NEW FILE COVER

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S 3004

CONFIDENTIAL FILING

MR JOHN CORRIE MP'S BILL ON ABORTION

MR DAVID ALTON'S ABORTION BILL

ABORTION POLICY

[In Folder: Report of Select Committee on Infant Life (Preservation) Bill (H.L.)]

NATIONAL HEALTH

JUNE 1979

Referred to	Date	Referred to	Date	Referred to	Date	Referred to	Date
~~24.11.87~~							
~~22.2.88~~							
~~26/2/88~~							
~~5/5/88~~							
~~6/5/88~~							
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~~13.1.89~~							
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19.2.89							

PREM 19/2781

Dd 8308366 2M 11/83 JET

TO BE RETAINED AS TOP ENCLOSURE

Cabinet / Cabinet Committee Documents

Reference	Date
L(79) 35	09/07/1979

The documents listed above, which were enclosed on this file, have been removed and destroyed. Such documents are the responsibility of the Cabinet Office. When released they are available in the appropriate **CAB** (CABINET OFFICE) CLASSES

Signed B. Walsh Date 12/8/16

PREM Records Team

From: THE PRIVATE SECRETARY

cc PC

HOME OFFICE
QUEEN ANNE'S GATE
LONDON SW1H 9AT

17 February 1989

Dear Flora

INFANT LIFE (PRESERVATION) ACT 1929

My Secretary of State wrote to yours on 23 January, copying his letter to the Prime Minister, other members of H, Sir Robin Butler and Sir Patrick Mayhew, enclosing a copy of a letter he had received from David Steel MP about the Infant Life Preservation Act 1929. He received responses from the Lord President, the Secretary of State for Scotland and your Secretary of State and in view of these has replied to David Steel as attached.

I am copying this and the Home Secretary's letter to Mr Steel to Private Secretaries to recipients of the Home Secretary's letter of 23 January.

Yours

Catherine

MISS C J BANNISTER

Ms Flora Goldhill
Private Secretary
Department of Health

QUEEN ANNE'S GATE
LONDON SW1H 9AT

17 February 1989

Dear David,

Thank you for your letter of 19 December about the Infant Life Preservation Act which my Private Secretary acknowledged on 23 December.

I am sorry for the delay in responding to your helpful letter. I am most grateful to you for letting me have your suggestion, and we will be giving considerable thought to this, but I am afraid that I cannot add anything more at present.

Yours,

Douglas.

The Rt Hon David Steel, MP
House of Commons

NAT HEALTH : ABOUNA JUN 79.

0749A

DEPARTMENT OF HEALTH AND SOCIAL SECURITY

Richmond House, 79 Whitehall, London SW1A 2NS

Telephone 01-210 3000

From the Secretary of State for XXXXXXXXXXX Health

The Rt Hon Douglas Hurd CBE MP
Home Office
50 Queen Anne's Gate
LONDON
SW1H 9AT

13 February 1989

Dear Douglas,

INFANT LIFE (PRESERVATION) ACT 1929

Thank you for your letter of 23 January about David Steel's proposals for the possible use of Government legislation to amend the 1929 Act. I have since seen John Wakeham's letter to you of 30 January.

I am concerned, as you clearly are, that a Government bill which included even the simple amendment to the law on abortion he proposed would run a high risk of being taken over by a potentially wide ranging discussion of abortion issues.

However, I see the force of John Wakeham's argument that very careful thought needs to be given to handling this issue and I therefore support the line he suggests you should take in replying to David Steel.

I am sending a copy of this letter to the Prime Minister, other members of H Committee, Sir Patrick Mayhew and Sir Robin Butler.

Yours ever,

Ken

KENNETH CLARKE

NAT HEALTH . Aroran . Jun 79.

SCOTTISH OFFICE
WHITEHALL, LONDON SW1A 2AU

The Rt Hon Douglas Hurd CBE MP
Secretary of State for the Home Department
Home Office
50 Queen Anne's Gate
LONDON
SW1H 9AT

9 February 1989

Dear Douglas,

INFANT LIFE (PRESERVATION) ACT 1929

I have seen your letter of 23 January to Kenneth Clarke and also that dated 30 January from John Wakeham to you about the reply you might send to David Steel's letter of 19 December about the possible use of Government legislation to amend the 1929 Act.

I tend to favour the approach put forward by John in the third paragraph of his letter in which he proposes that you acknowledge the letter and undertake to reflect on what David Steel has said. My reasons for this are not only that we need to consider carefully how to handle the abortion and Warnock issues but also that any proposal to amend the 1929 Act could give rise to particular problems for me as that Act does not extend to Scotland. I have previously set out these difficulties at length in my letters of 21 January 1987 to you and of 24 March 1988 to John.

Should you feel that anything more needs to be said to David Steel, I think it is important that you mention briefly in the reply that the 1929 Act does not extend to Scotland.

I am sending a copy of this letter to the Prime Minister, other members of H, Patrick Mayhew and Sir Robin Butler.

Yours ever,

Malcolm

MALCOLM RIFKIND

MCO032L5

NAT HEALTH: Abortion
B. 11
June 79

nbpm cc P.O.

PRIVY COUNCIL OFFICE
WHITEHALL, LONDON SW1A 2AT

30 January 1989

Dear Douglas

INFANT LIFE PRESERVATION ACT

You sent me a copy of your letter of 23 January to Kenneth Clarke, proposing how you might deal with a letter that David Steel had sent you on 19 December about the possible use of Government legislation to amend the Infant Life Preservation Act.

I do entirely understand your anxiety to protect any forthcoming Home Office legislation on criminal law reform from being made the field of debate between pro-and anti-abortionists, but I think that we are going to have to give some very careful thought to the best way of handling this difficult issue for the rest of the present Parliament. One factor in the situation is our response to the Procedure Committee's existing recommendations affecting Private Members' Bills which, while limited in scope, may be relevant, together with any further recommendations the Committee might make following the debate on 20 January.

In all the circumstances, I believe that it would be best to avoid expressing views on how we might handle any of this business until we have a clearer idea of the way forward. I do not think that David Steel's letter does, in fact, demand any substantive comment from you and I should be grateful if you could do no more than send him an acknowledgement, thanking him for letting you know his views and promising him, as he asks, that you will reflect on what he has said.

I am sending a copy of this letter to the Prime Minister, other members of H, Patrick Mayhew and Sir Robin Butler.

Yours ever
John

JOHN WAKEHAM

The Rt Hon Douglas Hurd CBE MP
Secretary of State for the Home Department
Home Office
50 Queen Anne's Gate
LONDON
SW1H 9AT

NAT HEALTH : Abortion : Jul 79

010

cc PO.

nbpm

QUEEN ANNE'S GATE LONDON SWIH 9AT

23 January 1989

Dear Kenneth,

I enclose a copy of a letter which I have received from David Steel about the Infant Life Preservation Act 1929, together with the Hansard extract to which the letter refers and a possible draft reply.

During Home Office Questions on 15 December, Douglas Hogg referred to the policy, agreed between Ministers in the context of Lord Houghton's Bill, that a private Member's Bill would be the best method of reducing the presumption of viability in the 1929 Act from 28 to 24 weeks. Mr Steel's letter suggests that it would be better to make the change either in a law reform Bill or in the Bill to implement the Warnock Committee's recommendations.

On the Home Office side, the short answer is that there are no suitable Bills in the 1988-89 Session; we are hoping for a Criminal Justice Bill, but I want to limit its scope by excluding criminal law reforms, of which this would be an example. It will be difficult enough to manage as it is. You may feel much the same way about the Warnock Bill. In either case, there would be the risk of having a major Government Bill in effect hi-jacked by pro- and anti-abortionists, since I suspect that an amendment to the 1929 Act would be regarded as insufficient by people on both sides of the abortion debate.

I accordingly propose to write to David Steel saying that although we do not rule out the possibility of a Government Bill, there is no suitable measure in prospect and that a private Member's Bill remains our preferred option. In accordance with the usual conventions we would be ready to offer drafting help with such a Bill (and I will set the necessary work in hand).

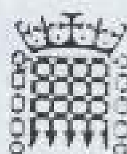
I should be grateful to know if you and other colleagues are content. I am copying these papers to the Prime Minister, other members of H and Sir Robin Butler and Sir Patrick Mayhew.

Yours,

Douglas.

The Rt Hon Kenneth Clarke, QC, MP
Secretary of State for Health

THE RT. HON. DAVID STEEL, M.P.



HOUSE OF COMMONS
LONDON SW1A 0AA

19 December 1988

Dear Douglas,

I listened with interest to what Douglas Hogg said at question time on Thursday (Col. 1077) in answer to question 4 concerning the Infant Life Preservation Act, 1929.

I agree with what I assume to be now government policy that the presumption of viability should be lowered from 28 to 24 weeks. But I would ask that ministers in the Home and Health departments give further thought to the appropriateness of relying on private members' legislation to change it.

Any amendment of this Act would have the effect of a consequential amendment to the Abortion Act 1967 rendering abortion illegal after 24 weeks of pregnancy except to save the life of the mother.

This is highly desirable and would, I believe, command widespread support in the House. It is in accordance with the recommendations of the Lane Committee of Enquiry into the Act as well as the professional medical bodies. It would also reduce (though not remove) the number of private members' attempts to amend and restrict the Abortion Act under the guise of seeking such an obvious reform. And it should reduce the risk of such as the "Carlisle" case recurring.

/...

The Rt Hon. Douglas Hurd, CBE, MP

It should be possible to tack such a measure on to any law reform bill, but it might be appropriate to add a clause to the bill you are preparing on the Warnock committee's proposals. Of course it would run the hazards of lower amendments.

Please do reflect further on this. I would be happy to come and see you if you thought it useful.

Yours,

David

The Rt Hon. Douglas Hurd, CBE, MP,
Home Office,
50 Queen Anne's Gate,
London SW1H 9AT.

followed in this case, but will the Under-Secretary comment on the increasing disquiet that underlies this case—men and women being convicted on confessions alone? There is growing concern that that should not be the sole reason for a conviction. Is the Department prepared to study that matter?

Mr. Hogg: These matters are for the courts. The right hon. Gentleman would do his reputation, and that of his party, considerable good if he stood by the verdict of a jury when it is upheld in the Court of Appeal. Simply to try to go around the back door in such cases is not respectable.

Child Destruction

4. **Mr. Amess:** To ask the Secretary of State for the Home Department what was the average sentence for child destruction under the Infant Life (Preservation Act) 1929 for each of the last 10 years; and if he will make a statement.

Mr. Douglas Hogg: There has been only one conviction for child destruction in the past 10 years. The sentence was life imprisonment.

Mr. Amess: Following that answer, does my hon. Friend recognise that many hon. Members are not satisfied that the intent of the Infant Life (Preservation) Act 1929 is being complied with? Does he further recognise that—with the advances in medical science meaning that the stage at which a baby is capable of being born alive is reducing all the time—the effectiveness of this Act needs to be reviewed urgently?

Mr. Hogg: My hon. Friend puts his point very firmly. The 1929 Act provides that at 28 weeks of development, there is a rebuttable presumption that the foetus is capable of survival. There is quite clear and compelling evidence that the rebuttable presumption should arise not at 28 weeks, but at 24 weeks, but the House may feel that this matter could be best tackled by Private Member's legislation.

Mr. Ashton: There has been one case of child destruction in the past 10 years, but is it not a fact that, before we had the Abortion Act 1967, there was an average of 65 mother destructions each year? Women went to back-street abortionists, but ran into trouble, had to be rushed into hospital and subsequently died. Will the Under-Secretary compare those figures with those of child destruction?

Mr. Hogg: I certainly shall.

Mr. Marlow: Is there not something wrong with a society where healthy human life can be destroyed purely because it is socially inconvenient? Is that not happening increasingly these days? Is it not against the law and is it not time that the Government did something about it?

Mr. Hogg: The 1929 Act is quite plain in its effect. The question really is about where the rebuttable presumption should arise. At the moment it arises at 28 weeks. There is good reason to suppose that it should arise at 24 weeks. It is a matter that causes the House much distress and would probably be best dealt with by Private Member's legislation.

Forensic Science Service

Mr. Cohen: To ask the Secretary of State for the Home Department whether he has any proposals to increase the level of service provided to police forces by the forensic science service.

The Secretary of State for the Home Department (Mr. Douglas Hurd): We plan to recruit 18 additional scientific staff to the Home Office forensic science service in 1989-90 and a further 10 additional staff in 1990-91.

Mr. Cohen: Will the Secretary of State confirm that in 1980 there were 445 staff in the forensic science service, yet last year there were only 437, despite the fact that reported crime in that period went through the roof? Are not many suspected criminals getting away with their crimes because the service cannot cope? Did not an expert witness to the Select Committee on Home Affairs say that morale in the service is bloody awful? When will the Secretary of State do something about it and put money and manpower into the service?

Mr. Hurd: Investment in the forensic science service has increased from £6·3 million to £13·75 million during our term of office. That is a real increase of 21 per cent. The hon. Gentleman's figures for staffing are slightly wrong. Staffing levels are broadly constant, but the workload—the number of exhibits going to the service—has increased substantially. I await the Select Committee's conclusion on the matter. As the hon. Gentleman knows, there has been a long period of discussion and consultation in the service about grading and complementing. The new structure has been introduced and promotions are being made to the new grades. Morale should improve because the period of uncertainty is over.

Mr. Ashley: Is the Home Secretary aware of the longstanding anxiety that the forensic science service is too closely intertwined with the police? Does he accept that what is required is an improved independent forensic science service that is available equally to the police and to defendants?

Mr. Hurd: I am aware of that argument, but I do not regard it as a priority. Inevitably, the forensic science service and the police are intertwined—they should be. My priority is to ensure that the service is organised in such a way as to give proper priority to those crimes which the police believe to be most important.

Mr. Corbett: May I give a modest welcome to the increase in staffing in the forensic science service? None the less, will the Home Secretary confirm that last year the management consultants, Touche Ross, recommended an immediate increase in staff of 27 to deal with the extra workload and with the introduction of DNA genetic fingerprinting? Given that the new staff will not be in place until next year or even the following year, as well as the fast rise in violent and sex crimes, the Home Secretary's complacency is astounding.

Mr. Hurd: The hon. Gentleman must have drafted his supplementary question before he heard my answer to the main question. There have been many reports and discussions in Committees. The forensic science service is just emerging from the period of discussion. Anyone who visits the six laboratories—no doubt the hon. Gentleman has visited at least one of them—will be impressed by the

Draft letter for signature by the Home Secretary to:

The Rt Hon David Steel, MP
House of Commons
LONDON
SW1A OAA

Thank you for your letter of 19 December about the Infant Life Preservation Act 1929.

I do not rule out the possibility of a Government Bill to reduce the presumption of viability in the 1929 Act from 28 to 24 weeks, but there is no prospect of being able to do so in the immediate future. The Bill which you mention to implement the Warnock Committee's recommendations would not be suitable and there is no criminal law measure in prospect. The Government's view accordingly remains that a private Member's Bill offers the best way forward. In accordance with the usual practice, we would be ready to give drafting help to any Member who wished to take up such a Bill.

PRIME MINISTER

1922 COMMITTEE

Mark gave me an account of the discussion at today's 1922 Committee of Ann Widdecombe's Motion. Opinion was divided. There were some, led by Nicholas Budgen, who supported the Bill but would vote against the Motion as they felt it wrong to change the procedures of the House in this way. Hugh Dykes was also in this camp. Others, including Peggy Fenner, Nicholas Bennett, Ivor Stanbrook and Robert Jones, were strongly in favour of the Motion. There seemed, however, to be agreement to the proposition, ~~devised~~ advanced by Cranley Onslow, that this problem would not go away and would only be settled when Government allowed time for the matter to be resolved one way or the other.

[The natural vehicle for this would be the "Warnock" Bill. Even if the Government does not announce its intention to allow Clauses amending the Abortion Bill to be included, there will certainly be attempts at this. This will need to be looked at when the legislative programme comes to Cabinet next month.]

Mark also reported that Lord Cockfield had been approached by the Lords Select Committee on European Legislation. He had discussed this with Lord Denham and David Lightbown. Lord Cockfield was minded to decline.

