## **Cross-Party Group on Women's Health**

Tuesday 16 January 2024, 18:00-19:15

#### Minute

#### Present

#### **MSPs**

Monica Lennon MSP Carol Mochan MSP

### Invited guests

Dr Lynsey Mitchell Lucy Grieve Sinead Cook

## Non-MSP Group Members

Alice Murray (Secretariat)

Jade Heffron (Secretariat)

Fiona Menzies

Jill Wood

**Dorothy Grace Elder** 

Gemma Clarke

Sharon Hanley

Kirsty Otter Pilot?

Lynsey Mitchell

Marie Kerguelen

Rosie Illett

Sinead Cook

Carrie Purcell

Ann Henderson

**Ethel Moorhead** 

**Becky Metcalfe** 

Livvi

Ann Henderson

E Moorehead

Eileen Cawley

Gemma Clark (Would like to join CPG)

## **Apologies**

Pat Menzies (Secretariat)

#### Welcome and Introductions – Monica Lennon MSP

Minutes of the last meeting were approved and seconded by Kate Sang and Dorothy-Grace Elder.

The topic of tonight's session is about decriminalising abortion in Scotland. Monica gave particular welcome to Gemma Clark who brought two petitions regarding decriminalising abortion in Scotland and Wales to Scottish Parliament.

## Decriminalising Abortion in Scotland - Dr Lynsey Mitchell

Dr Lynsey is a law lecturer at University of Strathclyde, Glasgow. She specialises in human rights law with a particular interest in reproductive rights and reproductive health.

Dr Lynsey gave an overview of the history of abortion in England and Scotland. In England abortion is criminalised by the Offences Against the Persons Act 1861. Scotland's criminal law often criminalises activity through the common law. Common law is interpreted by judges making decisions in court cases. There are very few court cases on abortion in Scotland, so there is uncertainty about the parameters of the law. Some suggest that Scotland has only ever criminalised those who perform abortions with 'wicked' intent'. The Abortion Act 1967 presumes that abortion is a crime and provides exceptions to this. She noted that abortion has been prosecuted before and it can happen again.

Dr Lynsey went on to say that as the Act is based a lot on marital law, there still must be doctors' consent to perform an abortion. There are lots of examples of cases regarding abortion in the early twentieth century but due to there not being many more recently, it makes the law hazy when it comes to current cases. Dr Ross is the only person convicted of abortion in modern Scotland.

# Abortion law reform in the UK – Lucy Grieve – BPAS Policy and Engagement Manager

Lucy will be providing an insight into what is happen is happening in England and Northern Ireland regarding abortion. Lucy worked on the Back Off Scotland Campaign.

Lucy provided a background into the work of BPAS who is the largest provider of abortions in the UK, administrating 100,000 abortions across the UK. Scotland currently do not provide abortion to women who are over 20 weeks pregnant. Abortion law reform is currently BPAS's priority within the next couple of years.

Lucy then provided a background into the situation since 2022. Between 1867 and 2022 only 3 women were prosecuted for an 'illegal' abortion. Since the end of 2022, 6 women have been charged. There has been hundreds of requests from police for

medical records of women suspected of abortion offences have been made to providers such as BPAS and gave examples of specific cases.

One example is that of Carla Foster, who is a mother of three and was sentenced to 28 months in prison for procuring her own abortion during the Covid lockdown. Lucy explained that Carla's life changed forever, and was personal life was blasted on social media and this offence stays on her record.

There was another example of a vulnerable 17-year-old woman who spent 36 hours in custody after suffering from a stillbirth. She was unable to travel to the clinic and was passed the legal limit of acquiring an abortion, who then had to deliver her baby prematurely.

Lucy spoke of BPAS's current campaign which is We Trust Women Coalition which is led by BPAS and joined by several other groups. Dame Diana Johnson also put forward an amendment to the Criminal Justice Bill to remove women from the Offences Against the Person Act 1861 and the Infant Life (Preservation) Act 1929 in relation to their own pregnancies. There is also broader work on abortion reform after the General Election.

