[Submission] Petition PE2126: Ensure abortion services are available up to 24 weeks across all parts of Scotland

February 2025

As humanists, we are committed to treating everyone as having inherent worth and dignity. We believe that all individuals should be empowered to exercise autonomy over their own lives, a right that must be respected, promoted, and protected by the state. This principle is established in The Declaration of Modern Humanism and extends to our unequivocal support for bodily autonomy and reproductive rights. In our view, unimpaired and equitable access to contraception, birth control, and abortion services is a human right. The 2022 census found that a majority of people in Scotland now identify as non-religious, highlighting the need for progressive, secular voices to be heard on the future of abortion provision.

Our position is in line with UN Committees, who have stated that denying women access to abortion can amount to violations of the rights to health (Committee on the Elimination of Discrimination against Women, L.C. v. Peru), privacy (Human Rights Committee, Whelan v. Ireland & Mellet v. Ireland), and, in certain cases, the right to be free from cruel, inhumane, and degrading treatment (Mellet V. Ireland).

Humanist Society Scotland therefore supports the aim of Petition PE2126, lodged by Gemma Clark, to ensure all women and pregnant people in Scotland can access abortion care up to the legal limit of 24 weeks.

We are deeply concerned by the lack of access to surgical abortion in Scotland, which is undermining patient autonomy, dignity and choice. The current provision is also fully out-of-step with the patient centred model of care championed in other areas of healthcare. In our view, the status quo has a stigmatising impact on people seeking

abortions after 20 weeks' gestation and undermines the status of abortion as routine healthcare, to which everyone has a fundamental right.

In practice, women and pregnant people in Scotland who want to access a surgical abortion are currently prevented from doing so. The committee should note there are many reasons why patients may not feel a medical abortion is right for them. The predictability, quick nature and clinical setting of a surgical abortion procedure can provide real reassurance and comfort for some. In particular, many patients accessing abortion in the mid-trimester (12 - 20 weeks) might wish to avoid going through an induced labour on a maternity ward and instead opt for a surgical procedure. Data from England, where patients have a choice of abortion method, demonstrates that demand exists for a surgical option. In 2022, 14% of abortions performed in England and Wales were surgical, compared with only 1.2% in Scotland where access remains extremely limited.

For patients in Scotland seeking abortion care beyond 20 weeks, there is no option but to travel to England to undergo a surgical procedure. It is important to acknowledge that the small minority of women and pregnant people who have an abortion at this stage (and are more likely to require/benefit from a surgical option) do so in the context of highly complex and often difficult circumstances. The prospect of travelling hundreds of miles for treatment can be deeply traumatic and practically challenging for many patients, whose autonomy, dignity and choice has been hugely diminished by poor healthcare provision.

As a belief organisation, we feel it is important to address concerns that the current lack of provision could partially stem from a systemic stigma and ethical concerns around abortion post-20-weeks. In a recent study which examined abortion providers' views on the current barriers to access, interviewees spoke about a "historic culture of stigma [that] still exists even within the staff group who provide the care" and a "lack of compassion from people in power [with reference to senior health officials]." One provider also noted a reluctance among their colleagues to provide abortion care up to the legal limit:

> Even within a service with people who say that they're pro-choice, some of them might be on a spectrum. And I say that because I've worked with colleagues

> where suddenly you find out that they don't support a patient having an abortion [≥20-weeks gestation], and yet they are working with you in that service.

In line with our views on individual choice and freedom, we wholeheartedly support the right of medical practitioners to refuse participation in abortion. However, we would take a strong view against any NHS healthboard which refused to host a surgical service due to institutional objections against post-20-week abortion. Unlike an individual medical practitioner, an institution cannot experience guilt or moral distress from acting against its conscience and, therefore, must not be allowed to opt out of providing a service on those grounds.

Likewise, healthcare professionals who identify in line with a humanist philosophy and support the right to access abortion up to the legal limit shouldn't be prevented from providing this service by conscientious objectors in their organisation. A 2013 survey of providers' attitudes towards abortion care post-16-weeks found over 80% support for a later-stage abortion service, with 40% of respondents naming a lack of support among senior management as a potential barrier to service provision.

The fact is, through democratic decision-making, abortion is legal in Scotland up to 24 weeks. Nobody should be prevented from accessing their legal rights due to institutional reluctance to provide abortion care post-20 weeks gestation. We would draw attention to the concluding comments made by the Supreme Court justices in the Northern Ireland case on safe access zones:

> The right of women in Northern Ireland to access abortion services has now been established in law through the processes of democracy. That legal right should not be obstructed or impaired by the accommodation of claims by opponents of the legislation based, some might think ironically, on the liberal values protected by the Convention. A legal system which enabled those who had lost the political debate to undermine the legislation permitting abortion, by relying on freedom of conscience, freedom of expression and freedom of assembly, would in practice align the law with the values of the opponents of reform and deprive women of the protection of rights which have been legislatively enacted.

In its consideration of this petition, Humanist Society Scotland urges the committee to further examine the role systemic abortion stigma has played in the lack of post-20-week provision in Scotland.

We also support calls made by BPAS and Back Off Scotland for the committee to urgently bring forward a parliamentary debate on this matter, bringing national attention to this untenable situation in our NHS.

All women and pregnant people in Scotland should have access to a choice of abortion method all the way up to 24 weeks, without having to travel to England. Access to safe and timely abortion must not be impaired due to poor institutional provision or negative perceptions of post-20-weeks termination.

For more information, please contact Joe Higgins, Policy and Campaigns Officer, at joe@humanism.scot.

About Us

Humanist Society Scotland is a registered charity that promotes Humanist values to people in Scotland, campaigns for an ethical, rational and secular future and gives voice to the millions of people in Scotland who live without religion. Our network of over 140 registered celebrants conducts thousands of weddings, funerals, and naming ceremonies for people to celebrate key life events in line with their personal beliefs and values.

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