Sarah Wollaston (Totnes, Conservative)

I speak as someone who firmly believes in the right of women to access a safe termination of pregnancy, but who does not believe that not liking the sex of a child is reasonable grounds to do so. I also speak as someone who has experience of sitting with many women over a number of years, counselling them and listening to their views, as they attempt to take the most difficult decision of their lives.

To help hon. Members, I have brought copies of Certificate A, which is the form that doctors have to complete prior to an abortion—perhaps the Doorkeeper can pass some around. On Certificate A, two doctors have to sign to say:

“We hereby certify that we are of the opinion, formed in good faith”

then it lists a number of criteria that must be fulfilled. How on earth can any doctor form an opinion in good faith if they have signed a form, undated and unnamed, and it has then been photocopied? That goes to the heart of one reason why a prosecution could not be brought in the most recent cases, which was the issue of the variation in clinical practice. Where there was what seems to me like very clear-cut, straightforward malpractice, a decision was made not to prosecute. As a result, it has become more difficult to prosecute in the cases of alleged gender-selection abortion.

Will the Attorney-General, in his summing up, say whether the original decision could be revisited, or at the very least whether very clear guidance could be issued to doctors, saying that the practice is completely unacceptable and that, in future, they could expect to be prosecuted for it? The Care Quality Commission’s decision to deliver no more than a slap on the wrist was disgraceful. The CQC should be there to ensure, beyond doubt, that if clinics carry out the practice in future, they will be closed down, because it goes not only against the spirit of the law, but, in my view, the letter of the law, as set out clearly in Certificate A.

Alan Beith (Berwick-upon-Tweed, Liberal Democrat)

In her distinguished medical career, did my hon. Friend think, at any time, that because she could be taken to the General Medical Council for a failing of practice, she was exempt from the law of the land on a matter such as this?

Sarah Wollaston (Totnes, Conservative)

Absolutely not, but I think that all right-thinking medical professionals, on viewing this form, would reject pre-signing it, and would find it completely abhorrent that someone could pre-sign it and allow an unnamed, undated form to be photocopied. That point is very important. We also saw the scale of this; it was happening at 14 locations, so it was not an isolated event.

The guidance from the BMA’s handbook of ethics and law, which my hon. Friend Mr
Burrowes referred to, is also part of the problem. The guidance begins:

"The Association believes that it is normally unethical to terminate a pregnancy on the grounds of fetal sex alone except in cases of severe x-linked disorders."

So far, so good. However, the guidance goes on to say:

"The pregnant woman's views about the effect of the sex of the fetus on her situation and on her existing children should nevertheless be carefully considered. In some circumstances doctors may come to the conclusion that the effects are so severe as to provide legal and ethical justification for a termination. They should be prepared to justify the decision if challenged."

That is wholly unacceptable. A woman may feel under huge pressure from her family to abort a fetus of the wrong sex, but doctors should not collude in the family's point of view and assist in a termination just because the situation may be stressful for the woman. Rather, they should explore the reasons for that pressure with the woman and protect her from undue pressure from her family; they should certainly not just collude in such attitudes, which reinforce a misogynist point of view that daughters are of less value than sons. That harms not only women worldwide, but all societies where this practice is common, including the men in those societies. There is a straightforward, strong issue of equality here.

As has been said, there is no specific exclusion for gender-specific termination in certificate A. However, we have a precedent for such an exclusion in paragraph 11 of schedule 2 to the Human Fertilisation and Embryology Act 2008, which refers to sex selection when embryos are implanted. The Act makes it clear that, other than in cases where we are trying to prevent a severe inherited medical condition, gender selection is unacceptable in the implantation of embryos. I wonder whether now is the time for an amendment to the Abortion Act to make that explicit and to put the issue beyond any doubt.

Another issue with certificate A is the wording of category A, which refers to the possibility that "the continuance of the pregnancy would involve risk to the life of the pregnant woman greater than if the pregnancy were terminated".

The statistics for maternal mortality for 2006-08 show that 107 women died from conditions directly related to pregnancy, whereas two women died as a result of complications following sepsis after the termination of a pregnancy. Will the Attorney-General clarify whether it would be possible, on a technicality, for any doctor to carry out any abortion on demand because of that difference? Technically, it could be argued that every abortion could satisfy section A of certificate A.

It is perhaps time for us to issue greater clarification of what would constitute unacceptable grounds. It is perhaps time for us to have a wider debate about that. As I said, I speak as someone who firmly believes in a woman's right to access safe abortion, but not to access it on grounds that, in my view and the view, I think, of the vast majority of the public, would harm women's rights and make misogynist attitudes more acceptable.

In a number of cases, we have seen that people have a natural tendency to shy away from awkward situations. We saw that in Rochdale, in different circumstances. When we drill down and look in greater detail at the possibility that gender selection is happening in this country, we see that, although there does not appear to be a distortion in the gender statistics overall, that could be the case in certain communities. We should not, therefore,
take the view that these things are not happening in the UK, because they could well be, and we need to put the issue absolutely beyond doubt in law.

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