AT

ANDREW TURNBULL

19 January 1989

L0365J

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PRIME MINISTER

Ann Widdecombe saw the Whips this afternoon to say that she was going to issue a challenge to the Government this evening to the effect that if they would guarantee to ensure that in the lifetime of this Parliament Members would be given an opportunity to amend the Abortion Law, then she would withdraw her Motion next Friday. She was told that this was hardly a sensible way of behaving, and agreed to wait until she saw the Lord President on Monday morning. At the first meeting he will listen to what she has to say, but on a subsequent occasion he might point out - subject to what the Parliamentary draftsmen say - that the Warnock legislation might prove suitable for what she has in mind.

The Lord President will update you at the colleagues meeting on Monday.

PAB

PAB

13 January, 1989.

JD86

Prime Minister

It has to be assumed the Speaker will select the amendment. In all the circumstances, these proposals seem a sensible way forward. MEA 15/5

CONFIDENTIAL

PRIME MINISTER

CRIMINAL JUSTICE BILL : HANDLING OF NEW CLAUSE ON ABORTION

I held a meeting this afternoon with the Lord Privy Seal, the Chief Whip, Tony Newton and John Patten, to discuss the handling of the new clause which Bernard Braine has tabled for consideration at Report Stage in the Commons of the Criminal Justice Bill. The new clause would essentially replicate the provisions of David Alton's Abortion (Amendment) Bill, and has been ruled to be within the scope of the Bill. The Speaker is under heavy pressure from those on both sides of the argument, and informed the Chief Whip this afternoon that he cannot yet indicate whether he is going to select the new clause or not.

If the new clause is selected, our main objective must, of course, be to protect proceedings on the Criminal Justice Bill from disruption or delay related to it. Unless we take steps to ensure that the new clause is taken towards the very beginning of Report Stage, its opponents are likely to employ delaying tactics on the new clauses which would precede it, in order to try to prevent its being reached. We, therefore, believe that the best way forward would be for the Government to table a Business Motion providing for the new clause on capital punishment to be taken at the beginning of Report Stage, and for that on abortion to be taken immediately thereafter. The votes on capital punishment would begin at 10 pm, and the new clause on abortion would be taken directly afterwards. In practice, of course, progress would not be so straightforward, and there would almost inevitably be extended points of order which would mean that the debate on abortion would not begin until some time after the end of the capital punishment debate.

There is a risk that the Government would be accused of inconsistency in first refusing to make time available for the Alton Bill and then making special arrangements for a debate on the same issue during the course of the Criminal Justice Bill. On balance, however, I think the Government would take credit for arranging for the House to come to a clear decision in a structured manner which did not compromise our position on providing time for Private Members' legislation.

There is also a risk that, however we handle this and whatever time limit for abortions is approved by the House, some of our supporters who are dissatisfied with that decision might vote against Third Reading of the Bill in protest. We would, of course, use our best endeavours to minimise this. It is also quite likely that the House of Lords would incorporate a different time limit and propose making other changes, for example, on exemptions. This would mean that the Bill might have to pass backwards and forwards between the two Houses. Again, I do not think there is anything we can reasonably do to prevent this. While we would, of course, seek to find a sustainable compromise, I am not convinced that this is an issue on which one can be reached. There could clearly be no prospect of our undertaking to take the whole issue away and introduce a Bill of our own as some Members might wish us to do: the very heavy pressure on next Session's legislative programme is just one of the factors militating against this.

I may well get pressed on this matter at Busines Questions tomorrow. Subject to your views, I should like to be able to say that whether the new clause is selected or not is a matter for the Speaker, but that if it is selected I will consider carefully the arguments for a structured debate on the issue so that the House can reach a clear view. I should, therefore be grateful to know in time for Business Questions if you are content with this approach.

I am sending copies of this minute to Douglas Hurd, John Moore, John Belstead, David Waddington, Tony Newton, John Patten, Sir Robin Butler and First Parliamentary Counsel.

Alison Smith

pp JW

18.5.88 (approved by the Lord President and signed in his absence).

PRIME MINISTER

ABORTION

Predictably, the Alton Bill failed to make progress today. The Lord President took a very non-committal line and gave no hostages to fortune.

Mr. Alton has told the Lord President, in great confidence, that he proposes to table an amendment to the Criminal Justice Bill which would enable the House to express a view on the abortion issue. Mr. Alton says that the Clerks have told him that his amendment would be in order. The Lord President has no corroboration of that. Nor does he know whether the clause would be selected for discussion. The Criminal Justice Bill is likely to be debated either a few days before or a few days after the Whitsun Recess.

The Lord President may be able to give more information at the Business Meeting on Monday.

N.L.W.

(N.L. WICKS)

13 May 1988

Spoke Lord President
N.L.W.
12.5.

10 DOWNING STREET

PRIME MINISTER

The form of words at X looks alright, though you will wish to reflect on the last few words which are marked.

I think that the Lord President will have to be as firm as a rock in the House and give no hint of any Government action, after the Alton Bill falls, regarding Government legislation - see Y in the letter below.

N.L.W.

N.L. WICKS
11 May 1988

His proposed words would do.

The Procedure Committee should consider these matters for future occasions

MT

PRIVY COUNCIL OFFICE
WHITEHALL, LONDON SW1A 2AT

May 1988

CONFIDENTIAL

Dear Nigel,

ABORTION (AMENDMENT) BILL

Following last Friday's proceedings when there was not time for completion of divisions on the Report Stage amendments to this Bill or for its Third Reading, the question of the Bill's future passage is almost inevitably going to arise at Business Questions tomorrow. In particular, the Lord President is likely to be pressed as to what the Government would do if there is not an opportunity on this Friday for the House to conclude its consideration of the Bill. Given the sensitivity of the subject, the Lord President thought it would be helpful to let you see the line he proposes to take if the matter is raised with him. This is as follows:-

X

> "The Honourable Member in charge of the Bill has named tomorrow as the day for its further discussion, and there may be an opportunity then for the House to take its decisions on these matters if that is what it wishes to do. I am sure the House would deprecate any misuse of procedural tactics to prevent this. If it happens that after tomorrow's proceedings we have effectively used up the time for consideration of Private Member's Bills and there has not been an opportunity for the House to decide on these matters, then I think that is a situation on which Members generally would wish to reflect"

Y

I attach also a copy of the Note of a meeting which the Lord President held yesterday with Mr David Alton and Sir Bernard Braine, at their request. You will see from this that their working assumption is that proceedings on the Bill will not be concluded on Friday. On this basis, they take the view that accepting that the Government will stick to its practice of not making available extra time for any individual Private Member's Bill, leads to the conclusion that if there is to be a proper opportunity for the House to decide whether it wishes to amend the Abortion Act 1967 this would have to take place within the context of Government legislation. If this view becomes widely shared, the Lord President believes that the Government will need to consider the possible options open to it in order to ensure that while our position on time for Private Members' Bills is maintained, the responsibility for preventing Parliament from deciding whether it wishes to amend the 1967 Act is not diverted to the Government from those who have opposed Mr Alton's Bill.

I am copying this letter to Flora Goldhill (Private Secretary to the Secretary of State for Social Services) and to Murdo Maclean (Private Secretary to the Chief Whip).

Yours,

Alison

ALISON SMITH
Private Secretary

Nigel Wicks Esq CBE
PS/Prime Minister
10 Downing Street

NOTE FOR THE RECORD

The Lord President saw yesterday, at their request, Mr David Alton and Sir Bernard Braine. They again asked for extra time to be made available for the passage of the Bill, in particular as compensation for the time lost to debate on Friday through the presentation of petitions and Points of Order. The Lord President again explained that the Government was not intending to depart from its practice of not providing extra time for any individual Private Member's Bill. They said that accepting that position led one to the conclusion that if there was to be a proper opportunity for the House to decide whether it wished to amend the Abortion Act 1967, in their view, it would need to take place within the context of Government legislation. If there was a Bill dealing with Health issues in the next Session there would be a strong campaign to include in it a clause dealing with abortion on which Members should be allowed a free vote.

In response, the Lord President said that there had been some criticism of Mr Alton's handling of the Bill, but even if these mistakes had not been made then the Bill might still not have completed its Report Stage and Third Reading. If that point was accepted, while he recognised that what they had said represented one approach, an alternative might be to refer to the Procedure Committee the question of procedures relating to Private Members' Bills and whether the balance between the sponsors of the Bills and those who object to them is the right one.

The Lord President himself, though he did not make this point at the meeting, believes that this course would have some potentially unwelcome effects for the future handling of Private Member's Bills.

AB

11.5.88

Personal

PRIVY COUNCIL OFFICE
WHITEHALL, LONDON SW1A 2AT

11 May 1988

Speaker Alan
[illegible]

Dear Nigel,

I attach the expanded draft version of the letter between us on the Abortion (Amendment) Bill. We intend to issue the final version this afternoon, but if you have any comments on the draft I know the Lord President would be grateful for them before then.

Yours,

Alison

CONFIDENTIAL

Draft Letter from AS to Nigel Wicks 11.5.88

ABORTION (AMENDMENT) BILL

The Lord President and the Chief Whip discussed yesterday the handling of this issue. They agreed that above all the Government's firm stance in not providing time for this Bill should be maintained. Nevertheless, the Chief Whip explained that there was considerable feeling in the Whip's Office that there would be a certain awkwardness in the Gove rnment's sustaining its present position in which neither additional time was made available for this Bill nor any other prospect of enabling the House to reach a decision on these issues was presented. The Chief Whip had been shown the text of an Early Day Motion which called on the Government to give time for consideration of Mr Alton's Bill. It was expected to be tabled shortly and to attract very quickly a large number of signatures from all sides of the House. It was difficult to get colleagues to appreciate the dangers of departing from the Government's consistent practice of not giving time for individual Private Member's Bills. Equally, while it was true that Mr Alton had made mistakes in his Parliamentary tactics, the feeling was that even if these mistakes had not been made, the Bill would still not have passed through the House of Commons because of the determined opposition - albeit of a minority - to it.

In a separate meeting, the Lord President saw, at their request, Mr David Alton and Sir Bernard Braine. They again asked for extra time to be made available for the passage of

the Bill, in particular as compensation for the time lost to debate on Friday through the presentation of petitions and Points of Order. The Lord President again explained that the Government was not intending to depart from its practice of not providing extra time for any individual Private Member's Bill. They said that accepting that position led one to the conclusion that if there was to be a proper opportunity for the House to decide whether it wished to amend the Abortion Act 1967, in their view, it would need to take place within the context of Government legislation. If there was a Bill dealing with Health issues in the next Session there would be a strong campaign to include in it a clause dealing with abortion on which Members should be allowed a free vote. In response, the Lord President said that there had been some criticism of Mr Alton's handling of the Bill, but even if these mistakes had not been made then the Bill might still not have completed its Report Stage and Third Reading. If that point was accepted, while he recognised that what they had said represented one approach, an alternative might be to refer to the Procedure Committee the question of procedures relating to Private Members' Bills and whether the balance between the sponsors of the Bills and those who object to them is the right one. The Lord President himself, though he did not make this point at the meeting, believes that this course would have some potentially unwelcome effects for the future handling of Private Member's Bills.

The Lord President and the Chief Whip have concluded that the present line with regard to the provision of extra time for Mr Alton's Bill is sustainable. But acceptance of this firm position by Mr Alton's supporters leads to a new stage in the argument for which a further line to take is needed. They envisage that this should be broadly in the following

terms:

"The Government recognises that in this Session it has not been possible for the House to arrive at a final decision on this matter about which many people feel very strongly. In the interests of evenhandedness and in accordance with its consistent practice, the Government does not believe it right to give additional Parliamentary time to this Private Member's Bill. This situation does raise a number of considerations upon which the Government and the House will wish to reflect".

The issue is almost certain to be raised with the Lord President during Business Questions tomorrow.

Considering the options which might lie behind that line, the Lord President and the Chief Whip recognised that none of them was to be taken lightly, and that proper discussion with colleagues would be needed before any of them could be pursued. They identified four theoretically possible courses as follows:

1 referring to the Select Committee on Procedure the question whether the balance between the sponsors of Private Member's Bills and those who object to them is the right one;

2 explaining further the possibility of a clause dealing with abortion being inserted into the Health and Medicines Bill during its passage through the House of Lords, so that there would be an opportunity for the House of Commons to debate it in its consideration of Lords Amendments;

3 making a commitment that the legislation which would be brought forward to deal with the recommendations of the Warnock Committee should have a long title sufficiently broad to include dealing with abortion during the passage of that Bill;

4 a separate Government Bill which might amend the Infant Life Preservation Act.

I am copying this letter to Flora Goldhill (PS/Secretary of State for Social Services) and to Murdo Maclean (PS/Chief Whip).

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PRIME MINISTER

THE ALTON BILL

By 1430 the report stage of the Alton Bill had only got as far as the first amendment dealing with the length of pregnancy. It was a rather noisy and fractious discussion but, surprisingly, there was relatively little uproar when the Deputy Speaker, Harold Walker, moved on to the next business.

The continuation of the report stage is down for next Friday, after Stephen Day's Seatbelts Bill, and a Bill on Environment and Safety Information proposed by Chris Smith. Mr. Day pointed out on a point of order that his own Bill was uncontroversial, but that will not stop others using his measure, and Chris Smith's (who is no Alton sympathiser) to keep the Alton Bill from being discussed.

The Lord President told the House that the Government did not provide time for individual Private Members Bills to be discussed. There is one point to bear in mind here. That is in 1983 Government time was provided to enable an uncontroversial Private Members Bill to be nodded through. The Lord President thinks that, if pressed, he may need to make clear that, were both sides to come to a mutually acceptable conclusion, the Government would consider providing time to enable the Bill to be nodded through. This would be a concession in name only. There is no prospect of such agreement.

(M.E. ADDISON)

6 May 1988

DEPARTMENT OF HEALTH AND SOCIAL SECURITY

Richmond House, 79 Whitehall, London SW1A 2NS

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From the Minister for Health

Prime Minister (2)
MEA 5/5

Ms Alison Smith
Private Secretary to the
Lord President of the Council and Leader of the
House of Commons
Privy Council Office
Whitehall
LONDON
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5 May 1988.

Dear Alison,

Further to Flora Goldhill's letter of 29 April, I attach an additional briefing note outlining the effect of the amendments which have been tabled for the Report Stage of David Alton's Bill to alter the gestational age, at present set at 18 weeks in the Bill.

A number of other amendments have also been put down ranging from major modifications in the Bill as it stands to in effect maintaining the status quo in the 1967 Act. It is hard to predict if there will be any clear consensus but, in the Minister's view the Bill's supporters are unlikely to settle for as radical an amendment as, say, 24 weeks.

I am copying this letter to the private secretaries to other members of the Cabinet and to Sir Robin Butler.

Yours sincerely,

Jenny Harper

MISS J M HARPER
Personal Secretary

KW/DNo.3

1. As amended in Committee the Bill would introduce an upper limit to the gestational age at which abortions can be performed, subject to the following exceptions:

- cases where the mother's life was in danger
- cases of rape or incest against women under 18
- cases of severe fetal disability

If enacted in its present form the Bill would in practice prevent abortions after the beginning of the 18th week which would otherwise have been legal on the ground that they were necessary to protect the physical or mental health of the mother or her children.

2. On the basis of 1986 figures for England and Wales, and assuming all abortions carried out on grounds of fetal handicap would be covered by the exceptions in the Bill, the effect of the main amendments on gestational age would be as follows:

Proposed Amendment	Total Abortions in 1986	Excluded by Proposed New Provision
Beginning of 18th week (Alton Bill as amended in Committee)	8276	7630
18th completed week (Amendment No 3)	5665	5162
20th completed week (Amendment No 4)	2723	2515
22nd completed week (Amendment No 5)	1094	1013
24th completed week (Amendments 6 and 7)	29	7
26th week (Amendment 2)	18	3
27th week (Amendment 1)	4	None

PRIME MINISTER

Ann Widdecombe wrote, following your meeting with her and her colleagues last week, to say that David Alton would be sending you a note on the amendments which had been made to his Bill in Committee. He has now done so, and this is attached.