Lucy discussed the situation in Northern Ireland, where abortion was decriminalised in 2019. The new law had impact upon both women and healthcare professionals as medical abortion is now allowed for pregnancies up to 24 weeks, however it does require specific training. There are some resulting issues with commission of services, and women are still travelling to England to access services if they are over 12 weeks pregnant. BPAS are in the process of training up doctors to provide an abortion for up to 24 weeks, but it has proved to be difficult. The situation is similar to that in Scotland.

## A look into the life of being an abortion Care Provider - Dr Sinead Cook

Dr Sinead Cook is a consultant in Sexual and Reproductive Health working in Grampian Sexual Health Services, with the main clinic being based in Aberdeen and she is abortion care provider. Sinead explained that the law surrounds everything that that they do in the clinic, however she believes that the law is outdated and does not focus on the woman's choice. Due to the current requirement of having two doctors to sign an abortion off, there are instances of delays, often having to frustratingly run around to try and find a doctor who can sign things off. Experienced midwifes and senior nurses are unable to provide consent, despite being able to provide similar levels of a care to a doctor and this issue of prevalence in rural areas due to a lack of doctors. These nurses would like to provide all levels of care but legally, they are not able to provide abortion tablets. These delays and the law itself are creating barriers in care and takes away time of providing actual care itself.

Sinead goes on to describe how there are restrictions of the law do limit where abortions can be provided, for example abortions cannot take place in Primary Care, even though it can be safely done there. Also, medication cannot be dispensed from pharmacies which again, is a big problem in rural areas. It does sometimes mean that medications have to be sent out by post which is not ideal. Scotland has recently

amended the law so that abortion medication can be taken at home, but fundamentally the law is outdated. She finished her talk by expressing the importance of abortion care being regulated.

#### Q&A and Discussion

Fiona expressed that she is in favour of decriminalisation and access to abortion. She told the story about Kermit Gosnell in the USA who ran an unsafe clinic for predominantly sex workers. She questioned the importance of how to ensure that regulation is still implemented to prevent these types of situations going forward. Sinead answered by agreeing that ensuring standard healthcare law is being implemented is important. Lucy also added that the need for safeguarding and that information about the pills is vital to ensure would be able to access proper care otherwise, patients would not be given an informed choice.

Eileen said that she would be interested in what way the location of women taking the two-stage abortion medication might impact their risk is an issue, and whether that would then lead onto a temptation to circumvent the current legislation and process? Eileen stressed that she is not anti-abortion, but she is pro-women's safety. Lucy provided some helpful information which can be accessed <a href="here">here</a>. Carrie Purcell also provided a link with further information on how taking early abortion medication at home found no additional risk and this can be accessed <a href="here">here</a>.

Gemma Clark discussed her petition about the 24-week limit and explained the provision surrounding it, and wanted more information as to why it was closed. Monica answered and explained that the petition was closed but it did provide an overview of the committee including the make-up of it. She agreed that lots of women do still have to travel to England to obtain an abortion due to the current limit. Monica asked if Carol Mochan MP knew more about this as she is on the Health Committee and could ask MsPs to raise it in that forum. Carol answered that the Health Committee has had some written questions on this topic, but more could be done. Carol made a commitment that she would look into this and provide Gemma any additional information that she can.

Rebecca Mason is the research manager for Young Womans Movement. She grew up in Belfast and recalls having absolutely no rights growing up regarding abortion. She questioned why it was if the abortion changes that happened in Northern Ireland was implemented in Westminster, why can't this be done for Scotland and Wales as well? Lucy Grieve agreed with Rebecca and addressed that this is something they are looking into.

