregnancy were terminated; or
 - (b) that there is a substantial risk that if the child were born it would suffer from such physical or mental abnormalities as to be seriously handicapped.
1. (2) In determining whether the continuance of a pregnancy would involve such risk of injury to health as it mentioned in paragraph (a) of subsection (1) of this section, account may be taken of the pregnant woman's actual or reasonably foreseeable environment.
1. (3) Except as provided by subsection (4) of this section, any treatment for the termination of pregnancy must be carried out in a hospital vested in the Minister of Health or the Secretary of State under the National Health Service Acts, or in a place for the time being approved for the purposes of this section by the said Minister or the Secretary of State.
1. (4) Subsection (3) of this section, and so much of subsection (1) as relates to the opinion of two registered medical practitioners, shall not apply to the termination of a pregnancy by a registered medical practitioner in a case where he is of the opinion, formed in good faith, that the termination is immediately necessary to save the life or to prevent grave permanent injury to the physical or mental health of the pregnant woman.

Notification

2. (1) The Minister of Health in respect of England and Wales, and the Secretary of State in respect of Scotland, shall by statutory instrument make regulations to provide—
 - (a) for requiring any such opinion as is referred to in section 1 of this Act to be certified by the practitioners or practitioner concerned in such form and at such time as may be prescribed

- by the regulations, and for requiring the preservation and disposal of certificates made for the purposes of the regulations;
 - (b) for requiring any registered medical practitioner who terminates a pregnancy to give notice of the termination and such other information relating to the termination as may be so prescribed;
 - (c) for prohibiting the disclosure, except to such persons or for such purposes as may be so prescribed, of notices given or information furnished pursuant to the regulations.
2. (2) The information furnished in pursuance of regulations made by virtue of paragraph (b) of subsection (1) of this section shall be notified solely to the Chief Medical Officers of the Ministry of Health and the Scottish Home and Health Department respectively.
2. (3) Any person who wilfully contravenes or wilfully fails to comply with the requirements of regulations under subsection (1) of this section shall be liable on summary conviction to a fine not exceeding one hundred pounds.
2. (4) Any statutory instrument made by virtue of this section shall be subject to annulment in pursuance of a resolution of either House of Parliament.

Application of Act to visiting forces etc.

3. (1) In relation to the termination of a pregnancy in a case where the following conditions are satisfied, that is to say-
- (a) the treatment for termination of the pregnancy was carried out in a hospital controlled by the proper authorities of a body to which this section applies; and
 - (b) the pregnant woman had at the time of the treatment a relevant association with that body; and
 - (c) the treatment was carried out by a registered medical practitioner or a person who at the time of the treatment was a member of that body appointed as a medical practitioner for that body by the proper authorities of that body.

This Act shall have effect as if any reference in section 1 to a registered medical practitioner and to a hospital vested in a Minister under the National Health Service Acts included respectively a reference to such a person as is mentioned in paragraph (c) of this subsection and to a hospital controlled as aforesaid, and as if section 2 were omitted.

3. (2) The bodies to which this section applies are any force which is a visiting force within the meaning of any of the provisions of Part I of the Visiting Forces Act 1952 and any headquarters within the meaning of the Schedule to the International Headquarters and Defence Organisations Act 1964; and the purposes of this section-
 - (a) a woman shall be treated as having a relevant association at any time with a body to which this section applies if at that time-
 - (i) in the case of such a force as aforesaid, she had a relevant association within the meaning of the said Part I with the force; and
 - (ii) in the case of such a headquarters as aforesaid, she was a member of the headquarters or a dependant within the meaning of the Schedule aforesaid of such a member; and
 - (b) any reference to a member of a body to which this section applies shall be construed-
 - (i) in the case of such a force as aforesaid, as a reference to a member of or of a civilian component of that force within the meaning of the said Part I; and
 - (ii) in the case of such a headquarters as aforesaid, as a reference to a member of that headquarters within the meaning of the Schedule aforesaid.
4. (1) Subject to subsection (2) of this section, no person shall be under any duty, whether by contract or by any statutory or other legal requirement, to participate in any treatment authorised by this Act to which he has a conscientious objection: Provided that in any legal proceedings the burden of proof of conscientious objection shall rest on the person claiming to rely on it.
4. (2) Nothing in subsection (1) of this section shall affect any duty to participate in treatment which is necessary to save the life or to prevent grave permanent injury to the physical or mental health of a pregnant woman.
4. (3) In any proceedings before a court in Scotland, a statement on oath by any person to the effect that he has a conscientious objection to participating in any treatment authorised by this Act shall be sufficient evidence for the purpose of discharging the burden of proof imposed upon him by subsection (1) of this section.

