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EXPERIENCES OF WOMEN REFUSED NATIONAL HEALTH SERVICE ABORTION

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Summary. Out of 197 Wessex women undergoing a legal abortion at the British Pregnancy Advisory Service (BPAS) clinic at Brighton, 31 (15·7%) had already been refused a termination of pregnancy by at least one National Health Service doctor in Wessex. Almost all of these pregnancies were terminated for reasons covered by the social clause of the 1967 Abortion Act.

The principal reasons given for refusal of termination were that the women had insufficient grounds for termination under the Abortion Act, or that they were too late. Some were given misleading information. Refusal of an operation may have led to one woman having a second trimester rather a first trimester procedure when she went to BPAS. Some of these patients reported medical consultations which they had found to be upsetting or hurtful. It is suggested that the interests both of women seeking abortion and of doctors opposed to abortion would be best served if the Health Authorities were to provide alternative referral pathways to special abortion facilities.

Introduction

Prior to the 1967 Abortion Act, clinical practice with regard to legal abortion in England and Wales varied enormously. It is probable that the most important factors in determining whether a woman obtained a legal abortion were her ability to pay and her knowledge of where to go (Ferris, 1967). However, whilst abortion was readily available in the private sector, the professional view of what constituted acceptable practice remained confined to narrowly defined technical criteria and, within the public sector, the power of decision was with the provider.

The 1967 Abortion Act was in many ways a liberal one, and it included social reasons as legitimate grounds for abortion (HM Government, 1967). This upset the balance between public and private sectors by defining need in non-medical terms, creating a situation in the public sector where women began to insist on the same rights as women using the private sector. Many general practitioners and gynaecologists have found this difficult to accept and their response to the situation has led to considerable anomalies of provision both between and within the health authority regions (Macintyre, 1973; Farmer, 1973).

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In 1976 the Wessex Regional Health Authority set up a working party to inquire into the provision of induced abortion within the Wessex region. One part of the work undertaken involved a study of Wessex women obtaining abortions outside their own region and amongst these were women who had already been refused an abortion within Wessex. It is these women who are the subject of this paper.

Methods

In 1975, 2678 Wessex women went outside the region to obtain their legal abortions. This was 58·2% of all Wessex women known to have obtained legal abortions in that year (OPCS, 1977). Of these over 1100 were operated on at the British Pregnancy Advisory Service (BPAS) clinic at Brighton (BPAS, 1976). These women were younger, more often single and had had fewer previous pregnancies than women obtaining National Health Service (NHS) operations within the region.

During an 8-week period in 1978 an attempt was made to interview all abortion patients undergoing termination of pregnancy at the BPAS clinic, Brighton, who normally lived in the Wessex region. Patients were interviewed during their stay at the clinic using a semi-structured interview schedule developed for the purpose. The interviews took place after patients had been accepted for operation and as many as possible were interviewed before the operation took place. The interview was particularly intended to obtain information relating to the patient's experiences since the pregnancy had been first suspected.

Results

The women

During the study period 220 Wessex women underwent termination of pregnancy at the BPAS clinic, Brighton. Out of 197 interviewed, 31 (15·7%) had been refused termination of the current pregnancy by at least one doctor prior to their contacting BPAS. These patients were not confined to one group with respect to age or marital status but included a predominance of younger, single and working class women (Tables 1, 2).

Grounds for termination of pregnancy

The grounds cited as justifying termination of pregnancy by the authorizing doctors were mainly those which have come to be referred to as 'social grounds'. These are included under the second category of the Abortion Act in that 'the continuance of the pregnancy would have involved risk of injury to the physical or mental health of the pregnant woman greater than if the pregnancy were terminated' (HM Government, 1967). Twenty-seven out of the 31 pregnancies were terminated on these grounds.

A further three pregnancies were terminated because of a risk of injury to the physical or mental health of the patient or of her existing child(ren) and one

Table 1. Age and marital status of patients refused NHS abortion

	Refusing doctor			
	GP	Consultant gynaecologist	Both	Total
Age (years)				
Under 17	2	4		6
17–19	3	7		10
20–24	4	1	1	6
25–34	3	3		6
35+	2	1		3
Total	14	16	1	31
Marital status				
Single	8	12		20
Married	5	4	1	10
Previously married*	1			1
Total	14	16	1	31

* Separated, divorced or widowed.

