

Response ID ANON-JKK1-HG5N-3

Submitted to **Consultation on Future Arrangements for Early Medical Abortion at Home**
Submitted on **2021-01-03 18:40:26**

Questions

1 What impact do you think that the current arrangements for early medical abortion at home (put in place due to COVID-19), have had on women accessing abortion services? Please answer with regards to the following criteria.

Negative impact

Comments (optional)::

The decision to have an abortion can be a very difficult one for many women. Many women need time and they need counselling on this issue. Many are under pressure from others (parents, siblings, partners, husbands, peers) to undergo abortion and may feel pressurised into doing something they really don't want to do. Without face to face consultations, the risk of coercion is very likely to be greatly increased. Certainly the opportunity for confidential discussion is significantly hindered.

Physically, the woman is much more likely to suffer serious injury from the potent Mifepristone and Misoprostol abortion drugs. Without face to face consultations, there is no sure way of knowing the stage of gestation and the risk of medical abortion increases with increasing age of gestation. There are reports that already two women in the UK have died in 2020 (from haemorrhage in one case and sepsis in another) following medical abortions at home and many others have required emergency admission to hospital for blood transfusions and supportive therapy.

The initial concerns about exposure to Covid by attending clinics for face to face consultations can and are safely addressed by adherence to all of the recommended measures to protect patients and staff in clinical settings.

The impacts are mixed

Comments (optional)::

For the providers of abortion, early medical abortions at home are certainly more convenient as they do not have to engage in face to face conversations with clients and their partners. Following a brief telephone conversation it is quite easy to dispense the abortion drugs by post. For some pregnant women, it may seem to be a convenient service as it can be done, at least in theory, from the comfort of their own homes. This apparent convenience, however, must be balanced against a need for appropriate consultation and possible safety concerns. Safety should not be compromised for the sake of convenience

No impact

Comments (optional)::

There are no prolonged waiting times or other difficulties for women seeking medical abortion in Scotland by attending an approved clinical setting. Telephone consultations and sending abortion medications by post have no significant impact on waiting times. There is a possibility that the absence of face to face consultations may lead to pregnant women making uninformed choices that they may later regret.

2 What impact do you think that the current arrangements for early medical abortion at home (put in place due to COVID-19), have had for those involved in delivering abortion services? (For example, this could include impacts on workforce flexibility and service efficiency.)

Negative impact

Comments (optional)::

While an element of convenience has been introduced by this change in practice, it is possibly accompanied by a significant negative impact on the healthcare professional-patient relationship. As medical doctors, we believe that face to face consultations are far more rewarding and effective than telephone or video-link consultations. In many areas of medicine, including obstetrics, correct diagnoses and appropriate management plans can only be facilitated by face to face consultations, frequently necessitating actual physical examinations.

3 What risks do you consider are associated with the current arrangements for early medical abortion at home (put in place due to COVID-19)? How could these risks be mitigated?

Comments::

1. Risk of coercion to proceed to abortion not recognised.
2. Risk of abuse, including sexual abuse of minors, that may go unrecognised because of absence of face to face consultations.
3. Risk of abortion pills being obtained by others or fictitious clients and being administered surreptitiously to pregnant women to induce abortion without consent.
4. Risk of ectopic pregnancy going undetected until life-threatening complications occur.
5. Risk of other serious complications to the mother, especially if medical abortions are performed in 2nd and even 3rd trimesters (as has been reported). These serious risks include major haemorrhage, sepsis, severe and prolonged pain not adequately treated by analgesia provided, womb rupture, death.

4 Do you have any views on the potential impacts of continuing the current arrangements for early medical abortion at home (put in place due to COVID-19) on equalities groups (the protected characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation)?

Yes

If yes, please outline possible impacts below. Please be as specific as you can and include any resources or references to evidence on this topic that we should consider.:

All of the dangers mentioned above are applicable to all groups, including all of the groups mentioned under the Equality Act. There may be an even higher risk of coercion or attempts to surreptitiously induce abortion without consent among some ethnic groups.