I have acknowledged.

MEA

MA

MARK ADDISON

4 May 1988

Brief for the Prime Minister on the disability exemption in the Abortion (Amendment) Bill

The Law under the 1967 Abortion Act.

The 1967 Act provides a defence for a doctor accused of procuring an abortion. If that abortion was terminated by a registered medical practitioner after two medical practitioners formed an opinion in good faith, and under DHSS regulations issued an abortion notification form, that if the child were born it would suffer from serious disabilities.

After twenty years in operation it is clear that this provision is too loosely drafted.

- There is considerable evidence that serious handicap has been interpreted to cover all disabilities including such minor conditions as club foot or hare lip and recently Ehlers Danlos syndrome where a mother was allegedly told that this minor disability would seriously affect her unborn child's quality of life.

- The notification form does not require the specific disability to be recorded. Instead categories of disability are published such as category 655.2 "Hereditary disease in family possibly affecting foetus" which could include Ehlers Danlos or indeed asthma.

- The provision relating to doctors does not specify any status indeed it is legal under the '67 Act for an Ear Nose and Throat specialist and an anaethetist, who did their gynaecology training forty years ago to approve an abortion carried out by a newly qualified general practitioner just so long as it occurs in a hospital or approved place.

Provision of Bill at Second Reading.

Under the original draft of the Bill abortion in cases of disability would be allowed only where the child would be born dead or where the disability was incompatible with sustaining life (e.g. anancephaly). There were three main objections to this provision.

1) That amniocentesis remains the usual form of testing for most disabilities, C.V.S. and advanced ultrasound are not yet available in every hospital. With amniocentesis results from the test, which is normally performed at 16 weeks gestation, are not usually available for two weeks therefore a greater amount of time should be allowed for those wishing to abort on the grounds of the test.

2) That because amniocentesis may be virtually redundant as a result of the Bill mothers worried that their babies may be disabled may abort before a test is possible.

3) That mothers should be allowed to abort for severe disabilities such as severe Spina Bifida or AIDS. There is however a general feeling that minor, treatable disabilities should not be exempted.

The Amendment

The amendment deals with these concerns in a practical way:

1) It does not attempt to specify individual disabilities which should be exempted. This is impossible. There are over 2,000 recognised conditions, more are being discovered or classified each year. Many conditions are present in a range of severity, Spina Bifida can be so minor as to be readily treatable or so severe as to be incompatible with life.

Clinical Judgement

Instead the amendment leaves room for the medics involved to exercise clinical judgement as to the severity of the disability. This exercise of clinical judgement was suggested by the B.M.A. during the passage of the '67 Act.

2) It specifys that one of the doctors involved in notifying the abortion must be a consultant gynaecologist. This is often the case at present, but not a legal requirement. It is necessary to provide the most highly qualified advice and diagnostic experience for the woman. Anyone going through the harrowing and risky ordeal of a late abortion has the right to expect Parliament to provide a legislative framework that ensures the best possible care by a specialist. (This was also suggested by the B.M.A. in 1967)

3) At the same time this amendment provides more protection for the unborn child. It repeats the wording of the '67 Act but replaces the word "substantial" with "severe". By doing so we are sending a clear signal to the medical establishment that abortions for minor disability will no longer be tolerated

Certification

This signal is reinforced by the requirement for a certificate to be issued specifying the disability. It is unlikely that a consultant would want to certify a minor treatable disability by name on the notification form. At the same time this requirement will allow the DHSS to monitor the operation of the Act in far greater detail than is presently possible. Finally a valuable statistical record will be maintained.

Possible lines of argument against the amendment:

1) The amendment gives too much power to doctors who may refuse a termination on this ground which is desired by the mother.

Answer: This amendment gives no more power to doctors than the '67 Act. Its basis is not that it is the mother's right to choose an abortion but that in certain circumstances namely severe disability it is in practice better for the mother to have the option, in consultation with a consultant and one other doctor, to abort.

2) There are not enough consultant gynaecologists to operate this provision.

Answer: The consultant is only called in when a severe disability is suspected or diagnosed. There are 788 consultant gynaecologists in the NHS at present and in 1986 there were 646 abortions for disability after 18 weeks, this number can be expected to decrease as CVS and advanced Ultrasound become more readily available.

3) What about those women at hospitals where the consultant pleads conscience and will not perform or have anything to do with abortions.

Answer: There are very few hospitals where all the consultant gynaecologists take the conscience clause. A recent survey by Gallup of gynaecologists found 1% who did not approve of abortion in any circumstances, the local G.P. referring the woman would be aware of this and refer her to another consultant.

Further Enquiries: David Alton's Office on 01-219 3454

Amendment No. 7, in page 1, line 17, at end insert—

"(iii) the child is likely to be born with or subsequently to develop any serious physical or mental handicap, or".

Amendment (g), in line 7, at end insert—

"(bb) that the woman is, or has reason to believe that she is, carrying the human immune deficiency virus, or".

Amendment (h), in line 7, at end insert—

"(bc) that the woman became pregnant as the result of rape, or".

Amendment (i), in line 7, at end insert—

"(bd) that the woman became pregnant as the result of an incestuous act of intercourse, or".

Amendment (j), in line 7, at end insert—

"(be) that the woman was under the age of 16 years when her pregnancy began, or".

Amendment (k), in line 7, at end insert—

"(bf) that the woman had attained the age of 40 years before her pregnancy began, or".

Amendment (l), in line 7, at end insert—

"(bg) that the woman became pregnant as the result of contraceptive failure, or".

Amendment (m), in line 7, at end insert—

"(bh) that the pregnancy appears to be due to an act of rape or, incest committed against the woman at a time when she was under the age of 18, or.".

Amendment No. 9, in page 1, line 17, at end insert—

"(iii) the woman is, or has reason to believe that she is carrying the Human Immunodeficiency Virus, or"

Amendment No. 10, in page 1, line 17, at end insert—

"(iii) the woman became pregnant as the result of rape, or".

Amendment No. 11, in page 1, line 17, at end insert—

"(iii) the woman became pregnant as the result of an incestuous act of intercourse, or".

Amendment No. 12, in page 1, line 17, at end insert—

"(iii) the woman was under the age of 16 years when her pregnancy began, or".

Amendment No. 13, in page 1, line 17, at end insert—

"(iii) the woman had attained the age of 40 years before her pregnancy began, or".

Amendment No. 14, in page 1, line 17, at end insert—

"(iii) the woman became pregnant as the result of contraceptive failure, or".

Sir Bernard Braine: Before discussing my amendment, Mr. Cormack may I thank you on behalf of the entire Committee for your prompt response to the request that was made yesterday for the Bill to be reprinted with numbered lines. We now have a properly printed Bill which will facilitate our discussions. We are profoundly grateful for that.

It may be helpful to the Committee if I speak to my amendment at this stage because it is important and lies at the heart of the Bill. It was clear from the debate on Second Reading that while the majority in the House and, I would claim in the country are in favour of amending the Abortion Act 1967 to stop the scandal of many late abortions, there is a genuine anxiety that in so doing, cases where serious handicap is currently diagnosed after 18 weeks gestation would not qualify for legal abortion, however distressing the circumstances. That anxiety has been expressed to me by some hon. Members who voted for the Bill on Second Reading, and in letters from the general public.

At the same time I have had letters from parents of handicapped children and from handicapped persons stressing how important it is for us to respect their right to life and that of others yet unborn who may be like them, but also expressing the joy which comes from the love that the handicapped in our society so often give and receive. Indeed, talking to many handicapped people over the years has been made it clear to me that despite their disability, they generally adjust and enjoy life and often play a valuable role in the community. We all know of examples from our constituency work and often from our own family life.

We have a duty to make sure that handicap per se should not be an excuse to deprive the unborn child of the right to life and to find fulfilment. Judgment on the precise degree of handicap is not a matter for us, whatever our personal feelings, but for the doctors acting in good faith within the parameters laid down by law. But it is surely right that Parliament should underline that the right to life is the most precious right of all and the very condition of all others. We abhor the legalised killing of helpless infants. Incidentally, the majority of late abortions do not involve any handicap.

10.45 am

Who among us could not have been inspired and humbled by the story of young Christy Nolan who cannot speak, can hardly hear and can only write with a pen attached to his forehead? Yet at the beginning of this year he won the coveted Whitbread Prize for Literature.

Ms Joan Ruddock (Lewisham, Deptford): I should like to take the right honourable Gentleman up on this one point. While we all share his feelings and respect for that one individual, it is extremely important to acknowledge that not only is he an exceptional individual whose mental ability and creative abilities would have been exceptional no matter what the state of his body but he has a family with immense resources to provide love, care and succour. That should not be used to suggest that the average individual could ever be of that kind. Most families do not have such resources.

Sir Bernard Braine: I do not disagree with a single word that the hon. Lady has said. That will emerge as I proceed. I would with respect point out to the Committee that we are dealing with late abortions

[Sir Bernard Braine.]

only, which are a small proportion of all abortions. Moreover, in dealing with the case of handicapped babies aborted after 18 weeks we are talking of only 8 per cent of all the late abortions carried out. The balance of 92 per cent is in respect of babies which, if allowed to be born, would be perfectly normal and healthy. Having said that I have to recognise, as do my fellow sponsors, that if in a democratic society we seek to amend the law to eradicate an evil—abortion on demand is, in my mind, an evil—we must secure a majority—we therefore have a duty to obtain a consensus. That is the purpose of my amendment.

The Committee will expect me to speak plainly. I respect the views of those who are anxious about the late diagnosis of serious handicap. On the other hand, a campaign is being waged to defeat the Bill by implying that the vast majority of late abortions under the existing law are carried out for reasons of handicap. That is totally untrue. In 1986, the last year for which full figures and available, 8,276 abortions were carried out after 18 weeks but only 648 or 7.8 per cent of those were performed because the children were thought likely to be handicapped. Moreover—and I stress this—we have no idea what the degree of handicap was. The law is defective on that score and, where human life is involved, it should not be.

The significance of these figures is that of 8,276 late abortions, no fewer than 7,628 were carried out on what would have been perfectly healthy, normal children. That is a veritable massacre of the innocents. Only a tiny number of these late abortions were carried out to save the lives of the mothers or where the mothers had suffered the agony of rape and the ensuing mental torment. Between 1982 and 1986, only 13 abortions were carried out after 18 weeks either to save the lives of the mother or where the mothers had been raped. My hon. Friends and I agree therefore that Parliament should make some provision in the Bill to allow for serious handicap. We also feel that the medical profession has a duty to make available for public scrutiny those handicaps which they consider serious enough to qualify for abortion.

Many hon. Members who hold genuine doubts about the Bill—and I respect their feelings—have been misguided about the 18-week limit. Without widening my amendment I must mention that going for a 24-week limit would hardly save a single life but would condemn to death thousands of children who would otherwise be protected by my amendment, assuming that it is accepted and that the Bill is enacted. We have been persistently bombarded with claims that whatever limit is put on abortion, to be on the safe side gynaecologists will stop carrying out abortions two weeks earlier. It is argued that a 24-week upper limit would in practice mean a 22-week upper limit and that a 22-week upper limit would mean a 20-week upper limit. That is not so.

To grasp what is happening, we have only to look at the figures for abortions since the introduction of the new licensing procedures prohibiting abortion after 24 weeks in private clinics which were revealed in a recent parliamentary answer. According to the argument I have mentioned, that should have resulted in a drop in the number of abortions at 22 and 23 weeks. In fact the reverse has happened. It is only right to tell the Committee that if we established a limit at the beginning of the 18th week, bearing in mind the total known abortions carried out in 1986 after 18 weeks, about 7,600 lives would be saved by the Bill. If we agreed to a limit at the beginning of the 20th week, on the same basis about 3,700 lives would be saved. At the beginning of the 22nd week, the number would be 1,800. However, if the upper limit were established at the end of the 24th week, only seven lives would be saved. Those figures speak for themselves.

Ms Ruddock: Will the hon. Gentleman give way?

Sir Bernard Braine: I shall give way to the hon. Lady, but it would be better if the entire argument was heard. This is not a piecemeal argument that I shall put before the Committee. It is the whole argument. It is the guts of the Bill.

Ms Ruddock: I am very grateful to the right honourable Gentleman. He is making a point about time limits. Does he accept that there is no claim to viability of foetuses at least at the stage of 22 weeks? I therefore fail to understand his logic that there is an important distinction between 18 weeks and 22 or 23 weeks. That is not a question of the saving of infants. We are talking about foetuses that are not viable.

Sir Bernard Braine: The hon. Lady does a disservice to her own cause by raising such points at this stage. Viability is not itself a test of life. We are concerned here with the right to life. If that is not grasped right from the beginning, the opponents of the Bill completely fail to understand what the Bill is about and what it is that moves my hon. Friends.

It would be better to hear the whole of the argument first. The Committee is here to debate the Bill at great length, and it will be at great length judging by some of the speeches that we heard yesterday. All those points can be considered.

Let me be specific about the law as it now stands—which we seek to amend. It is my contention that the law cries out to heaven for amendment.

The Abortion Act 1967 sets out the defence for a doctor accused of procuring an abortion, namely, that the abortion was terminated by him after two registered medical practitioners formed the opinion in good faith that, if the child were born, it would suffer from a serious disability, and, further, that the abortion certificate form required by the Department of Health and Social Security regulations had been completed. The 1967 Act has been in operation for 20 years, and it is woefully clear that these provisions are too loosely drafted.

There is considerable evidence that serious handicap has been interpreted to cover all disabilities, even including such minor conditions as club-foot or hare lip or, to take a blatant example, the diagnosis of Ehler Danlos syndrome. A mother was allegedly told recently that such a disability would seriously affect her unborn child's quality of life. It is, of course, a minor skin complaint.

It is astonishing that the notification form does not require the specific disability to be recorded. Instead, categories of disability are published, such as category 655.2:

"Hereditary disease in family possibly affecting foetus".

That could include Ehlers Danlos, which, as I have said, is a minor skin complaint—so minor that some sufferers do not even know that they are affected, and suffer only minor discomfort. We who support the Bill believe that that should be changed.

The provision in the 1967 Act relating to doctors does not specify any status. That, again, is astonishing. It is legal under the 1967 Act for an ear, nose and throat specialist and an anaesthetist who did their gynaecology training 40 years ago to approve an abortion, which might then be carried out by a newly-qualified general practitioner, provided that it took place in a hospital or an approved place. We who support the Bill think that that should be changed.

Under the original draft of the Bill, abortion in cases of disability would have been allowed only when the child was likely to be born dead, or the disability was incompatible with sustaining life, for example, in a case of anencephaly, a condition where the baby has no brain. That is probably the thought at the back of the hon. Lady's mind, and I am in full sympathy with her on that.

Three main objections were raised on Second Reading and during the exchange of views that we have had in letters on the subject. The Committee should know how the supporters of the Bill view those objections.

The first objection is that amniocentesis remains the usual form of testing for most disabilities, although that may be changed, and the newer techniques of chorionic villus sampling and advanced ultrasound are not yet available in every hospital. Results from the amniocentesis test, which is normally performed at 16 weeks' gestation, are not usually available for two weeks. Clearly more time should be provided. That stands out a mile.

I am advised by Professor R. W. Taylor, the distinguished professor of obstetrics and gynaecology at St. Thomas' Hospital, that most abnormalities in the foetus normally occur before the eighth week of pregnancy. There are a number of screening tests which can be widely and safely applied to select mothers at special risk of developing an affected foetus.

11 am

The screening techniques range from the simple taking of the family medical history—there may be a family history of medical abnormality, in which case the family doctor and specialists will be aware of the need for testing—to blood and urine analysis and routine ultrasound scanning. If ultrasound techniques are used, most of the serious disorders of the nervous system, for example, anencephaly, open spina bifida and hydrocephaly, can be detected under 18 weeks, but clearly more time should be given for tests in such cases to continue beyond that limit where necessary and to be assessed. That is a serious objection with which we must deal.