Table 2. Social class of patients refused NHS abortion

Socioeconomic group	No. of women
I + II	5
III Non-manual	2
III Manual	14
IV + V	4
Unable to code	6
Total	31

pregnancy on the grounds that the continuance of the pregnancy would have involved a risk to the life or to the physical or mental health of the woman greater than if the pregnancy were terminated.

Behind these stated reasons lay a complex mesh of social and interpersonal variables which can only be fully understood in the light of each woman's individual case history and of the impact and meaning to her of the pregnancy at that time.

Six patients were under 17 years of age, and nine were in full-time education; five were unemployed; eight patients had a history of depression which had required treatment or consultation with a GP or psychiatrist and one was currently seeing a psychiatrist; two patients had tried to abort themselves during the current pregnancy.

Of the eleven single patients in steady relationships, six were in full-time education and two were unemployed, both of whom had a history of depression. Of the three patients in regular employment one was a 16-year-old with a history of depression who was saving up to get married, one was 19 years old, about to get married but with no prospect of accommodation other than with in-laws, and one was 17 years old and her boy-friend was in prison.

Six patients had been abandoned by their consort when they had found themselves to be pregnant. Of these, four were 17 years old or under and all were either unemployed or in full-time education. One patient was married and the marriage was breaking down and an 18-year-old did not feel capable of looking after a child on her own. In three cases the relationship had ended before the pregnancy was discovered. One of these patients was a student, one had heart valve disease and one had a psychiatric history. One 20-year-old, single, unemployed patient had become pregnant as the result of a casual encounter at a party.

Of the ten married patients, eight had had the number of children they wanted and felt unable to cope with more; one who had no children, whose husband was away in the forces, was pregnant to another man and felt that her husband would not accept the pregnancy. In all, three out of the ten pregnancies of married women were the result of extramarital conceptions.

Reasons given for refusal of abortion

Eight of the 31 women were refused a termination on the grounds that they were too late and twelve because the refusing doctor felt that the grounds were inadequate (Table 3). Four were told that they had no grounds, and that in any case they were too late. Five women were unclear why they had been refused and two had been told by the doctor that he did not agree with abortion.

Five of the nine patients who were told that they were too late by the gynaecologist and two of the three patients who were told that they were too late by the GP subsequently underwent operation by vacuum aspiration or dilatation and curettage. These methods are generally felt to be feasible only for first trimester pregnancies.

Table 3. Reasons given for refusal of NHS operation

	Refusing doctor			
Reason	GP	Consultant gynaecologist	Both	Total
Insufficient grounds	6	6		12
Too late	3	5		8
Insufficient grounds and too late		4		4
Doctor disagrees with abortion	1		1	2
Unclear/no reason given	4	1		5
Total	14	16	1	31

Table 4. Characteristics of patients refused an NHS abortion by a general practitioner

Case no.	Age (years)	Relationship status	Employment status	Other details
1	17	Steady until pregnant	Unemployed	GP said too late for NHS operation but gave the BPAS number.
2	17	Ended before pregnancy discovered	1st year university student	GP said 'they don't do them in . . .'.
3	32	Married (extramarital conception)	Housewife	GP said no possibility locally. Family complete.
4	16	Steady until pregnant	Unemployed	GP said insufficient grounds for NHS but would refer to BPAS.
5	38	Married	Housewife	GP said it could not be done on the NHS because there were no medical reasons.
6	35	Married	Teacher	Family complete. GP said she had not used contraceptives carefully (spermicidal pessaries) and was therefore not entitled to an NHS abortion. Attempted to self-induce abortion.
7	17	Steady	Student	GP described as being very unsympathetic.
8	22	Steady until pregnant	Unemployed	History of depression. GP said 'you've made your bed and now you've got to lie in it . . . you ought to have it; it'll buck your ideas up a bit; it might be the making of you'.
9	22	Steady	Student	GP said he could not help as he was a Catholic but gave her the BPAS number.
10	26	Married (extramarital conception)	Clerk	History of depression. GP said 'there was no medical reason why I shouldn't have it and it wasn't going to drive me nutty either'.
11	15	Steady	Schoolgirl	GP said that 'at 2½ months you are too far gone.' He said there was no reason why she should not marry and have the baby.
12	20	Steady	Student	GP said 'you're perfectly all right, a healthy student, medically perfect. Taking exams is only an excuse not a reason. The college may have a creche where you can leave the baby. There are no excuses for not going on with the pregnancy'.
13	22	Steady (separated)	Domestic worker	Pill failure. GP said she was unlikely to get an operation and did not refer her. She was referred by the family planning clinic.
14	31	Married, marriage ending	Housewife	Family complete. Sheath failure. GP said she was 'too far gone' and the patient complained that he didn't listen to her.