5. (1) Nothing in this Act shall affect the provisions of the Infant Life (Preservation) Act 1929 (protecting the life of the viable foetus).
5. (2) For the purposes of the law relating to abortion, anything done with intent to procure the miscarriage of a woman is unlawfully done unless authorised by section 1 of this Act.
6. In this Act, the following expressions have meanings hereby assigned to them:
 - “the law relating to abortion” means sections 58 and 59 of the Offences against the Person Act 1861, and any rule of law relating to the procurement of abortion;
 - “the National Health Service Acts” means the National Health Service Acts 1946 to 1966 or the National Health Service (Scotland) Acts 1947 to 1966.
7. (1) This Act may be cited as the Abortion Act 1967.
7. (2) This Act shall come into force on the expiration of the period of six months beginning with the date on which it is passed.
7. (3) This Act does not extend to Northern Ireland

Appendix Three

The 1967 Abortion Act as amended by the 1990 Human Fertilisation and Embryology Act

The Human Fertilisation and Embryology Act became law on 1 November 1990. The 1967 Abortion Act was amended to read as follows:

Medical termination of pregnancy.

1. (1) Subject to the provisions of this section, a person shall not be guilty of an offence under the law relating to abortion when a pregnancy is terminated by a registered medical practitioner if two registered medical practitioners are of the opinion, formed in good faith:
 - (a) that the pregnancy has not exceeded its twenty-fourth week and that the continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of the pregnant woman or any existing children of her family; or
 - (b) that the termination is necessary to prevent grave permanent injury to the physical or mental health of the pregnant woman; or
 - (c) that the continuance of the pregnancy would involve risk to the life of the pregnant woman, greater than if the pregnancy were terminated; or
 - (d) that there is a substantial risk that if the child were born it would suffer from such physical or mental abnormalities as to be seriously handicapped.
1. (2) In determining whether the continuance of a pregnancy would involve such risk of injury to health as is mentioned in paragraph (a) or (b) of subsection (1) of this section, account may be taken of the pregnant woman's actual; or reasonably foreseeable environment.
1. (3) Except as provided by subsection (4) of this section, any treatment for the termination of pregnancy must be carried out in a hospital vested in the Minister of Health or the Secretary of State under the National Health Service Acts, or in a place for the time being approved for the purposes of this section by the said Minister or the Secretary of State.
1. (3A) The power under subsection (3) of this section to approve a place includes power, in relation to the treatment consisting primarily in the use of such medicines as may be specified in the approval and carried out in such manner as may be so specified, to approve a class of places.

1. (4) Subsection (3) of this section, and so much of subsection (1) as relates to the opinion of two registered medical practitioners, shall not apply to the termination of a pregnancy by a registered medical practitioner in a case where he is of the opinion, formed in good faith, that the termination is immediately necessary to save the life or to prevent grave permanent injury to the physical or mental health of the pregnant woman.

Notification.

2. (1) The Minister of Health in respect of England and Wales, and the Secretary of State in respect of Scotland, shall by statutory instrument make regulations to provide-
 - (a) for requiring any such opinion as is referred to in section 1 of this Act to be certified by the practitioners or practitioner concerned in such form and at such time as may be prescribed by the regulations, and for requiring the preservation and disposal of certificates made for the purposes of the regulations;
 - (b) for requiring any registered medical practitioner who terminates a pregnancy to give notice of the termination and such other information relating to the termination as may be so prescribed;
 - (c) for prohibiting the disclosure, except to such persons or for such purposes as may be so prescribed, of notices given or information furnished pursuant to the regulations.
2. (2) The information furnished in pursuance of regulations made by virtue of paragraph (b) of subsection (1) of this section shall be notified solely to the Chief Medical Officers of the Ministry of Health and the Scottish Home and Health Department respectively.
2. (3) Any person who wilfully contravenes or wilfully fails to comply with the requirements of regulations under subsection (1) of this section shall be liable on summary conviction to a fine not exceeding one hundred pounds.
2. (4) Any statutory instrument made by virtue of this section shall be subject to annulment in pursuance of a resolution of either House of Parliament.