Fiona commented that the increase in police inquiries terrified her, in particular for the more vulnerable people such refugees or who are undocumented. These people often have good reason not to trust official providers anyway and knowing that police are targeting them might push people even more towards unregulated sources. Lucy wanted to touch on Gemma's point on the mid-trimester point for abortion. This has been an issue for many years, but it has come to light in recent years that women are still having to travel down to England. Even by working with the Government and pushing Health Boards to improve, it still isn't changing and more political pressure here is needed. There is a whole range of things need to happen for this to change but the figures are the same as last year and it needs to change before it gets out of hand. Gemma Clark added that a lack of education during lockdown probably is also probably an issue. Fiona suggested that perhaps the current cost of living issues is also hindering people who would previously have decided to continue the pregnancy are no longer able to.

Eileen asked if there was any insight into why the need for abortions are increasing, despite increased education and contraceptive provision? Lucy responded that herself and Sinead spoke about this in a recent BBC Disclosure program which can be accessed <a href="https://example.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.com/here.c

Rebecca explained in response to Eileen's question that a lot of young women in their cohort, which is 16 to 30, are telling The Young Women's Movement that they no longer want to take or are afraid to take hormonal contraception and they want to find out why. Fiona responded that she keeps seeing videos on TikTok about how dangerous contraception can be and that it is important that knowing the risks is good. She went on to say that for too many decades, the risks of contraception were handwaved away, but stressed the importance of putting the risks into context of the risks of pregnancy. Eileen asked whether they are aware of alternative contraceptives, particularly considering the rise of STIs? Rebecca answered that many young women told us that they struggle to access GPs or other sexual health providers, for example Sandyford in Glasgow has no available appointments for months, so there definitely is issues around education but there are other considerations too. Eileen questioned this as condom are available for free, all over. Rebecca answered that there are issues around young men refusing to wear condoms unfortunately. Gemma added that Sandyford also have very long waiting times for vasectomies as well. Eileen suggested that she thinks people are possibly very worried about things considering how quickly the position around abortion turned in the USA.

Gemma Clark asked if there is any sort of resource that can be posted out to clarify the actual law? Lynsey agreed with this and mentioned that a lot of information online is about England laws and there is a lot of hearsay which needs to be clarified.

Fiona suggested that it would be great to put together a zine which could be handed out about the actual law, including people's actual rights, and who to speak to. Rebecca and Gemma agreed with this. Fiona discussed looking at topics for her next

zine and was going to the next one on disability accommodations, but now believes that this might be worth putting to the top of the list.

Becky asked what the current situation with questions in Parliament was about abortion reform. Monica and Carol have promised to ask more questions during a meeting with Jenni Minto. Monica wants to ensure that she is asking the right and most sensible questions and needs help on this.

Gemma mentioned that teachers are having massive issues and backlash with sex education and that lack of education will also not be helping the situation.

Becky discussed the lack of trust that people currently have towards healthcare providers. Sinead agreed that there is more fear in healthcare providers than she has seen before. Services in Wales are often lumped together with England, but the situation is very different there. She went on to say that although the provision in Scotland is good, it could be better. Lucy also said in regard to abortion provision between 20 and 24 weeks, Scotland only provide that service to women presenting with foetal anomalies, and Scotland doesn't provide the same service for 'social issues. Even though it is the exact same procedure for both, it feels discriminatory based on the grounds to provide an abortion.

Dorothy thanked everyone especially Lucy who provided the statistics regarding the charges around abortions which is deeply concerning that we are worse off now than we were in Victorian ages. Dorothy asked where human rights come into this issue? Lynsey answered that the courts have said that there are human rights if there is access to abortion. Where abortion is illegal in a country, or anything that is a barrier is where there is a problem.

Monica finished the group by thanking everyone for being here and their participation.

Monica acknowledged the action for Carol and Monica to speak with Jenni Minto regarding raising more questions in Scottish Parliament about abortion.

The next meeting date is Tuesday 12<sup>th</sup> March, 6pm-7.15pm, and there are no speakers or topics decided at the moment.

If there are any issues, please contact Alice.