It seems from the patients' accounts that the doctors often had difficulty in seeing beyond their own views on abortion and in treating the women with neutrality and normal professional respect.

Consultations with GPs refusing abortion (Table 4)

Patients who were refused referral for an NHS operation by a GP reported a range of experiences from the helpful to the very unsympathetic. The GPs concerned appear to fall into four groups.

1. Those assessing the local situation realistically and referring the woman direct to BPAS. These encounters were still perceived as a refusal by the patients (cases 1–3).
2. Those who appear to have their own criteria for deciding that an NHS operation was not justified but that the patient was still entitled to an operation under the terms of the Abortion Act (cases 4–6).
3. Those who referred the patients to BPAS despite being opposed to abortion or implying that they thought the patients were not entitled to have an abortion (cases 7–10).
4. Those who refused to refer the patient either to the NHS or to BPAS (cases 11–14).

In all, despite the views expressed, ten of the fourteen patients were eventually referred to BPAS by the GP (Table 5).

Consultations with consultant gynaecologists refusing abortion (Table 6)

The gynaecologists expressed views which broadly fell into four groups.

1. Where the predominant statement of the consultant was that there were insufficient grounds for abortion under the 1967 Act (cases 15–20).
2. Where the gynaecologist implied that the pregnancy was too far advanced to terminate (cases 21–26).

Table 5. Referral agents to BPAS of patients refused termination

	Refusing doctor	
Referral agent to BPAS	GP	Consultant gynaecologist
GP	10	12
FP clinic	3*	1
Personal recommendation	1	2
Other medical	—	1
Press	1	—
Total	15	16

* Includes one patient refused by both GP and consultant gynaecologist.

3. Where the gynaecologist implied that there were insufficient grounds and that it was too late (cases 27–29).

4. Where the gynaecologist stated that he was opposed to abortion (case 30).

Refusal by GP and consultant gynaecologist (case 31)

One 20-year-old patient in a common-law marriage who was pregnant as the result of a failure of oral contraception was refused first by her GP who told her to go to the family planning clinic as he was opposed to abortion, and secondly by the NHS consultant who told her that he had 'a year's waiting list for abortions' and that the social grounds were inadequate in his view.

Effect of refusal on delay in obtaining an abortion

The mean time from seeing a GP to obtaining an operation was 20·7 days (SD 10·6) for those patients who were refused an NHS operation by a GP, and 39·9 days (SD 25·8) for those who were refused an NHS operation by a gynaecologist.

Five of the patients refused an operation by an NHS gynaecologist subsequently had a termination carried out by intra-amniotic injection; for one of these patients it is possible that the delay caused by waiting to see a gynaecologist and being refused operation made the difference between a first and second trimester operation. This patient saw the gynaecologist when she was 10 weeks pregnant, but obtained the operation at 19 weeks. Three of these patients had a history of psychiatric disorder and one of mitral valve disease.

Discussion

Ethical and religious attitudes to induced abortion cover a wide range of opinion. It is possible for diametrically opposed views to be held in equally good faith and to find a philosophical support for almost any position on the spectrum of belief. The 1967 Abortion Act provided a framework which could potentially accommodate conflicting views in a compromise which allowed for the freedom of conscience of those opposed to abortion, whilst allowing those who agreed with abortion on social grounds to perform operations when they believed these to be justified.

One of the consequences of the Act has been that widely differing practices have developed within the NHS in different parts of the country, which are dependent on the beliefs held by the different doctors and their patients. It is clear from the findings of this study that the grounds which might be rejected by one doctor will be accepted by another, and that the patients may be caught in the middle of the ensuing confusion of attitudes. It is notable that the women in this study were not confined to the young and unmarried but included a number of older married women. It is possible that the intervening delay caused by referral to an NHS consultant who refuses termination may make the difference between a woman having a first trimester or a second trimester operation. Some of the women in this study described experiences from medical consultations which caused them distress and hurt, and some appear to have been given misleading opinions with regard to their stage of gestation. These findings, if true, can only be deprecated whilst appreciating the difficult position in which doctors opposed to abortion may