Application of Act to visiting forces etc.

3. (1) In relation to the termination of a pregnancy in a case where the following conditions are satisfied, that is to say:
 - (a) the treatment for termination of the pregnancy was carried out in a hospital controlled by the proper authorities of a body to which this section applies; and
 - (b) the pregnant woman had at the time of the treatment a relevant association with that body; and
 - (c) the treatment was carried out by a registered medical practitioner or a person who at the time of the treatment was a member of that body appointed as a medical practitioner for that body by the proper authorities of that body, this Act shall have effect as if any reference in section 1 to a registered medical practitioner and to a hospital vested in a Minister under the National Health Service Acts included respectively a reference to such a person as is mentioned in paragraph (c) of this subsection and to a hospital controlled as aforesaid, and as if section 2 were omitted.
3. (2) The bodies to which this section applies are any force which is a visiting force within the meaning of any of the provisions of Part I of the Visiting Forces Act 1952 and any headquarters within the meaning of the Schedule to the International Headquarters and Defence Organisations Act 1964; and for the purposes of this section-
 - (a) a woman shall be treated as having a relevant association at any time with a body to which this section applies if at that time-
 - (i) in the case of such a force as aforesaid, she had a relevant association within the meaning of the said Part I with the force; and
 - (ii) in the case of such a headquarters as aforesaid, she was a member of the headquarters or a dependant within the meaning of the Schedule aforesaid of such a member; and
 - (b) any reference to a member of a body to which this section applies shall be construed-
 - (i) in the case of such a force as aforesaid, as a reference to a member of or of a civilian component of that force within the meaning of the said Part I; and
 - (ii) in the case of such a headquarters as aforesaid, as a reference to a member of that headquarters within the meaning of the Schedule aforesaid.

Conscientious objection to participation in treatment.

4. (1) Subject to subsection (2) of this section, no person shall be under any duty, whether by contract or by any statutory or other legal requirement, to participate in any treatment authorised by this Act to which he has a conscientious objection:

Provided that in any legal proceedings the burden of proof of conscientious objection shall rest on the person claiming to rely on it.

4. (2) Nothing in subsection (1) of this section shall affect any duty to participate in treatment which is necessary to save the life or to prevent grave permanent injury to the physical or mental health of a pregnant woman.

4. (3) In any proceedings before a court in Scotland, a statement on oath by any person to the effect that he has a conscientious objection to participating in any treatment authorised by this Act shall be sufficient evidence for the purpose of discharging the burden of proof imposed upon him by subsection (1) of this section.

5. (1) No offence under the Infant Life (Preservation) Act 1929 shall be committed by a registered medical practitioner who terminates a pregnancy in accordance with the provisions of this Act.

5. (2) For the purposes of the law relating to abortion, anything done with intent to procure a woman's miscarriage (or, in the case of a woman carrying more than one foetus, her miscarriage of any foetus) is unlawfully done unless authorised by section 1 of this Act and, in the case of a woman carrying more than one foetus, anything done with intent to procure her miscarriage of any foetus is authorised by that section if:

(a) the ground for termination of the pregnancy specified in subsection (1)(d) of that section applies in relation to any foetus and the thing is done for the purpose of procuring the miscarriage of the foetus, or

(b) any of the other grounds for termination of the pregnancy specified in that section applies.

Interpretation.

6. In this Act, the following expressions have meanings hereby assigned to them:

“the law relating to abortion” means sections 58 and 59 of the Offences against the Person Act 1861, and any rule of law relating to the procurement of abortion;

“the National Health Service Acts” means the National Health Service Act 1946 to 1966 or the National Health Service (Scotland) Acts 1947 to 1966.

Short title, commencement and extent.

7. (1) This Act may be cited as the Abortion Act 1967.

(2) This Act shall come into force on the expiration of the period of six months beginning with the date on which it is passed.

(3) This Act does not extend to Northern Ireland.

Call us on 0845 365 50 50
or go to www.bpas.org to find out more.



bpas
20 Timothys Bridge Road
Stratford Enterprise Park
Stratford-upon-Avon CV37 9BF

Company limited by guarantee 1803160.
Registered charity 289145 as British Pregnancy Advisory Service.

ISBN no. 0 906233 67 4.

Designed by Robson Crome www.robsoncrome.com