5 Do you have any views on potential impacts of continuing the current arrangements for early medical abortion at home (put in place due to COVID-19) on socio-economic equality?

Yes

If yes, please outline possible impacts below. Please be as specific as you can and include any resources or references to evidence on this topic that we should consider.:

All of the risks and concerns mentioned above apply to all socio-economic groups. Once again, the pressure or coercion to abort may be higher among some socio-economic groups. Allowing continuation of early (or later) medical abortions at home does nothing to address social inequalities. Other political and social reforms are necessary to adequately address such issues.

6 Do you have any views on potential impacts of continuing the current arrangements for early medical abortion at home (put in place due to COVID-19) on women living in rural or island communities?

Yes

If yes, please outline possible impacts below. Please be as specific as you can and include any resources or references to evidence on this topic that we should consider. :

Women living in more remote areas, such as those in rural or island communities, are at higher risk from all of the dangers already mentioned, relative to women living in urban areas. They should be considered particularly vulnerable to the risks associated with medical home abortion. While it may be more convenient for women in remote areas to receive telephone consultations and abortion medication by post, their safety should not be compromised for the sake of this apparent convenience.

Whether to make current early medical abortion arrangements a permanent measure

7 How should early medical abortion be provided in future, when COVID-19 is no longer a significant risk? [select one of the options below]

c) Other (please provide details) –

If you responded c) Other, please provide details:

It must be recognised that the abortion-inducing drugs are highly potent and potentially dangerous. In particular, Mifepristone frequently causes major haemorrhaging, especially in pregnancies greater than eight weeks gestation. Misoprostol (and also Mifepristone before Misoprostol administration) often causes severe abdominal pain that is not adequately relieved by standard analgesia. Some women suffer additional psychological trauma when a dead foetus, already well-formed, is delivered following the abortion process.

Women have died, including two women in the UK in 2020, as a result of undergoing medical abortions at home. Many others have suffered serious complications requiring hospitalisation. It is well-established that the mortality rates and the serious morbidity complication rates are much higher with medical abortion than with surgical abortion.

Some women change their minds about proceeding with abortion, even after they have taken the first abortion pill, Mifepristone. There is evidence that early treatment with high-dose Progesterone can overcome the effects of Mifepristone in 50-70% of cases, allowing for some babies' lives to be saved in these situations. In the UK, the Catholic Medical Association has established this abortion pill "rescue" programme in 2020. We received 70 requests for "rescue" treatment (including several from women resident in Scotland) in a 6 month period from July to December 2020. The majority of these women had felt pressurised in some way to proceed with an abortion they did not wish to undergo. This may be the tip of an iceberg. If medical abortions are allowed to continue, women should be informed that a "rescue" service may be available to them if they change their minds during the process. This approach would be consistent with supporting choice.

With the known and well-documented dangers associated with medical abortions, it is time to honestly re-evaluate the health impact on women of the medical abortion drugs.

About you

What is your name?

Name:

Dermot Kearney

What is your email address?

Email:

[redacted]

Are you responding as an individual or an organisation?

Organisation

What is your organisation?

Organisation:

Catholic Medical Association (UK)

The Scottish Government would like your permission to publish your consultation response. Please indicate your publishing preference:

Publish response with name

We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

Yes

I confirm that I have read the privacy policy and consent to the data I provide being used as set out in the policy.

I consent

Evaluation

Please help us improve our consultations by answering the questions below. (Responses to the evaluation will not be published.)

Matrix 1 - How satisfied were you with this consultation?:

Slightly satisfied

Please enter comments here.:

Fair questions asked with opportunities to express opinions.

Matrix 1 - How would you rate your satisfaction with using this platform (Citizen Space) to respond to this consultation?:

Very satisfied

Please enter comments here.:

Easy to find and navigate through the various pages.