

## Police, Crime, Sentencing and Courts Bill

House of Commons: Report Stage  
Monday 5 July 2021

### About the BMA

The BMA (British Medical Association) is a professional association and trade union representing and negotiating on behalf of all doctors and medical students in the UK. It is a leading voice advocating for outstanding health care and a healthy population. It is an association providing members with excellent individual services and support throughout their lives.

**The BMA supports Amendment NC55, tabled by Dame Diana Johnson. Abortion should no longer be treated as a criminal issue. Instead, it should be regulated in the same way as other medical treatments. It is important to stress that the removal of criminal sanctions specific to abortion does not mean an absence of regulation. We urge MPs to support Amendment NC55 to achieve this in England and Wales.**

**The BMA supports cross-party Amendment NC42, tabled by Dr Rupa Huq MP. It would facilitate the introduction of exclusion zones outside confidential abortion services in England and Wales, which we believe is a necessary national measure to prevent the unacceptable, longstanding harassment and intimidation of patients and staff at these facilities.**

**We urge MPs to support these amendments at Report Stage.**

### The decriminalisation of abortion

**The BMA believes that abortion should be decriminalised across the UK: it should be regulated in the same way as other clinical procedures, which are already subject to an extensive range of professional standards, regulations, criminal and civil laws. As such, we urge MPs to support Amendment NC55.**

Our policy in support of the decriminalisation of abortion across the UK was established at the BMA's 2017 ARM (Annual Representative Meeting), following a lengthy and informed debate.<sup>1</sup> Clinical care, professional practice, and societal attitudes have changed significantly since the enactment of the current criminal sanctions on abortion. Abortion is a safe procedure for which major complications and mortality are rare at all gestations; it is, and should be treated as, a medical not a criminal issue.

In the BMA's view, the current abortion law is out of step with the emphasis on patient autonomy found elsewhere in medicine. Treating a common medical procedure as a crime (with exceptions) is stigmatising for both women and healthcare professionals who are providing a legal and

<sup>1</sup> Our established policy on the wider considerations about when and how abortion should be available is outlined in the BMA's guidance, [The Law and Ethics of Abortion](#).



necessary service. The risk of prosecution can have a chilling effect on healthcare professionals who are, or may be considering, participating in the lawful provision of abortion services, thereby impacting the UK's ability to train and recruit the workforce necessary to deliver safe, equitable abortion services.

As such, we believe decriminalisation is an appropriate response to clinical and societal changes, and the potential deleterious effects of the current criminal law. More detailed information on the BMA's position can be found in our paper "[The removal of criminal sanctions for abortion](#)".

It is important to stress that the removal of criminal sanctions specific to abortion does not mean an absence of regulation. Limits on the procedure could still be set, but contraventions would be subject to professional and regulatory, rather than criminal, sanctions. Criminal and civil laws that apply to other aspects of clinical care would continue to apply to an abortion procedure at any stage.

The decriminalisation of abortion would not alter the wider regulatory context governing clinical care, such as matters relating to consent or the supply of medicinal products – these are not contingent on whether abortion remains a criminal offence. For example, supplying abortion drugs without a prescription would remain a criminal offence under the UK-wide Human Medicines Regulations 2012. Criminal sanctions would continue to apply in such cases.

More detailed information on the regulation of clinical procedures and the BMA's views can be found in our resource, '[How will abortion be regulated in the United Kingdom if the criminal sanctions for abortion are removed?](#)'.<sup>2</sup>

### **The intimidation and harassment of staff and patients outside abortion services**

**The BMA supports cross-party amendment NC42 proposing a national approach to protecting staff and women accessing abortion services. We call on the UK Government to introduce buffer zones outside all such facilities to ensure harassment and intimidation can be stopped swiftly and straightforwardly for the protection of staff and patients in England and Wales.**

The BMA appreciates that there is a wide range of views about abortion. However, intimidating staff who are providing a lawful and necessary health service, and approaching women accessing these services who may already feel vulnerable, are unacceptable.

Staff, women, and those accompanying women should not have to encounter harassing and intimidating behaviour when they are entering premises that provide confidential health services. Yet we are aware of anti-abortion picketers harassing women in a variety of different ways, including filming individuals approaching clinics that provide abortion services; providing grossly erroneous information about clinical risks, such as linking abortion with breast cancer; and shouting 'murderers' outside services (with the shouting audible inside treatment areas).

It has been suggested that there are already adequate powers for the police to stop this activity. However, we believe current powers are inadequate to do this. Amongst other things, existing powers may:

- require significant resources; and
- apply for finite periods of time.

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<sup>2</sup> BMA. *How will abortion be regulated in the United Kingdom if the criminal sanctions for abortion are removed?* (October 2018). Available at [www.bma.org.uk/advice/employment/ethics/ethics-a-to-z/abortion](http://www.bma.org.uk/advice/employment/ethics/ethics-a-to-z/abortion)

Thus, the current powers do not protect *all* women accessing these services - the impact of their limited remit is to protect only those whose local council has undergone a time-consuming and costly process to establish a protection zone outside an individual clinic. Such a postcode lottery is not acceptable.

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