The second objection is that amniocentesis may become almost redundant because, if the Bill remains unamended, mothers who are worried about the possibility of their babies being disabled may seek an abortion before a test can be completed, that is, before 18 weeks and therefore outside the scope of the Bill. That would be wrong.

Mr. David Alton (Liverpool, Mossley Hill): I am grateful to my right honourable Friend for allowing me to intervene in the excellent case that he is making. Does he not agree that there is a danger that the amniocentesis test and, indeed, choreonic villus sampling and ultrasound scanning could increasingly be regarded as the start of a search and destroy mission and the imposition of a quality control on life? We must be careful in recommending people to use the tests without recognising the consequences. The tests can lead to spontaneous abortions and are not always successful. The case of Christine Sellers was brought to the Committee's attention. She had the tests, but the baby was found to be perfectly formed after it had been aborted.

Sir Bernard Braine: Alas, that is all true. The House has had numerous opportunities to do something about it. There have been substantial Second Reading majorities on other Bills but, by one means or another—I shall cast a veil over that as it sickens me—we have been prevented from putting any effective measure on the statute book. We are seeking here to put a measure on the statute book which will help to change attitudes.

Dame Jill Knight: Will my right honourable Friend allow the Committee to dwell for a moment on the point raised by the hon. Member for Liverpool, Mossley Hill (Mr. Alton) about the effect on that woman who discovered that her perfectly formed baby had been aborted? She was in a terrible state, and her agony should not be ignored when we consider this matter.

Sir Bernard Braine: I agree entirely. I hope that my hon. Friend will be able to develop the argument, because it is a fundamental one. If we want to make progress, we must take account of the serious objections raised by many of our colleagues who voted for the Bill on Second Reading but on the understanding that that aspect would be tackled.

The third objection is that there are ground for abortion if serious abnormalities such as severe spina bifida or AIDS are detected after 18 weeks. I contend that such objections cannot be ignored. Indeed, many who expressed them agree that minor, treatable disabilities should not be exempted. There are other proposals in the Bill which would tighten up the procedures. That is in line with the views of the Bill's sponsors and the majority of people in this country.

Although I consider that the medical profession should not be the sole arbiter of the law on abortion, it is significant that 46 per cent of practising gynaecologists and obstetricians, many of whom are involved in abortion procedures, considered in a Gallup poll taken at the turn of the year that abortion should

[Sir Bernard Braine.]

not be permitted for minor physical handicap such as club-foot, hare-lip or impaired hearing or sight. A further 12 per cent favoured an upper limit of 18 weeks in such cases.

The Committee cannot brush aside the fact that the Bill has the support of two out of three gynaecologists polled. It is highly significant that 68 per cent of them favour an 18-week limit or less.

Dr. Lewis Moonie (Kirkcaldy): If the hon. Gentleman checks his facts, he will see that the sample does not represent all gynaecologists. It is misleading to suggest that 68 per cent of gynaecologists were in favour, because that is not so.

Sir Bernard Braine: The hon. Gentleman did not hear what I said. I did not claim that it represented the views of all gynaecologists; I merely repeat what the Gallup poll reported, so for the sake of the record I shall quote directly from report:

"In the case of slight foetal abnormality where the baby has a handicap such as a club-foot, hare-lip or impaired hearing or sight almost a half (46%) of gynaecologists were in favour of no abortions at all and a further 12% favoured an upper limit of 18 weeks suggesting in such cases of foetal abnormality that David Alton has more than two out of three (68%) of gynaecologists in favour of an 18-week limit or less".

I do not claim that all gynaecologists agree.

Mrs Clwyd: For the sake of the record, will the right honourable Gentleman tell us the size of the sample and the percentage who responded to it?

Sir Bernard Braine: The sample represented 40 per cent of all gynaecologists in this country.

Mrs Clwyd: I asked the right honourable Gentleman to tell us the size of the sample and the percentage who responded to the questionnaire.

Sir Bernard Braine: More than 700.

Mr. Peter Thurnham *rose—*

Sir Bernard Braine: I shall not give way to the hon. Gentleman.

I quote the views of those who responded, and we should take account of them. We cannot take account of those who do not bother to respond. [Hon. Members: Why not?]

Mr. Alton: It is normal practice by polling agencies to discount the people who do not respond, but this is more of a census than a survey because more than 700, that is 40 per cent of practising gynaecologists gave that view. Nearly half of those said that minor handicaps should not be a reason for an abortion taking place.

Sir Bernard Braine: All these interruptions serve to show that there are, alas, those in our midst who think that abortion on the grounds of minor abnormality is justified.

Mr. Frank Doran (Aberdeen, South): I have listened carefully to what the right honourable Gentleman said. I regret that I have not had the opportunity to study the survey. I am not surprised at the survey details. Indeed, I am surprised that it is not 100 per cent of the sample who do not favour abortion on the handicapped. The law is specific. Section 1(b) of the 1967 Act requires that there should be:

"a substantial risk that if the child were born it would suffer from such physical or mental abnormalities as to be seriously handicapped."

The sample appears to refer to minor handicaps. Anyone who would carry out an abortion when there was a minor handicap would commit a criminal offence. The right honourable Gentleman referred to abortions, that, in other circumstances, strike me as being criminal. Those matters should be dealt with by the police, not the Committee. We are dealing with the law and possible amendment of it. I am anxious about the emotional tone that has been introduced in this argument.

Sir Bernard Braine: I can only say to the hon. Gentleman that the views quoted were those of gynaecologists dealing with minor handicap. I am talking only about minor handicap. Minor handicap should not be grounds for late abortion for the reasons that I outlined. The hon. Gentleman described those reasons as "emotional". I hope that no one who argues about the right of life is considered to be "emotional". That right is fundamental. The law should protect life—not destroy it.

[*Interruption.*]

The Chairman: Order. We really cannot allow a running commentary of sedentary interruptions. The right honourable Member has been generous in giving way. If hon. Members wish to intervene, they must adopt the proper procedures. If the right honourable Member gives way, fine, but if not, they must resume their seat. We cannot have this sort of sedentary commentary or interjection.

Several hon. Members *rose—*

Sir Bernard Braine: My amendment seeks to deal with various concerns. I find it alarming that I am interrupted when I seek to reach out to those who are expressing doubts and anxieties.

Mr. Thurnham: Will the right honourable Gentleman give way?

Sir Bernard Braine: Quite deliberately, the amendment does not attempt to specify individual disabilities which should be exempted. That would be impossible. There are several thousand recognised conditions of disability and more are discovered and classified every year. Many conditions are present in a

range of severity. Spina bifida can be so minor that it can be readily treated, or so severe that it is incompatible with life. Accordingly, the amendment leaves room for the doctors involved to exercise their clinical judgment about the severity of the disability. That is not a new suggestion. I served on the Standing Committee which considered the 1967 Act and spoke in all the debates. I recall that such exercise of clinical judgment was suggested by the British Medical Association during the passage of that Act.

The amendment specifies that one of the doctors involved in notifying the abortion must be a consulting gynaecologist. That, too, was suggested by the BMA, the Royal College of Obstetricians and Gynaecologists and the nursing organisations during the passage of the 1967 Act. Admittedly, that is sometimes the case at present, but it is not a legal requirement.

Surely the highest quality of advice and diagnostic experience should be provided when two lives are involved—one of which is to be destroyed? Surely any woman going through the harrowing and risky ordeal of a late abortion—and I stress "late"—has the right to expect Parliament to provide a legislative framework that ensures the best possible care?

Ms Ruddock: Will the right honourable Gentleman give way?

11.15 am

Sir Bernard Braine: Third, and most importantly, the amendment provides more protection for the unborn child. It repeats the wording of the 1967 Act but replaces the word "substantial" with the word "severe". Why should that be necessary? It is necessary because the Bill's sponsors feel strongly, as do I, that we must send a clear signal to the medical establishment that abortion on the grounds of minor disability will no longer be tolerated. I have no doubt that most people in Britain would agree. Such a signal would be reinforced by the requirement for a certificate to be issued specifying the disability for which an abortion is sought. It is unlikely that a consultant would want to certify a minor, treatable disability by name on the notification form. At the same time, that requirement would allow the DHSS to monitor the operation of the Act in far greater detail than is presently possible. It would also ensure that valuable statistical records would be kept.

My hon. Friends and I are certain that the amendment will answer the fears of the majority of those who are worried about late abortions for handicap. It will ensure that thousands of children who are currently being destroyed for so-called social reasons will be saved. We must never forget that since the passage of the 1967 Act about three million babies, most of whom would have been born normal and healthy, have been legally destroyed.

Ms Richardson: I sense that the right honourable Gentleman is nearing the end of his speech. Before he finishes, will he clarify the actual wording of his amendment? I understand his argument although I do not accept it, but the wording seems confusing. The amendment says that a pregnancy may be terminated by a registered medical practitioner in a public place or

"on a consultant gynaecologist's recommendation"—

I am not sure what "recommendation" means—

"in an approved place".

That appears to differentiate between NHS hospitals and non-NHS clinics. We must know what we are discussing. I had hoped that the right honourable Gentleman would take us through the amendment line by line. We shall argue about its merits shortly, but we must know what it seeks to do. Will the non-NHS approved places have a different system from that in the hospitals, because that is how the amendment might be read?

Sir Bernard Braine: I can answer that simply. The object is to ensure a proper clinical judgment in cases of late abortions. I have no reason to believe that there are any grave abuses in NHS hospitals, but the aim is to exclude private clinics where the abuses occur. Almost half of the late abortions are carried out on foreign women who come from countries that have different abortion laws. We are conniving at breaking the law of other countries. Incidentally, we do not ensure proper aftercare for the women involved. It is a racket and it must be stopped. The Bill gives us an opportunity to stop it.

Mr. Alton: I am grateful to my right honourable Friend for giving way. He is right that some 11 doctors working in 11 clinics netted £2 million for carrying out 60 per cent of the late abortions. Of late abortions, 88 per cent are done in private clinics outside the NHS. My right honourable Friend is absolutely correct.

Sir Bernard Braine: I am grateful to the hon. Member for Barking (Ms Richardson) for asking her question. I thought that this was universally known and understood, but apparently it is not. The racket must cease. It must cease for the sake of the women themselves, let alone for ensuring that the law in this country respects life instead of allowing the massacre of innocents.

Mr. Thurnham: Will the right honourable Gentleman give way?

Sir Bernard Braine: I gave way to the hon. Member for Barking because she and I have crossed swords on this matter for many years. I have great respect for her views and I gave way to her willingly. She was quite right that I was on the point of concluding my remarks on the amendment. I want to end by saying that the Bill deals with only one small part of the problem. It deals with late abortions. It will save lives. I must emphasise that. It will save normal healthy lives. The overwhelming majority—92 per cent—of all late abortions are not carried out because of handicap, serious or otherwise, but in cases where if the babies were born they would be perfectly normal and healthy. My amendment will ensure that this is done in accordance with full social responsibility and in line

[Sir Bernard Braine.]

with what the majority in Parliament wish to happen. I commend it to the Committee.

The Chairman: It would probably be for the convenience of the Committee if I explained again how we shall now proceed. I shall now call the hon. Member for Kirkcaldy (Dr. Moonie) who will speak to amendment a. The right honourable Member for Castle Point (Sir Bernard Braine) obviously ranged reasonably wide in his speech because his amendment would alter the Bill considerably. We have a series of specific amendments dealing with specific points. Of course it is permissible for those speaking to those amendments to refer to the right honourable Gentleman's speech, but I ask them to concentrate their remarks on the amendment that we are currently discussing. Otherwise the Committee will become rather chaotic. I know that the hon. Member for Barking (Ms Richardson) had that point in mind when she raised her point of order earlier.

Dr. Moonie: I shall be fairly brief. I shall avoid the easy course of resorting to emotion instead of argument, at which the right honourable Member for Castle Point (Sir Bernard Braine) sadly is an expert.

I should like first to refer to some of his remarks. It is essential to look at the misleading findings of the poll which is quoted so avidly by supporters of the Bill. First, only 43 per cent of gynaecologists who were asked to respond did so. Many of those who did not respond did not do so because they could see how biased the questions were. If one asks the right question one can get a "Yes" response to almost anything. This poll was no exception. It was conducted with a specific aim in mind rather than as an objective attempt to ascertain the views of gynaecologists on certain issues. I am saddened that such a large percentage of gynaecologists could not see through that and responded. I should have not have done. Sadly many of my colleagues do not have the training in statistical methods that some of us in the profession have.

Mr. Thurnham: I am grateful to my hon. Friend. One of the more pleasant aspects of a Committee such as this is that one has a wider circle of hon. Friends than in the Chamber. I should like to comment further on that opinion poll. It was commissioned by SPUC and it was biased from the start. It did not even mention spina bifida. Many gynaecologists and obstetricians who received it realised that it was a biased survey and therefore ignored it. It was sent out over Christmas with a tight deadline for return which was missed in many cases. That was one reason for the low return rate. In his press release afterwards, the hon. Member for Liverpool, Mossley Hill (Mr. Alton) was extremely selective in the facts he quoted. He omitted to say, as did the right honourable Member for Castle Point (Sir Bernard Braine), that 87 per cent of gynaecologists surveyed favoured an abortion time limit of 24 weeks or more for serious foetal abnormality. There was a selective use of the figures for gynaecologists in London and those in other parts of the country. I am sure that my hon. Friend is aware—

The Chairman: Order. That is far too long for an intervention. The hon. Gentleman will doubtless seek to catch my eye and to make his speech, which he is fully entitled to do. Brief interventions can add to the debate: long interventions merely disrupt it.

Dr. Moonie: I thank my hon. Friend for his intervention, lengthy though it was. It gave some detail and background to the objections to the survey.

There is another inconsistency in the argument advanced by supporters of the Bill. Much has been made of the pathetic charm of handicapped children. Yet this very amendment will legalise the abortion of such handicapped children. Probably not in common with most hon. Members here I have worked extensively with mentally handicapped people in a professional capacity. Many of them lead fulfilling lives. I spent the past four years of my professional life trying to get both severely and less severely handicapped people out of hospital and into the community and helping them to lead as normal an existence as is possible within the context of their handicap.

I do not think that anyone would plead for a moment that a person who achieves an independent existence should not be helped to live such a life. I find it just a little sickening to hear Conservative Members, whose policies over the past nine years have made it more difficult for handicapped people to achieve an existence, talking about the quality of life which they should have. Naturally I exclude the hon. Member for Mossley Hill from that criticism as he is not a member of the Conservative party. However, I find it slightly inconsistent. Handicapped people are entitled to life. The case is always quoted, again with extreme emotion, of the poor lad who can only write with a pen attached to his head. I put it to the right honourable Member for Castle Point that that lad would not have been aborted under any circumstances because his handicap was the result of birth injury which cannot be picked up in advance. We cannot foretell the future when we are trying to identify handicap. Many handicaps result from birth injuries and many will sadly continue to occur under the present system. It is a matter of improving obstetric technique.

Mr. Alton: I agree with what the hon. Gentleman is saying. We cannot predict the future. But does not the same argument apply that one can never tell what a disabled person will be capable of? That is where the use of testing can sometimes prevent a child being born who could lead a perfectly healthy life.

Dr. Moonie: Tests can lead to problems. It is recognised that amniocentesis can lead to spontaneous abortion. We must also recognise that there is a lower risk than that of the pregnancy itself. It will add to the total risk to that mother, but it is a small risk. The risk is much larger in chorionic villus sampling which is being introduced. One of the reasons why it is not being widely introduced at present is the problem which it produces. It induces abortions and it has also been argued, although only in theory, that if it were incorrectly carried out it could leave behind a damaged foetus which would then be carried to term. No one would wish to see that happen. Such techniques should

Glasgow there is no difficulty getting an abortion speedily within the terms of the 1967 Act, but in others it is very difficult because substantial obstacles are put in the way. Every year, some 900 women from Glasgow travel to private clinics in London.

Mr. Bennett: In that case, how can the hon. Gentleman blame the deficiencies of the NHS for the 45 per cent. of late abortions that are carried out on foreign women?

Mr. Doran: I do not seek to, because the bulk of late abortions for foreign women are carried out in private clinics. I am referring to delays that will be inherent within the system unless it adopts a programme that is sympathetic to the needs of women.

