Sarah Wollaston Conservative Totnes

Does the Minister agree that one of the issues is that there are some types of X-linked genetic disorders affecting only one sex that cannot be detected by genetic testing for the specific condition in question, and that that is where the uncertainty arises? In other words, it would be entirely on the basis of the sex of the child. That is why the concern and uncertainty would be increased by the new clause.

Jane Ellison The Parliamentary Under-Secretary of State for Health

My hon. Friend exactly describes the concerns as they have been expressed to me by the RCOG.

It may be helpful for me to give the House some figures on abortions in our country. The House is aware that the vast majority of abortions—91%—are carried out at under 13 weeks' gestation. This is before the gestational age at which the sex of the foetus is routinely identified at the second scan, at around 18 to 21 weeks' gestation. Disclosing the sex of the foetus is a local decision and is based on clinical judgment about the certainty of the assessment and the individual circumstances of each case. Some 98% of all abortions were carried out at under 18 weeks' gestation in England and Wales in 2013. It is also the case that 98% of abortions performed in the independent sector in 2013 were carried out at under 18 weeks. By contrast, in 2013, 94% of reported abortions for foetal abnormality were performed in NHS hospitals. In the light of this, the House would want to consider that the new clause could be thought likely to have greatest potential impact on those health professionals working in our NHS, rather than on independent sector providers.

As the hon. Member for Stockport explained, new clause 25 would require a further assessment of the evidence that terminations are taking place on the ground of the sex of the foetus alone. I have already outlined the analysis that the Department of Health is undertaking on an annual basis in this area. We will also take into consideration any other evidence that comes to light. I stress to the House that we take the issue of coercion and abuse very seriously. Women who present for an abortion will always have the opportunity to speak to a health professional on their own at some point during the consultation. From my perspective as public health Minister, this is the sort of issue that would sensibly be considered as part of any further review, and the Department of Health is already considering what further sources of evidence can contribute to our knowledge on this important issue.

Sarah Wollaston, Conservative Totnes

We all agree that it is abhorrent to terminate a pregnancy on the grounds of a belief that daughters are less valuable than sons. However, I will vote against new clause 1 for three reasons: it is unnecessary, there would be unintended consequences and we have insufficient time to debate what would be a fundamental change to an underlying principle of
the Abortion Act 1967.

We have heard clearly that it is already illegal to terminate a pregnancy on the grounds of gender alone, and rightly so. That has been clarified since many of us agreed that there was an issue. I agree that there was an issue. It was not possible to bring prosecutions until the clarification was issued by the Department of Health and the chief medical officer.

The updated data on this issue, which examines not only ethnicity but birth order, shows that there is no evidence of a systematic practice of gender-based abortion in this country. It happens in other parts of the world, where it is having a serious distorting effect on societies and on the status of women, but there is no systematic practice here, although I have no doubt that there are individual cases.

New clause 1 would have unintended consequences. At present, women may have the confidence to disclose to a doctor in the confidence of a consulting room that they feel under pressure. If we brought in the new clause, women might feel that they may be criminalised. That would do more harm than good and bring about the exact reverse of the intended consequence of the new clause. We also risk stigmatising communities through the implication that this is a widespread practice, which it is not in the UK. We have to be clear about that.

New clause 1 uses the very emotive term, "the unborn child". That would change the meaning within the Abortion Act. We have to be very careful about that. My hon. Friend Mr Burrowes mentioned that the word "child" appears in the Abortion Act. I accept that, but we must look at the context in which the word is mentioned. It is mentioned in the grounds for terminating a pregnancy when there is a grave risk that a child may suffer a serious abnormality. In other words, it does not confer personhood on the foetus in the way that this change would. It may be the view of the House that that needs to change, but let us come back and debate this incredibly serious ethical point with the time it deserves, not shoehorn it on to the tail end of a new clause with which it is difficult to disagree—as I said earlier, we are all agreed that termination on the grounds that a daughter is somehow of less value than a son is totally abhorrent.

I urge hon. Members please to come back to this issue and give it the time it deserves. Let us debate it on its ethical merits, not try to pretend that we are talking about something else. We are all agreed on the fundamental premise, so let us give it the time it deserves and reject new clause 1 tonight.

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