Table 6. Characteristics of patients refused an NHS abortion by a consultant gynaecologist

Case no.	Age (years)	Relationship status	Employment status	Other details
15	19	Engaged	Shop assistant	About to be married and live-in with in-laws in cramped accommodation. No immediate prospect of obtaining separate accommodation. Consultant was said to have kept her waiting for 5 hours and then said 'you're getting married next month, there's no reason for abortion, you're wasting my time'.
16	26	Married	Housewife	Coil failure, family complete. The gynaecologist said that contraceptive failure does not justify abortion. 'If I admitted you for an abortion you would be preventing a patient with cancer from being treated. If I admitted you there would be 10 other abortion patients asking for beds every week.'
17	18	Steady until pregnant	Factory worker	Gynaecologist said 'you're old enough and independent enough to tell your parents and to look after a baby'.
18	16	Steady until pregnant	Schoolgirl	Was told that 'the consultant could not do it because I was healthy'.
19	28	Married	Housewife	Family complete. Was told that she was 'physically and mentally capable of having a child—there is no reason why you should not have it'. She described the consultation as having been very unpleasant and said that the consultant had described in lurid detail the destruction of life. He had said that she would always be coming back every year for an abortion if they did this one.
20	15	Steady until pregnant	Schoolgirl	The family doctor had refused to prescribe oral contraception despite the parents' permission. The consultant had told her 'you don't tell me you have come for an abortion—I decide whether you can or not'. After examining her he said she was healthy enough to have it and would have it whether she liked it or not. He said that she 'could have the child adopted if I did not want it'. 'He said "I was going to have it and in his hospital".'
21	16	Steady	Unemployed	History of depression. Patient was told she was too late at 18 weeks.
22	16	Steady	Factory worker	History of depression. Told she was 4 months pregnant, she asked for a second opinion as she knew she was not. The doctor

				ignored the request and gave her an appointment at the antenatal clinic. When she returned to the family planning clinic—she was told that she was at most $11\frac{1}{2}$ weeks and she was able to have a suction termination of pregnancy.
23	19	Ended before pregnancy discovered	Farm worker	History of depression. Told she 'was over 12 weeks and it was not safe to do it unless it was within 2 or 3 days. He said he was fully booked and had no beds to do this'. The patient had a suction termination carried out at BPAS 16 days later when she was 12 weeks pregnant.
24	17	Steady	Student	Told she was 'too far gone' at 14 weeks.
25	18	Ended before pregnancy discovered	Clerk	Told she was too late for an NHS operation (10 weeks gestation).
26	17	Steady	Shop assistant	Boyfriend in prison. Told that there were no reasons for abortion. 'He said I only wanted it because my boyfriend had been in trouble and he wasn't going to do it.'
27	17	Steady	Student	Told 'it would damage my health because I was in the second phase and I did not have the right grounds to have it. The consultant said "you can't have your pregnancy terminated and that's that".' The patient described the consultation as having been very unpleasant ($14\frac{1}{2}$ weeks gestation).
28	20	Casual	Unemployed	'The gynaecologist said I was over 3 months pregnant, which was a lie. He said I was healthy and there was no reason why I shouldn't be an unmarried mother or put the baby up for adoption. He said "You've got yourself pregnant and you expect us to give you an abortion". He was very sarcastic, when I left the hospital I felt hysterical inside—if I'd been less stable I'm sure I would have committed suicide' (8 weeks gestation).
29	35	Married	Housewife	History of depression, necessitating electro-convulsive treatment. Was told 'you only want it for financial reasons' and that she was too late (20 weeks gestation).
30	28	Married (marital problems); extramarital conception	Barmaid	Family history of spina bifida. Told 'even if there was anything wrong with it' the gynaecologist would not terminate the pregnancy.

find themselves, in dealing with applicants for abortion. That some doctors are able to accommodate conflicting attitudes within themselves is shown by the number of women referred by doctors who had expressed unsympathetic views.

The present situation, where the prospects of women obtaining NHS abortions for essentially similar reasons vary considerably between health districts and between different parts of the country, is very unsatisfactory. The interests both of doctors opposed to abortion and of women seeking abortion would be better served by a commitment from health authorities to provide abortion for women on adequate social grounds who have been refused by doctors on conscientious or moral grounds. This would involve authorities in the development of alternative referral pathways and of the provision of special facilities for performing abortions as suggested in the Lane Committee report (1974).

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