Mrs. Teresa Gorman (Billericay): Does my hon. Friend agree that the import of what the hon. Member for Pembroke (Mr. Bennett) has just said is that women have abortions for fun, and if a woman cannot get an abortion, she will toddle off to a private clinic where she will have to pay for it? Some people deplore the fact that it is necessary to pay. No woman, or not the average woman, would pay if she could have the abortion under the National Health Service. The import of the hon. Gentleman's remarks is that women have abortions for frivolous reasons. That just about sums up the opinion of some members of the Committee towards women who need an abortion. No woman would do it for fun. It is perverse to deplore the fact that money changes hands to fund clinics that provide abortions.

The Chairman: Order. I remind the Committee of what I said this morning about lengthy interventions.

Mr. Doran: Although the intervention was lengthy, I accept everything that my new but, alas, temporary hon. Friend said. There is a moral tone in the contributions of the Bill's supporters, which is difficult to take. In fact, some of those contributions have been repugnant because they assume that there is an inherent immorality in women who seek an abortion. Our opponents do not attempt to look further and seek out the real reasons why women want abortions. Each case is different and I am prepared to accept that the majority of abortions are carried out for good and substantial reasons, otherwise the Act would be ineffectual.

Dame Jill Knight (Birmingham, Edgbaston): Does the hon. Gentleman always disallow or ingore a moral argument?

Mr. Doran: I was not born with my views on abortion. They are the result not of dogma but of reasoned consideration. I have worked hard to formulate them, but I accept that there are opposing views. I take on board the moral point in every issue and I appreciate that there are different views on the morality of abortion. There is the morality of the destruction of a foetus, which I accept is a difficult moral question. I view the issue from the point of view of the person who is alive, the woman carrying the child.

Dame Jill Knight: I beg the hon. Gentleman to note that just as he has reached his views after careful consideratioin, so have we. We are not motivated purely by dogma.

Mrs. Ann Clwyd (Cynon Valley): On a point of order, Mr. Cormack, is it not inconsistent for the hon. Lady to lecture us when she is wearing round her neck an animal that died in the most horrible and cruel circumstances?

The Chairman: Order. That is abuse of the rules on points of order. The hon. Lady should know better and must behave herself or she will lose the Brownie point that I gave her this morning.

Ms. Joan Ruddock (Lewisham, Deptford): This is clearly an important point. We do not need lectures on morality from a member of a political party that espouses choice in health services and suggests that payment for health services is appropriate today. It is extraordinary that such a person should then make moral judgments about payment for a service that is not available under the NHS in certain cases.

Mr. Doran: I hope that the Committee appreciates how generous I am being with my time. I accept the points that have just been made because we are discussing choice.

However, to finish my response to the hon. Member for Birmingham, Edgbaston (Dame J. Knight), there is a difference between taking a moral stance after long and, in my case, troubled consideration, and taking a stance based on dogma. There is a contradiction between the pro-life argument of right honourable and hon. Members who are in favour of the Bill and the fact that many of them support hanging.

4.45 pm

The right honourable Member for Castle Point referred to the number of lives saved. He talked about the serious handicap that he envisaged would come under paragraph (b) of amendment No. 1. I was interested in the reference to children who have AIDS because their mothers suffer from the virus. Does his comment mean that he would be prepared to accept amendment No. 9, which deals with AIDS?

Mr. David Alton (Liverpool, Mossley Hill): In following the hon. Member for Aberdeen, South (Mr. Doran), I should like to deal immediately with the question that he asked my right honourable Friend the Member for Castle Point (Sir B. Braine). The amendment deals with the AIDS virus and the possibility of a child being diagnosed as HIV antibody positive. We have had confirmation that the Department of Health and Social Security accepts that that matter is well within the terms of the amendment. That is our intention.

The hon. Gentleman also talked about choice. He is right—there is no point in casting aspersions on the morality of people on either side of the argument. We should not be judgmental. We can arrive at different conclusions. However, I believe that the

[Mr. David Alton]
hon. Gentleman accepts the sincerity of those in the Committee who argue that the right to life is paramount to the right to choose. Our position is based on that argument.

Mr. Doran: Does the hon. Gentleman agree that the Bill, which places a time limit on when an abortion may be carried out, accepts the principle of abortion?

Mr. Alton: I said on the Second Reading that if I could legislate for Utopia, I certainly would. There will always be abortion. We have to change attitudes sufficiently if abortion is to wither on the vine. We must challenge those assumptions. That is what the Bill tries to do, in a modest way. It seeks to bring this country into line with our European counterparts. The highest EEC average for abortion is 12 to 14 weeks.

The hon. Member for Aberdeen, South also talked about the importance of the woman as if those of us in favour of the Bill did not accept that the woman has importance. For us, the woman and child are equally important. Both are entitled to our respect, support and practical care, and all the implications that flow from that. I agree with the hon. Gentleman about the implications of the need for more funding, help and assistance.

The hon. Gentleman raised a number of legal points on the definitions in amendment No. 2. We have answered some of the points raised by the hon. Member for Barking (Ms. Richardson), and I shall discuss them in a moment.

The hon. Member for Cynon Valley (Mrs. Clwyd) was worried whether there would be enough gynaecologists. I have had the figures checked. There are 788 consultant gynaecologists practising. According to the figures that the Minister provided this morning, 646 abortions were undertaken in 1986. I do not regard that number as an unnecessary burden or case load. In view of the gravity of including an additional exemption in the Bill, it is right to expect additional safeguards.

For us, the amendment is an acceptance of the need for consensus, as my right honourable Friend the Member for Castle Point said. Many of us feel strongly that the eugenicist principle of aborting on grounds of disability is essentially repugnant. That is a battle to which we shall have to return in due course. I do not believe that it is an issue that will go away. We are on a slippery slope when we accept that it is legitimate to abort on the grounds of disability.

The Bill is an improvement on the 1967 Act. The amendment, which tightens up the 1967 position, is also an improvement. It is therefore acceptable to those of us who want to see some progress—albeit very small—regarding that position, while we accept that hon. Members who oppose the Bill have made some legitimate points on that issue. These are difficult questions and, in a spirit of co-operation, we have tried to solve some of those problems.

Mr. Peter Thurnham (Bolton, North-East): I think that the hon. Gentleman said that the woman and the child counted equally, but that is no answer. The issue is whether the mother's or the child's interests come first. Perhaps the hon. Gentleman would say whether he thinks that a termination on the grounds of severe disability is in the interests of the child or the mother.

Mr. Alton: The hon. Gentleman knows that the original wording of the Bill contains only two exemptions, first where the mother's life is at risk, and secondly where the child has anencephaly, or Potter's or Edward's syndrome— a disease that is incompatible with life. However, we are considering an amendment that will allow for abortions where a life could otherwise be lived by a child who will be severely disabled. If that is to be the case—and it would seem to be the will of the House that it should be—in my view and that of my hon. Friends there must be a tightening up of the provision.

One of the issues in the amendment concerns the form refered to by the hon. Member for Barking (Ms. Richardson) earlier. I tabled a parliamentary question on Tuesday 3 November which was answered by the Parliamentary Under-Secretary of State at the Department of Health and Social Security. He said that last year there were 19 abortions on the grounds of hereditary disease in family, possibly affecting the foetus. Obviously that could be haemophilia, muscular dystrophy or various other diseases. It is important to be more case-specific.

I would go further than the amendment as I would like to know, after the abortion takes place, what the disability was. I believe that spurious reasons are sometimes given for abortions on the grounds of disability. We are told that the reason for the abortion of the Carlisle baby at 21 weeks' gestation was a minor skin disorder that is not incompatible with life. Surely we can agree that that is not a legitimate reason for abortion. At least the specific details should be given on the form that should be completed in all cases, yet I am told that it is not.

Mr. Thurnham: Is the hon. Gentleman leading up to saying that he thinks that it should be a criminal offence if the diagnosis shows that the grounds stated for the termination proved to be different from those that existed after the termination had taken place? If that is so, we understand the call for the consultant gynaecologist's name to be given, as there will be a criminal trap for him.

Mr. Alton: I shall come to the point about the "in good faith" question raised this morning in a few moments.

The hon. Member for Cynon Valley (Mrs. Clwyd) said that if the amendment were passed, it would lead to a return to backstreet abortions. That is a serious allegation. My right honourable Friend—in other circumstances although not on this issue—the Member for Tweeddale, Ettrick and Lauderdale (Mr. Steel) said in 1967, when he moved the original legislation, that backstreet, illegal abortions occurred early, not late in pregnancy. During our debate on 22 January, the Minister confirmed that that was so.

We all know what is involved in these late abortions—prostaglandins in the NHS and dilation and evacuation in the private clinic. It is a gruesome business, and I do not think that anyone here would defend the nature of that late abortion. It involves a doctor and nurse being present and it involves the dismemberment of the child.

In those circumstances, an abortion could not be done in the backstreets. We are talking about a child that by then is a foot in length, is pumping 50 pints of blood a day, and has all the same characteristics of humanity as all of us in this room. Therefore, we may say unequivocally that the amendment and the Bill will not push people back into the back streets.

Furthermore, in European Community countries, where the time limit is 12 to 14 weeks on average, there are no backstreet abortions. We do not read scare stories about that happening. We all have a duty not to raise unnecessarily emotive points if it can be avoided, though we all accept that it is an issue which enables emotions to rise.

Mrs. Gorman: None of us would claim that late abortions are pleasant, particulary for the doctors and women concerned. We all hope that medical progress will mean that eventually they will not be necessary. Until then, unpleasant as they are, they are undertaken by people in a very serious state of mind. I keep reiterating that this does not really contribute anything to the debate. It is simply meant to disturb people and make them feel slightly disgusted with the whole business. It is not a rational argument.

Mr. Alton: The hon. Lady will accept that it was raised by opponents of the Bill. It is proper to deal with the point. We are all adults here and we understand what is involved. We must accept that it is a gruesome business. In different ways we all want to eliminate this. The hon. Member for Kirkcaldy (Dr Moonie) mentioned the position of gynaecologists and how they feel. In due course we shall have to consider people who are now unable to become gynaecologists and obstetricians because of their repugnance at becoming involved in the abortion business. Many people are driven away from the profession.

Ms. Ruddock: Perhaps there would not be so many late abortions if we followed the practice to which the hon. Gentleman has referred, although in a misleading way. He said that a time limit of 10 to 12 weeks exists in other countries. That limit is for self referral and abortion on request and is not comparable with the situation covered by the Bill.

Mr. Alton: I think that the hon. Lady will accept that the evidence from all over Europe show that the effects of post abortion trauma and the physical and psychological consequences of abortion are causing people to reconsider and to look for radical alternatives to abortion. Abortion is defeatism and we need to find alternatives. That is what we should explore in this Committee. Surely none of us can justify a situation where 32 people who run counselling services also run abortion clinics. We all consider that vested interest to be repugnant. It should be examined properly.

The hon. Members for Bolton, North-East (Mr. Thurnham) and for Barking (Ms. Richardson) raised the question of good faith. It is true that the words "in good faith" appeared in the original draft of my Bill. That was because no abortions took place on any child that could live or where life was involved. The two exemptions involved the choice between the mother's life and the child's where the former was at risk or, indeed, where the child was incapable of sustaining life. My right honourable Friend's amendment changes that. We therefore need to move on from a position of simply specifying good faith.

The problem with the phrase "good faith" is that it cannot be proved or disproved. But we can prove that someone issued a certificate and prove the charge under the 1967 Act to which the hon. Gentleman referred. That is not new. It is an innovation that is being included in my Bill. Someone can be charged for procuring an illegal miscarriage as defined in the Offences Against the Person Act 1861, and that will continue to appear under the Bill. To achieve a successful prosecution it will not only be necessary to prove that the abortion was not done in good faith, but people will have to prove why they went ahead with the abortion. That will have to be stated specifically on the form. If my Bill is successful a doctor would be prosecuted for issuing a false certificate in breach of the regulations contained in the Bill. That matter is provable. The tightening up of this provision by excluding the concept of good faith is entirely consistent with the fact that if the Committee accepts the amendment it will allow abortion of the severely disabled.

Ms Ruddock: I am sorry to be persistent. Perhaps I am wrong, but I understand that there is a failure rate in tests such as amniocentesis. Mistakes are made. Under this system a consultant who signed a certificate saying that on the evidence of the test abnormality was expected, could be proved wrong if the foetus were examined.

5 pm

Mr. Alton: Mistakes can work both ways. As I mentioned this morning, there are cases when perfectly healthy children have been aborted because their mothers have been told that their children would have defects. That is the problem when we start to play God, and try to determine who shall and shall not live and what the quality of their lives is likely to be. As politicians we must, inevitably, resolve that question when we discuss public policy. That is what we are doing today.

Ms. Ruddock: With respect, it is the hon. Gentleman who seeks to play God. We must clarify whether he is telling the Committee that someone stands to be prosecuted for that failure. Is that what the hon. Gentleman is saying?

Mr. Alton: If someone uses this legislation to procure an abortioin when the nature of the disability was not properly presecribed, the authorities could

[Mr. Alton]

take him to court if they believed that that person was culpable of gross misconduct and had deliberately procured that abortion. The authorities can also do that under the 1967 legislation.

The hon. Member for Barking was worried about the ambiguity in the Bill.

Ms Jo Richardson (Barking): In the amendment.

Mr. Alton: In the amendment. I said before lunch that I did not anticipate any ambiguities but would consider the question and if there were some, I should be prepared to rectify them. However, there is no ambiguity.

Her problem is the same as that of the hon. Member for Aberdeen, South. The amendment contains a clear definition of "certified". It says that

"'certified' means—

(i) for the purpose of (a), (b) and (c) of the sub-section, certified as their opinion by a consultant gynaecologist and one other registered medical practitioner".

If the abortion takes place in a public hospital it will be certified by a consultant gynaecologist and a doctor. If it takes place in a private clinic, it will be certified in the same way, but is sub-contracted by the National Health Service to the consultant gynaecologist. That would happen if it was felt, for example, that the NHS had too great a work load. A National Health Service consultant would have to be involved. That would end some of the flagrant violations that have occured in private clinics. The understanding of the Department is the same as my own.

Ms. Richardson: I am grateful for the hon. Gentleman's consideration of the drafting. I accept his point about the definition of the word "certified". That led to the confusion. Amendment No. 1 appears to be ambiguous, but not amendment No. 2. That led me to wonder about the truth. It is up to the hon. Gentleman.

It is all very well for the Department to say that it is quite clear. The Department will not be interpreting it in practice. We shall have to see how the Bill works if it is enacted.

Mr. Alton: I am grateful to the hon. Lady. The first part of the amendment was read out of the context of amendment No. 2. I understand how that happened. The confusion is clearly between the words "recommendation" and "certified", and where the operation may take place and who may conduct it. If the hon. Lady reads further she will find no ambiguity. The amendment will achieve what the hon. Lady said earlier that she wanted.

The hon. Member for Kircaldy talked about his work with mentally handicapped people. Other members of the Committee have experience of working with disabled and handicapped people. For six years before coming to the House, I worked with children with special needs, many of them physically or mentally handicapped. Only a very brave man or woman would say that their lives had not been worth living. There will always be the Christie Nolans of this world; the exceptional cases that my right honourable Friend mentioned this morning.

But there are many others that we have come across in our lives; disabled people who have given us far more than we could ever give them. I recall vividly the last child that I taught. He was a young boy who died a few weeks after I came to the House. He had cystic fibrosis and if anyone had said to his parents that it would have been better if he had not been born, they would have been appalled and amazed at such a statement. He brought more love into their lives than they could ever have given him.

The disability issue should not be dealt with by abortion but by providing more care, practical help and resources. There will always be some parents who are frightened of disability. Who would not be? Obviously, people wish to have a perfectly healthy child and not a child with a disability. But do we have the right to make a choice? I maintain that we do not. I also maintain that many other parents would be prepared to adopt children if people felt that they could not bring up a disabled child. The Downs Syndrome Association talk of people who write to them saying that they want to adopt a child. In those circumstances the child would have the right to life.

I admit my Bill is not the end of the debate; it is merely the beginning of the argument, but it is a worthwhile start.

Mr. Ken Hargreaves (Hyndburn): On a point of order, Mr. Cormack. I propose that the Question be now put.

The Chairman: No. The hon. Member for Kirkcaldy (Dr. Moonie) was about to rise to his feet. As he introduced the amendment I must, out of courtesy, allow him to make some comments.

Dr. Lewis Moonie (Kirkcaldy): It is a pity that a closure motion is being proposed at this stage because many hon. Members on this side of the Committee have yet to make a contribution. The debate has not been excessively long or prolonged for the sake of it. We have discussed serious points that require to be teased out further. Hon. Members should be allowed to speak.

Ms. Richardson: Does not my hon. Friend recall that the mover of the amendment, the right honourable Member for Castle Point (Sir B. Braine), took 50 minutes out of the time that is now being brought to a close?

Dr. Moonie: Indeed, I was coming to that point.

The Chairman: Order. I remind the Committee that I have not accepted the closure motion, which is why I called the hon. Member to speak. What I do depends upon what happens. We must wait and see.

Dr. Moonie: I shall be brief in the hope that it will have a bearing on your decision, Mr. Cormack.

Several points still need to be clarified. Basically, the supporters of the Bill have argued that they

capable of misinterpretation. The hon. Lady said that I said that I was opposed to compulsory motherhood. That could be taken as a general statement that I am pro-abortion and pro-liberal abortion laws. That is not what I said, and I want to put that on the record. I said that there would be more validity in the arguments being raised if we were advocating compulsory motherhood full stop, with no age limit.

Ms. Richardson: I see. I misunderstood. It is possible, at this hour of the night and after so many hours, to lose one's concentration occasionally.

The Chairman: Very excusable.

Ms. Richardson: Thank you, Mr. Cormack.

Mrs. Currie: I am grateful to the hon. Lady for giving me an opportunity to respond to the point that she raised earlier. I apologise to her for causing a moment's delay to take advice.

I am not speaking from a point of view of personal passion, or whatever; I am trying to give the considered view of the Department. It is the Department's opinion that under amendment No. 1, doctors will feel able to certify an abortion in cases where they consider it likely that the child will be born with the AIDS virus. The doctor, in reaching that judgment, will clearly wish to take account of all that is known about the mother's condition and known or suspected about the child's likely condition. Again, I must emphasise—as I did earlier—that the Department can express only an opinion. As the hon. Lady has rightly pointed out, the final interpretation of any statute is a matter for the courts.

Ms. Richardson: I am very grateful to the Minister. For the very reason that she pointed out in her closing words, we shall press the amendment because it is only an opinion and it will have to be settled in the courts unless we put something on the statute book. I am grateful to her and I apologise for not having followed the argument more closely in the first place and for that matter, not having heard it properly.

11.15 pm

I should like to emphasise some of the points made about contraceptive failure. Of all the issues that we have discussed this evening, contraceptive failure seems to arouse the most wonderment amongst Conservative Members. Women do get pregnant because of contraceptive failure, perhaps not in a lot of cases, but it still happens.

I cannot believe that none of the Conservative members of the Committee have not had people say to them, " I'm dead worried because I missed taking the pill" or something like that. That is a fairly common occurence. It might catch up with itself and be all right but it is a difficult matter.

Very little has been said about vasectomy and sterilisation. Although only in a very small number of cases, there have been failures. If the amendment on contraceptive failure is not accepted, what will happen—and I am looking at the hon. Member for Pembroke (Mr. Bennett) because he raised the matter of contraceptive failure—to someone who has been sterilised, is going happily about her life, perhaps getting a little older and suddenly finds that she is pregnant? One does read of such things and I assume that they are valid. Similarly, one reads of cases where vasectomies have failed or where a man had had his vasectomy reversed without the knowledge of the woman. That can and does happen—albeit rarely. Is the woman to be held responsible in such cases? In all these debates, why is it that the woman always has to justify everything and no responsibility is put on men by those on the other side of the argument? All the arguments of those in favour of the Bill are littered with phrases such as, "the woman should do this or that," or "the woman should know better"—

11.17 pm

Sitting suspended for a Division in the House.

11.32 pm

On resuming—

Ms. Richardson: I apologise to the Committee if I err on the side of repeating myself, but we were talking about vasectomy and sterilisation. I often read *Woman, Woman's Own* and *Woman's Realm*, which are interesting magazines for women. They frequently feature articles about women who find that they are pregnant and know nothing about it. Fortunately, in most cases they are delighted.

Supporters of the Bill do not seem to realise that it is a fact of life that contraception can fail. In this morning's *Daily Telegraph* an article is headed:

"25 per cent. of family planning clinics 'face closure' ".

We all know that health authorities operate under stringent financial restrictions, so family planning clinics can suffer. I corresponded with the Minister a few weeks ago about the cut in family planning services in Stevenage. The women in that town were extremely upset that their family planning services were being cut. The problem involved the allocation of resources in the health authority, although the Government bear responsibility for not giving it enough resources.

If family planning clinics have to close because of insufficient resources, women will have to obtain their contraceptive devices from their GP. When I visited the family planning clinic in Stevenage I was told that, with the best will in the world and with the greatest respect for general practitioners, few of them are expert at giving advice and counselling, and ensuring that each woman has the most suitable contraceptive device. GPs are not necessarily the best people to advise, whereas family planning clinics, which do so constantly in conjunction with women and take their time, are the best placed to do it. Therefore, if family planning clinics close down or cut back, and women are forced to go to their GP—many may find that undesirable, depending on their family circumstances—that may result in a greater risk of contraceptive failure.

The hon. Member for Pembroke (Mr. Bennett) and the hon. Member for Birmingham, Edgbaston (Dame

[Mr. Bennett]

"Whenever Alton gets on the radio or on the box, I am on the telephone almost before he gets his mouth open saying, "listen, I am brassed off with you continually shoving Alton and his 12 inch baby down my throat, and his disgusting story of crushed skulls and all the rest of it, I find it greatly offensive and when are you going to let me put the other side of the story?"

The hon. Member for Billericay may object to my hon. Friend the Member for Liverpool, Mossley Hill (Mr. Alton) telling the story, but we find the practice offensive. I do not find it offensive that the hon. Member for Mossley Hill is prepared to tell the public the truth.

Mrs. Gorman: Does the hon. Gentleman agree that the photograph that was extensively used in the SPUC campaign was largely a fake? The idea that the foetus was alive and was being plucked from its mother's womb was a complete falsehood. It was in fact a foetus that had died from natural causes, and which had been carefully arranged and photographed to evoke the emotions that he is demonstrating now.

Would he also note, as he is very worried about *Marxism Today*, that my right honourable Friend the Member for Henley (Mr. Heseltine), for whom I am sure that he has great respect, recently had a three or four page spread in that journal expressing his views?

Mr. Bennett: I have no objection to my hon. Friend appearing in *Marxism Today*. She keeps strange company and perhaps my right honourable Friend the Member for Henley (Mr. Heseltine) does too. I am delighted that they are appealing to the left wing.

To turn to the postcard issued by SPUC, it said,

"This is a picture of an 18-week-old foetus."

It did not say anything else. It did not say that it was a foetus that had been aborted in an NHS hospital. The photograph is about 20 years old. It shows a child that died spontaneously in Norway but it shows what an 18-week-old foetus looks like. The purpose of that photograph was to bring home to right honourable and honourable Members that we are not talking about a blob of jelly but about a fully formed child nearly capable of being born.

Mr. Alton: I am grateful to my hon. Friend. I am glad that we have nailed the suggestion that there is anything bogus about a photograph that has been used in medical text books including those used for the past 20 years at St. Thomas' hospital across the river from here. The real scandal is that that photograph has not been seen in the national newspapers and on television. We should congratulate the *Today* newspaper for having had the courage to print the photograph.

It is also disgraceful that although every operation under the sun is shown on television programmes such as "Hospital Watch", one operation that is never shown is a late abortion. That is because if it were, the people of this country would rise up spontaneously demanding an end to such barbaric practices.

Mr. Bennett: My hon. Friend is absolutely correct and I hope that his remark wil be noted throughout the country.

It is worth noting that in the *Sunday Times* on 17 January 1988, just before the Second Reading, the hon. Member for Billericay—who is not short of publicity—said of those of us who support the Bill:

"It's nobody's business but a woman's—and definitely not that of a House of Commons packed full of men. The people who are behind this bill are basically religious zealots . . . in the name of the Catholic church. This is part of a fundamentalist religious persecution of women that has gone on throughout history."

Therefore, we take with a large pinch of salt the hon. Lady's view about abortion because she made it clear, before the debate, that she sees us as religious zealots and that when we discuss emotion—I cannot think why human life should not be discussed with some emotion and feeling—that it is to be discounted.

I wish briefly to comment on the amendment tabled by my right honourable Friend the Member for Castle Poiint. Those who support the Bill recognise abortion as a moral issue. It is with the deepest reluctance that I support what I consider to be a morally repugnant position—that any child should be aborted, especially the severely mentally or physically handicapped. That would be a move to wards eugenics—towards the search for a perfect race, in which those who do not measure up to set standards are aborted. That is not a proper way for society to operate. That reflects what the Nazis in Germany in the war believed—they aborted, they killed the physically and mentally handicapped because they did not measure up to certain standards. No civilised society should have such standards.

The present law has already taken us a long way down that dangerous course. Those who oppose the Bill use various arguments. They say that a woman should be able to have an abortion if the child would be physically or mentally handicapped, or if the mother's physical or mental state depends on it, or they use any other conceivable loophole—including, as we heard yesterday, contraceptive failure. Such arguments could all be used as grounds on which to kill those who have already been born. That is the logical corollary if it is believed that those are grounds on which to abort the unborn.

The growth of the euthanasia movement has marched step by step with the abortion-on-demand lobby. Many supporters of the various pro-abortion groups also support what they euphemistically describe as "mercy killing". That course leads to the murder of the elderly, the incurably ill and the mentally and physically handicapped. That is clear from the views expressed by those who support abortion on demand, who also support the euthanasia movement and the right to kill the old, the incurably ill and the handicapped because they would not have a quality of life deemed to be sufficient by members of the euthanasia movement.

I support my right honourable Friend's amendment on the grounds set out in St. Thomas Aquinas' "Summa Theologicae"—that it is permissible to acquiesce to a lesser evil if it will prevent a greater evil. From the soundings of the majority of our colleagues, I believe that they would wish the exemption to be made. If that is, as I believe it to be, a necessary and sufficient condition of their support for the Bill, then to achieve a marked reduction in the number of late abortions carried out

on healthy children—the 93 per cent. of those 8,000 abortions—I shall support my right honourable Friend's amendment. I do so, as I said, with the greatest reluctance. I do not believe that it is right to abort the physically or mentally handicapped. But should subsequent proceedings so emasculate the Bill—say, by changing the time limit to 24 weeks—which means, in effect, that the law is not reformed and tightened, I shall not feel constrained to support the provision, which I now do with such a heavy heart.

12.45 pm

Mrs. Gorman: If we needed evidence to back our case that the supporters of the Bill base their arguments more on emotion than on reason, we have just heard an excellent demonstration. There was the description of an abortion. More than once we have deplored such abortions. We feel that there should be more humane ways of carrying out such operations. The use of emotive propaganda such as references to Hitler and euthanasia of the old and incurable is terrible. I am surprised that the hon. Gentleman did not throw in mothers-in-law for the sake of a bit more publicity. His whole case was predicated on an emotional rather than considered response.

To lower the emotional temperature a little, I refer to the poll that has so often been quoted, most recently by the right honourable Member for Castle Point (Sir B. Braine). It was commissioned by the Society for the Protection of the Unborn Child and 746 gynaecologists returned a questionnaire, the wording of which we will not discuss now. Only 40 per cent. of gynaecologists in Great Britain responded. This means that 60 per cent. failed to respond. Of those, only 64 per cent. shared the view that the Bill as presented was valid. Seventy-two per cent. found that abortion under the present law at 28 weeks was unacceptable. Thirty per cent. of practising gynaecologists are in favour of the Bill sponsored by the hon. Member for Liverpool, Mossley Hill (Mr. Alton). That poll was commissioned by an organisation whose strong vested interest in the subject would not be denied by anyone present.

Another poll was commissioned by an independent newspaper, *The Independent*, in January this year from Horack and Associates. It comprised 1,580 adults between 16 and 44 years of age—men, women, young and older people. There was no attempt to select them for their religious or other feelings. The questions were posed face to face, in their homes, not through an anonymous questionnaire. The results tell a completely different story from the much-quoted Gallup poll. A total of 75 per cent. of those questioned believed that the present situation should prevail for cases involving rape. Sixty-nine per cent. said that the present situation should prevail if the foetus was detected as being handicapped up to the current 28 weeks. Sixty-six per cent. found for severely mentally disturbed mothers.

Seventy-two per cent. of all those men, women and young people questioned said that women should be able to choose for themselves whether to have an abortion within the current legal limits. Seventy one per cent. believed that any new restrictions on current law would force more women to resort to dangerous illegal abortions. Seventy per cent. believed that it would be wrong to change the law so that women were forced to give birth to handicapped babies.

We in this House are the jury of the common man and woman. We do not speak only for gynaecologists or even for people with strongly-held and much-respected religious views. We should express, as the poll does, the views of the man and woman in the street who clearly deny the premise of the right honourable Member for Castle Point (Sir B. Braine) that people are opposed to the present law.

Mr. McLoughlin: I thank the hon. Lady for giving way. I would err on the side of caution in rubbishing a poll which was not conducted by the Society for the Protection of the Unborn Child but by Gallup, an organisation that is respected by everyone.

I ask the hon. Lady to be careful about making great play of the people who did not respond to the poll. If she did, would she lay more stress, for example, on the 22 per cent. who did not bother to vote in the last general election in Billericay? [*Interruption.*] It is a valid point. Everyone had the opportunity to vote, and in Billericay 78 per cent. turned out, while 83 per cent. turned out in my constituency. It would cause serious trouble if the hon. Lady followed her line of argument through the political spectrum, because of the percentage of votes that went to the Conservative party in the general election.

Mrs. Gorman: Either the hon. Member for Derbyshire, West (Mr. McLoughlin) believes that polls are valid evidence, as in the case of the Gallup poll, or he believes that they are not valid evidence. It must be one or the other. I mentioned the other poll because it represents a different spectrum of opinion.

Mr. Alton: The hon. Lady has cited the evidence, quite understandably, of a sample of 1,000 people out of a population of 55 million, and I do not dispute the findings of that poll, but I am sure that she will accept that that poll and all the other polls show that the vast majority of people want a reduction of the upper time limit from the present 28 weeks. None of the polls shows other than that.

Does the hon. Lady further accept that when 40 per cent. of the people questioned respond to a poll, it is more a census than a poll? It is an extraordinarily high response. We should place a great credence in a poll of practising gynaecologists, and while it is proper for the hon. Lady to call in aid the sample of 1,000 people, none of them is a practising gynaecologist.

Mrs. Gorman: The hon. Member for Mossley Hill seeks to imply that this is the only poll which shows that the general public support the present position, but the same conclusions were reached by other polls, which we could place on the record, going well back into the 1970s.

Mr. Alton: Not on the time limit.

[Mr. Alton]

"costs between £130 and £385—the more advanced the pregnancy the higher the charge.

The clinic is run by London Nursing Homes Ltd, which last year had a £2 million turnover.

Most of the girls are from Spain or France, though some travel from Algeria.

Many are past the 22-week pregnancy phase regarded as late for abortions but not past 28 weeks.

The 30-bed clinic was at the centre of a Department of Health investigation in 1985 after one of its clients, a 21-year-old Spanish student, bled to death when her abortion went wrong."

I cite that merely because the hon. Lady questioned something that we said earlier. It is worth getting the whole picture. We are concerned about what happens to women who come here and are in and out of such places. In the same article, one girl said:

"I had my operation at 11 am and I was out by 2 pm."

What care, what love, what support are women given in those circumstances? I do not pretend that hon. Ladies Opposite are not interested in those issues—of course they are, so I hope that we can join in common cause to do something about it. Wherever we come from in the argument, such conditions are pretty unacceptable.

Mr. Doran: How does the hon. Gentleman react to the suggestion that if the Bill is successful British women will have to do exactly what he is suggesting that foreign women who come to this country have to do? British women may have to go to other countries with far more liberal abortion laws. He may drive them abroad to obtain the operation which they may not be able to obtain at home.

Mr. Alton: The point is that half the people who come here for late abortions are from overseas. Half the 8,000 late abortions last year were on people from overseas. I disagree with the hon. Member for Cynon Valley, who has given us other European examples. No other country in western Europe allows abortions as late as we do. Instead of the defeatism of saying, "If we don't do it, others will"—that is exactly the argument that was advanced by people who supported the slavery movement 200 years ago—we should be arguing that this is an evil that should be stamped out throughout the world.

I turn to the excellent speech made by the hon. Member for Pembroke earlier. He was right to remind us of what we allow under British law. Every country and every age will be judged by the simple test, "How did it treat its people?" It is clear from what we have said that we believe that the developing child is a person who has rights.

The prostaglandins operations which I described earlier—the operation used in the case of the Carlisle baby—is used in 12 per cent. of late abortions in the National Health Service. It can lead to a baby being aborted at 21 weeks and struggling for three hours, but in the case of the woman involved it can mean an induced labour that can go on for 20 hours or more. That is a very painful process.

The hon. Gentleman referred to dilation and evacuation. I do not intend to go over that again now, but the Council for Science and Society—not a body that would support my Bill—published a report entitled, "Ethical Aspects of the New Techniques". It states that pain is experienced by the foetus—by the baby—

"after the foetus has developed a nervous sytem, six weeks after pregnancy being the earliest."

Pain is experienced; no anaesthetic is used in the procedures that the hon. Member for Pembroke described. Dr. Peter McCullagh, an eminent immunologist, stated in London last November that research on foetal nervous systems showed that pain could be felt at eight or nine weeks, and perhaps earlier. He said that babies could be in agony during late abortions. We must consider those questions. We cannot simply say that a child at 18 weeks is not viable, therefore it has no rights. They are serious issues and it is right to spend time exploring them.

A young Liverpool nurse, who was involved in a late abortion, wrote to me saying:

"Although the doctor commences the infusion"—

she is referring to the prostaglandins—

"it's the nurses who have the job of looking after the patient—and some of these are so advanced it's like a normal delivery. Sometimes the foetus lives for a few minutes though the harsh contractions caused by the drugs have usually battered it to death. I don't know what is worse . . . those done in theatre, where you seen the uterine contents being sucked into a bottle, or seeing the bruised bodies of these always perfectly formed foetuses in a receiver on the ward."

That is a corrupting and degrading business for nurses and doctors, who should be there as defenders, not destroyers, of life. We should be using their talents to cradle life, not to extinguish and snuff it out. We should be using resources of some £13 million a year in the National Health Service to save life instead of to take it. I believe that the spirit of the 1960s is essentially selfish and does not prize human beings as special, unique, worthwhile and irreplaceable but regards them as expendible raw material. That is why we have challenged the climate of the times and why we want the Bill to succeed.

6.45 pm

In moving the amendment, the right honourable Member for Castle Point dealt with the disabled child. We should return to that question before voting on the amendment. Only 8 per cent. of late abortions are because the child is handicapped. I find it repugnant that a child should be aborted purely because of disability. If the amendment did not make progress on the position in the 1967 Act, like the hon. Member for Pembroke I should not have felt able to support it. However, the amendment is phrased to establish new criteria to ensure that the seriousness of the handicap shown by the amniocentesis test is sufficient to justify taking the life of the disabled baby after 18 weeks gestation. A practicing gynaecologist will have to be involved in deciding about the seriousness of the disability. The right honourable Member for Castle Point has also drafted his amendment to ensure that the test has to be case-specific. In future, the reason for the late abortion will have to be made known. That will build more accountability into the system and will turn the side of the eugenic practices that have been allowed under the 1967 Act. At the same time, it recognises that we have not yet won all the debates on the issue.

There is no doubt that we have not won the public or parliamentary argument on the broad eugenic question. I hope that we shall return to those questions as the climate changes.

I mentioned in the anti-slavery movement earlier. It took 40 years—I think that you are more of an expert on such matters than me, Mr. Cormack—to change the climate that allowed slavery in this country and to incorporate humanitarian legislation on the statute book. Perhaps in another 20 years abortionism will simply wither on the vine. None of us wants a return to illegal abortions, but surely we all want abortionism and the defeatism that it implies to disappear as a device to which people turn. In future, perhaps people will put behind them the idea that "care" and "kill" can be used as alternatives, because they never can be. The disabled child is entitled to our respect and our love. It is entitled to have practical resources poured upon it. We must challenge those who say that disability is a good enough reason for a child to be killed. There would be a public hue and cry if sex or colour were sufficient grounds for abortion, but arguably that is also a woman's right to choose. Yet we allow abortion on the grounds of disability. That says more about us and our country than about he disabled person.

Although we shall not win all the arguments on the matter this time, like many hon. Members who support the Bill I shall want to return to them in years to come. We shall continue to challenge this aspect and I want to put down a marker about that now. I should not like to leave anyone under the misapprehension that we are satisfied with the amendment. We are satisfied that it answers public and parliamentary opinion now and that we are beginning to win some of the debates. Last October a Gallup poll showed that only 40 per cent. of the population agreed that Down's syndrome was not a good enough reason for an abortion. Now 60 per cent. agree with us. Public opinion and attitudes are changing. There is a long way to go before we win all the arguments, so in due course we shall return to them. In the mean time, we shall support the amendment.

Question put, That the amendment, as amended, be made:—

The Committee divided: Ayes 8, Noes 6.

AYES

Alton, Mr. David	Braine, Sir Bernard
Amess, Mr. David	Hargreaves, Mr. Ken
Amos, Mr. Alan	McLoughlin, Mr. Patrick
Bennett, Mr. Nicholas	Widdecombe, Miss Ann

NOES

Clwyd, Mrs. Ann	Gorman, Mrs. Teresa
Doran, Mr. Frank	Richardson, Jo
Gordon, Mildred	Ruddock, Joan

Question accordingly agreed to.

Miss Widdecombe: On a point of order, Mr. Cormack. You said that it would be in order for me to raise a brief issue resulting from your ruling this morning. You ruled on the use of taped material in Committee, but you extended that ruling by referring to printed and other material. You used a phrase to the effect that material used by Members should be generally available to the Committee. As I am a new Member and may wish to use material in future, I should like clarification on that ruling, which we said should stand as a precedent for other Committees. Is it permissible for a Member to use a letter, whose author does not wish to be revealed, or a part of whose contents are confidential but which the Member thinks would materially assist a Committee, without having to make it generally available?

The Chairman: I am grateful to the hon. Lady. Of course that is permissible. I am sure that in our parliamentary careers we have all had to respect confidences like that. It is accepted by all hon. Members that an hon. Member may quote specifically but say that the document in hand is confidential. Wherever possible, documents should be made available.

What prompted my remarks this morning in response to comments made in Committee, was that there has been a reference without quotation and the medium of the cassette had been referred to. I was specific on that. If any ambiguity exists, I want to take this opportunity to clarify matters. No Member is prevented from quoting from a confidential letter that he or she has. All those procedures should be used by hon. Members with care, discretion and discernment.

Ms. Richardson: I beg to move amendment No. 15, in page 1, line 21, at end insert—

"(3) Nothing in subsection (1) or (2) above shall make it unlawful for a woman's pregnancy to be terminated by a medical practitioner in a public hospital or approved place at any time if the practitioner carrying out the termination is of the opinion, formed in good faith, that it is immediately necessary to save the woman's life or to prevent grave injury to her physical health.".

I ask hon. Members to look at the words of the amendment. I want to refer to the Abortion Act 1967 because section 1(4) provides for a fall-back position. Section 1(4) says:

"Subsection (3) of this section, and so much of subsection (1)"

the grounds for abortion—

"as relates to the opinion of two registered medical practitioners, shall not apply to the termination of a pregnancy by a registered medical practitioner in a case where he is of the opinion, formed in good faith, that the termination is immediately necessary to save the life or to prevent grave permanent injury to the physical or mental health of the pregnant woman."

That is left out of the Bill as amended. Subsection (c) of the right hon. Gentleman's amendment states "that the termination" and would be followed by part of subsection (2)(b) of the Bill. I assume that that provision applies only up to the 28th week and not, as in the original Act, beyond the 28th week.

I am not seeking to stretch any provision but to confirm the status quo. That subsection in the 1967 Act was included specifically for the rare occasions when a doctor must immediately—hence only one medical practitioner is required—make a choice about the woman's life or permanent physical injury and, it is hoped, save the lives of both mother and child. The grounds are not described but that may be necessary because of an accident. The abortion statistics for 1986 show six such cases. I do not know

FILE LPO LBG

10 DOWNING STREET

LONDON SW1A 2AA

From the Principal Private Secretary

26 February 1988

Dear Alison,

ABORTION (AMENDMENT) BILL

I have shown the Prime Minister your letter of 25 February in which you report the Lord President's conversation with Mr. Alton and Mr. Hargreaves about the progress of this Bill.

The Prime Minister has noted that the Lord President pointed out that since 1979 this Government had made it a practice not to provide additional Government time for any individual Private Member's Bill, however worthwhile it might be. She has also seen that the Lord President made the point that he did not believe it would be proper for the Government to intervene in Private Members' time to protect a certain amount of time for consideration of a particular Bill.

The Prime Minister agrees with the Lord President's line here. She thinks that there can be no question of allowing Government time or preferential treatment for this Bill.

I am copying this letter to Flora Goldhill (Department of Health and Social Security) and to Murdo Maclean (Chief Whip's Office).

Yours sincerely

Nigel Wicks

N. L. WICKS

Ms Alison Smith,
Lord President's Office.

Prime Minister

I think it worth reiterating to the Lord President that there is no question of Government time or preferential treatment for this Bill.

Agree?

N.C.W. 25.2

Yes

PRIVY COUNCIL OFFICE

WHITEHALL, LONDON SW1A 2AT

25 February 1988

Dear Nigel,

ABORTION (AMENDMENT) BILL

On Tuesday afternoon, the Lord President saw David Alton and Ken Hargreaves about the progress of this Bill. Mr Alton said that he was considering whether to commit his Bill to a Government Standing Committee which was no longer required for Government legislation, but was not altogether sure that it would be to his advantage to do so. If he took that course, those who opposed his Bill might try to ensure that Bills which were behind his in the queue for Standing Committee 'C', received swift consideration so that they could take priority on the remaining days for Private Member's Bills. For this reason he asked the Lord President to arrange the safeguarding of a half-day out of the remaining Private Member's time for consideration of his Bill. Otherwise, he feared that the procedural devices available to the opponents of his Bill would prevent the House from reaching a decision on the matter.

The Lord President pointed out that since 1979 this Government had, in the interests of even-handedness, made it a practice not to provide additional Government time for any individual Private Member's Bill, however worthwhile it might be. Nor did he believe it would be proper for the Government to intervene in Private Member's time to protect a certain amount of time for consideration of a particular Bill. So far as the committal of the Bill to a Government Standing Committee was concerned, it would be for Mr Alton to judge whether that was to his advantage. If he did wish to do this, he pointed out that the consideration of later Bills by Standing Committee 'C' need not be an issue which was determined solely by opponents to Mr Alton's Bill.

Mr Alton said that he was not prepared to protect his Bill by the use of procedural devices such as blocking a Bill to which there was otherwise no objection. He believed that if such tactics were required to provide his Bill with even a chance of proper consideration, then the public should be made aware of this and might feel that some change was called for in procedure. He recognised the Lord President's position with regard to Government time, but said that in his view he was not seeking Government time, but merely a guarantee of a proper proportion of Private Member's time, considering his place in the ballot. He feared that if his opponents continued to use procedural devices to delay consideration of his Bill and prevent the House from coming to a decision on it, he believed that his supporters in the country as a whole would not accept that this was the right way for the House, or the Government, to proceed. He said that he feared he would no longer be able to contain all of his supporters and a campaign urging the Government to make time available for the Bill was likely to be launched.

In conclusion, he and the Lord President agreed that he would keep in touch with Mr Alton about the progress of his Bill.

I am copying this letter to Flora Goldhill (Private Secretary to the Secretary of State for Social Services) and to Murdo Maclean (Private Secretary to the Chief Whip).

Yours,

Alison

ALISON SMITH
Private Secretary

N L Wicks Esq CBE
PPS/Prime Minister

SUBJECT cc MASTER

10 DOWNING STREET

LONDON SW1A 2AA

From the Principal Private Secretary

22 February 1988

Dear Alison,

ABORTION (AMENDMENT) BILL

The Prime Minister discussed with the Lord President this morning his letter of 19 February about his forthcoming meeting with Mr Alton concerning this Bill. The Lord Privy Seal, Paymaster General and Chief Whip were also present.

The Lord President said that there was some evidence of filibustering to stop progress on the Alton Bill. To some extent Mr Alton and his supporters had only themselves to blame for this; they could always have objected to the previous Private Members' Bills. Mr Alton was well aware that he would be able to put his Bill into a vacant Government Standing Committee as Mr Powell had done with his Unborn Children (Protection) Bill in 1985. He was minded to let Mr Alton proceed in that way provided that the Government's business had passed through Committee. He would not consent to Government time for the measure.

The Prime Minister said that the Government should not try to stop Mr Alton taking advantage of the facilities which other Members had used in the past. The important point was that the Government's business was not in any way held up and that Government time was not given for this measure.

I am copying this letter to Mike Eland (Lord Privy Seal's Office), Simon Judge (Paymaster General's Office), Murdo Maclean (Chief Whip's Office) and Trevor Woolley (Cabinet Office).

Yours sincerely,
Nigel Wicks

N.L. Wicks

Ms Alison Smith
Lord President's Office.

Prime Minister,
This has only just (Monday morning) arrived.
You will want to talk through at the meeting of colleagues.
N. L. W.
22.2

PRIVY COUNCIL OFFICE
WHITEHALL, LONDON SW1A 2AT

19 February 1988

Dear Nigel,

ABORTION (AMENDMENT) BILL

Following a letter from David Alton, the Lord President has agreed to see him to discuss the Standing Committee stage of this Bill, and a meeting is being arranged for Wednesday of next week. In view of the sensitivities attached to the Parliamentary progress of this Private Member's Bill, I thought you might find it helpful to know the position before that meeting took place.

At present, the Abortion (Amendment) Bill is still waiting to be considered by Standing Committee C, which is set aside for Private Members' Bills. This Standing Committee currently has before it the Protection of Animals (Amendment) Bill, and is due next to consider the Licensing (Retail Sales) Bill. Both these Bills received Second Readings 'on the nod' and might, therefore, seem likely to have very short Committee stages. Such, however, has not proved to be the case so far, and there is some evidence of filibustering in which some Government supporters are involved. Mr Alton is, therefore, likely to press his request for a Government Standing Committee to be made available for this Bill.

No

When he sees Mr Alton, the Lord President intends to take the line that extended discussion on certain Private members' Bills to delay the consideration of a later one is a well-known and long-established tactic within the total amount of time provided for Private Members' legislation. It is a point which Members fortunate in the ballot are able to take into consideration, both in deciding the subjects for their Bills and in determining their attitude towards Bills which are down for consideration ahead of their own.

Mr Alton or one of his supporters could have prevented both the Bills mentioned earlier reaching Standing Committee before his own, by objecting to their unopposed Second Readings. The Lord President will stress that there can be no question of the Government's giving priority to Mr Alton's Bill by opening a new Standing Committee in which it could be considered, or by allowing it into an existing Government Standing Committee while any Government Bill is waiting to go into Standing Committee.

Nevertheless, there will come a point - probably relatively soon before Easter - when the number of Government Bills leaving Standing Committees will be greater than the number waiting to start their Committee stages, and some Government Standing Committees will, therefore, become available. It is open to any Member whose Bill is waiting to go into Committee to commit his Bill to one of those Committees for consideration if he thinks it to his advantage. Mr Alton is well aware of this, and has very much in mind Mr Enoch Powell's Unborn Children (Protection) Bill which received Standing Committee consideration in this way in 1985. The only way in which this could be halted would be if the Government brought forward further legislation to put before that Standing Committee, in which case consideration of the Private Member's Bill would be adjourned.

Contd 2/. . .

The Lord President's view is that the Government should continue to maintain a neutral stance and not seek to offer tactical assistance to the passage of any Private Member's Bill. He believes, therefore, that the Government should not seek to assist or prevent Mr Alton's Bill being considered by a Government Standing Committee by altering the arrangements we would otherwise make for the legislative programme. In order to avoid unnecessarily inflaming feelings on the matter among Mr Alton's supporters on the Government side, the Lord President is inclined to present this to Mr Alton by saying that the Government would not deliberately stand in his way if he put his Bill into a Standing Committee which was not needed for Government legislation. If Mr Alton asks which Standing Committees have become available or when a Standing Committee is likely to become so, he will be treated in the same way as other backbenchers and given information accordingly.

I am copying this letter to Flora Goldhill (PS/Secretary of State for Social Services) and Murdo Maclean (PS/Chief Whip).

Yours,

Alison

ALISON SMITH
Private Secretary

Nigel Wicks Esq CBE
Principal Private Secretary to
the Prime Minister
10 Downing Street

COMMITTEE OFFICE
HOUSE OF LORDS
LONDON SW1A OPW
01-219 3218/3346/6075

219 3140

17 February 1988

Prime Minister

Not need time to read it. Weekend box

Dear Mr Addison,

SELECT COMMITTEE ON THE INFANT LIFE (PRESERVATIO) BILL [H.L.]

IN FOLDER

I enclose a copy of the Report of the Select Committee on the Infant Life (Preservation) Bill [H.L.].

I know that one of the members of the Committee, Baroness Faithfull, has written to the Prime Minister about the work of the Committee, and I would be grateful if you could bring this report to the Prime Minister's attention.

Yours sincerely

T.V. Mohan

T V Mohan
Clerk to the Select Committee

Mark Addison Esq
Private Secretary to the Prime Minister
10 Downing Street
LONDON
SW1

Conservative Women's National Committee
32 Smith Square Westminster London SW1P 3HH
Tel. 01-222 9000 Telex 8814563 Fax. 01-222 1135

Prime Minister[2]

PRESS RELEASE - IMMEDIATE
24 November 1987

TORY WOMEN OPPOSE ALTON ABORTION BILL

Conservative women believe that abortion should be available up until the 24th week of pregnancy.

At a meeting on November 19, members of the Conservative Women's National Committee recommended that the Infant Life (Preservation) Act 1929 be amended to reduce the age of viability to 24 weeks from the present 28 weeks and they, therefore, support the Bill currently in the House of Lords proposing exactly this change.

They do not support the Alton Bill's proposals of a limit on abortion of 18 weeks.

Mrs Wendy Mitchell, chairman of CWNC, commented, "We do recognise that some people have deeply held moral and religious objections to abortion, but we wish to ensure that those women who need and want an abortion can continue to have one in safe medical surroundings."

Ends

For further information, please contact Mrs Wendy Mitchell, Chairman of CWNC on 01-222 9000.

Chairman – CWNC: CLLR. MRS WENDY MITCHELL OBE JP
Assistant Director – CWNC: MISS PATRICIA STOCKEN

2

PRIME MINISTER

10 November 1987

ABORTION

David Alton's Bill, which proposes to reduce from 26 weeks to 18 weeks the statutory period in which abortions may be performed under the 1967 Act, is not the sort of public policy issue on which the Policy Unit would normally express a view. And, indeed, there is no common view within the Unit upon it. This note, therefore, represents the personal convictions of its signatories.

We support the Bill and believes that it commands broad public sympathy. A Gallup poll has recorded 65% support for it and another poll in the Guardian also produced a majority favouring the Alton proposals. It is worth noting that half of the Bill's responses are women MPs.

In support of the principle advanced by the Bill, we note:

a) That EEC countries have a lower abortion limit than our own, and the Alton Bill would bring us more into line with the EEC average. Sweden, for instance, has an 18 week limit with an exemption when the foetus is thought to be seriously disabled.

b) A method commonly used in late abortions - namely, breaking the child's spine and requiring the nurse to reassemble the pieces - horrifies many people who might otherwise be sympathetic to the "womens' right" case. Recent evidence that at 18 weeks the aborted child can feel pain and see light strengthens this revulsion.

c) The principle that at 18 weeks the unborn child is at least a potential human being with at least some rights is not only supported by many who reject the Christian

doctrine that life begins at conception, but it is also consistent with international law.

d) The psychological and physical trauma experienced by women who have had late abortions is well documented.

The disabled child dilemma

The Alton Bill, if passed, would save the lives of 7,400 normal children who at present are aborted late. But argument will concentrate on the approximately 6,000 disabled babies who are aborted. We have raised this point as a matter of ifnormation with David Alton and he has informed us that he is prepared to compromise. He will put in an exclusion clause allowing late abortions in the case of severely disabled people at Committee stage.

That should satisfy the main opposition to the Bill. John Moore has privately expressed interest in the suggestion.

Recommendation

We hope that you will support this Bill at Second Reading but let your intention be known at this stage.

In particular, should you attach importance to the possible amendment on the disabled child, you might take the opportunity of an interview to express support for the Bill with that proviso. That would have the useful effect of forcing Mr Alton's hand and dividing opposition to the Bill. Waiting for the Committee Stage to do this will ensure maximum hostility to the Bill on a mistaken basis of safeguarding parents from the trauma of giving birth to a severely disabled child.

In these circumstances we believe that there is a strong case for the Government's giving this Bill a fair wind.

BRIAN GRIFFITHS | HARTLEY BOOTH | JOHN O'SULLIVAN

010

cc/BGT

nbpm

PRIVY COUNCIL OFFICE
WHITEHALL, LONDON SW1A 2AT

21 July 1987

Dear Douglas

INFANT LIFE (PRESERVATION) BILL

You wrote to me on 17 July seeking L Committee's agreement to your proposals for handling Lord Houghton's Infant Life (Preservation) Bill. I understand that Willie Whitelaw is content that the Bill should be referred to a Select Committee and with the line which it is proposed the Government spokesman should take at Second Reading. I am writing to confirm L Committee's agreement to your proposals.

Copies of this letter go to the Prime Minister, members of H and L Committees, Sir Robert Armstrong and First Parliamentary Counsel.

Yours ever
John

JOHN WAKEHAM

The Rt Hon Douglas Hurd CBE MP
Home Secretary

O/O

CC PG

SCOTTISH OFFICE
WHITEHALL, LONDON SW1A 2AU

Rt Hon Douglas Hurd CBE MP
Secretary of State for the Home Department
Queen Anne's Gate
LONDON
SW1H 9AT

21 July 1987

Dear Douglas,

INFANT LIFE (PRESERVATION) BILL

WILL REQUEST IF REQUIRED

I have seen your letter of 17 July to John Wakeham and am content with the line you propose.

My letter of 21 January to you discussed the problems which would arise if an attempt were to be made to extend this legislation to Scotland, and my views on this are unchanged.

I am copying this letter to the Prime Minister, other members of L and H, Sir Robert Armstrong and First Parliamentary Counsel.

Yours ever,

MALCOLM RIFKIND

MCO202A2

file

MR SHERBOURNE

ABORTION

Caroline asked us to have a look at the Prime Minister's proposed amendments to Nigel Hawkin's (rather old) draft letter on abortion.

I have had a word with the Home Office and DHSS about the amendments she proposes to deal with her personal view on the reduction in the present limit from 28 weeks to 24 weeks after which the foetus is deemed to be viable.

H committee last year supported the idea of the reduction from 28 to 24 weeks being incorporated into the Infant Life Preservation Act, though they felt that to do so, even by way of support for a Private Member's Bill, risked opening up the whole issue of abortion.

A new development is that the Bishop of Birmingham yesterday introduced a Bill to achieve just this change of a reduction from 28 to 24 weeks. The Government will be deciding how to handle it soon, and DHSS - even though the Bill itself looks OK - would prefer not at this stage to commit the Government in any way. Of course they fear the Bill may be hijacked and create great embarrassment for the Government, if they had indicated their support for it.

The draft reply attached does not therefore include a sentence on the 24 weeks point. I have however made a change or two to bring out the point about Private Member's Bills. The Prime Minister may be content to leave the reply general, in this way, if only for the reason that many of the letters she receives will be hostile to abortion for any gestation period, and there is not much point in offering them the comfort of a 4 week reduction (something which has in any case been put into effect administratively in the NHS).

If the Prime Minister insists on wanting a piece on the 28 to 24 week period, I think we shall need to consult further with DHSS and to agree a form of words with them.

Mark Addison

22 December 1986

MJ2CSF

DRAFT ON ABORTION

The Prime Minster has asked me to thank you for your recent letter, in which you asked about the issue of abortion. She has taken careful note of your strong views on this subject.

Mrs Thatcher appreciates that abortion is a subject on which many people hold, with equal sincerity, widely differing views. As you will know, Parliament has decided that abortions may lawfully be carried out in the circumstances specified in the 1967 Abortion Act. The Government considers that facilities for abortion treatment should be available within the National Health Service and that it has a duty to see that the safeguards in the Act are properly applied.

The Government collectively do not take any stance on the moral issues of abortion, and we believe that the introduction of any new legislation in this field is best kept to the initiatives of Private Members.

MJ2CSH

2

PA

Nat Health.

PRIME MINISTER

PRIVATE MEMBERS' BILLS: TIM SAINSBURY

There was a report in today's Guardian (attached) that Tim Sainsbury was considering dropping his original plans to introduce a Private Member's Bill on abortion. You will remember that he came top in the ballot. DHSS say that this is indeed true. Mr. Sainsbury has been in touch several times with their Ministers about the possibility of introducing an Abortion Bill, and had been contemplating going for a one clause Bill to bring the time limit down to 24 weeks. He has now come under such pressure from the abortion lobbies (on both sides) that he is having second thoughts. DHSS will let us know if they hear any more.

But there is one problem which has arisen in the discussions which I might mention. Tim Sainsbury's original hope had been that he would be able to restrict the Long Title of his Bill to the time limit alone, so that amendments on more general issues would have been out of order. The DHSS lawyers have advised their Ministers, on this occasion as in the past, that such a restriction of the Long Title is not possible, since changing the time limit means changing one of the criteria in the 1967 Act, and the Clerks at the House take the view that however the Bill and the Long Title are drafted, the scope for amendments will remain fairly wide.

What this means is that the prospects for any one getting through a short Bill to reduce the time limit - which I am sure would have the support of very many Members from all sides of the House - look mixed at best. I fear that it is likely that Private Members' time will be occupied by abortion for almost the whole of another session of this Parliament - and that if it does not happen this year, it may well in 1981/82.

MS

19 December 1980

MP may drop idea of abortion Bill

By Colin Brown, Political Staff

Doubt surrounds plans by a Tory backbencher to introduce a one-clause Bill on abortion law reform. It is understood that Mr Timothy Sainsbury, the MP for Hove, is now more likely to introduce a Bill on curbing indecent displays in shops.

Both Bills would be equally contentious. Mr Sainsbury, who came first in the MPs' ballot for the privilege of introducing a private Member's bill, wants to be sure that whichever Bill he introduces will have a real chance of reaching the Statute Book.

Timothy Sainsbury

Sir Anthony Meyer, the Conservative MP for West Flint, is to introduce a Shops Bill on Sunday trading which could also cause controversy. Sir Anthony's Bill would enable the sale on Sunday of food, sportswear, furniture and, as an experiment, records and cassettes. Garden centres would also be able to open legally.

One of the sponsors of the bill, Mr Clement Freud, the Liberal MP for the Isle of Ely, is a Sunday trading reform campaigner. Among the anomalies he has cited are that shopkeepers can sell girlie magazines but not bibles on Sundays.

N at Heath

Chancellor of the Duchy of Lancaster

PRIVY COUNCIL OFFICE

WHITEHALL, LONDON SW1A 2AT

20 March 1980

V
MS

Dear Barney

Thank you for your letter of 17 March about the Abortion (Amendment) Bill.

I need hardly tell you that I personally have a good deal of sympathy with the aims of John Corrie's Bill. But the policy of successive Governments has been that as a general rule it is not desirable to give Government time to private members' bills. Quite frankly, after four days' debate on the Report Stage, and after failing to win the closure during last Friday's critical debate, I do not think its supporters could now successfully mount a case for departing from that principle.

Ever yours
N

Barney Hayhoe Esq MP
House of Commons

From: Barney Hayhoe, M.P., House of Commons, London, S.W.1. Tel: 01-219 4529

17th March, 1980

Dear Norman,

I would be grateful if you would let me know whether there is any possibility of the Government making more time available for the Corrie Bill.

As you know there is considerable public interest in this matter and now that so much parliamentary time has been spent it seems a great pity if a little more time is not made available in order to bring the matter to some sort of conclusion.

Yours ever
Barney

The Rt. Hon. Norman St. John-Stevas M.P.

CONFIDENTIAL

and PERSONAL

Nat Health

2

PRIME MINISTER

THE ABORTION (AMENDMENT) BILL

I have been talking to the Business Managers about the prospects for the Abortion Bill. There appears to be no chance of it getting through the Commons in the remaining time available for Private Members' Bills, and so far as I can see it is to all intents and purposes dead.

It will not be discussed this Friday (7 March) because the Seat Belts Bill is to come up again. Robert Taylor's Bill on Uprating of Child Maintenance Payments is still in play for Friday 14 March, but he is being leaned on very heavily by the Leader of the House to withdraw his Bill. The Home Secretary may also see him in an attempt to persuade him to drop his Bill. If they succeed, the Abortion Bill will come up again on 14 March. I have some very private indications from the Speaker's Office that it is their view that there is plenty of scope remaining for the Bill to be talked out. The Speaker feels in a difficult position following Willie Hamilton's Motion of Censure on him for his handling of the Bill last Friday, and will not be disposed to help it through. I should say in passing that, as I have already told you, the Chancellor of the Duchy did all he could to persuade the Speaker to hasten the Bill through, and I understand - again very privately - that he used your name in doing so.

If the Bill is talked out on 14 March, there is one more Friday available in July. It is likely, although the supporters of the Bill do not yet seem to have realised this, that there will be a Private Members' Bill from the Lords which will be taken in the Commons on that day. It follows that 14 March is make or break day for Mr. Corrie's Bill.

/ Feelings

CONFIDENTIAL

Feelings now run so high in the House about the content of the Bill and the way in which it has been handled that I see no hope of a compromise being reached. Any attempt would be likely to be met by obstruction by the hard core of opponents of the Bill.

MJS

You will also have seen the piece in today's Guardian reporting (not entirely accurately) the Cabinet's discussion on the Bill and its decision not to give it time.

MJS

5 March 1980

5 March 1980

GUARDIAN DIARY

Wiles of Willie

OPPONENTS of the Corrie abortion bill would do well to remember Mr William Whitelaw in their prayers, or whatever invocations they make to celebrate their apparent victory. The Home Secretary, according to a fly on the wall of the Cabinet room a few weeks ago, effectively ditched the measure's hope of getting Government time.

Mr Norman St John-Stevas apparently brought up the matter of the Commons timetable and suggested that the Corrie bill be given an extension to the usual private member's slot on the following Friday. Odd murmurs of assent began to come from round the table when Mr Whitelaw stepped in.

He had noticed, he said, at least six bills concerned with animals on the private-members' list, and he knew that there was strong feeling about them in the party. Some were hotly opposed, like Mr Kevin McNamara's renewed attempt to abolish hare coursing, while others were generally supported, like Mr Tom Hooson's measure to legalise rabbit-shooting at night.

Equally, said the wily veteran, there were counter-lobbies within the party; the whole issue was vexed and was the last thing in which the Government should get involved. Better by far to stick to the usual procedure of letting all private bills sink or swim on their own, which at least prevented any charges of favouritism.

The Prime Minister — doubtless seeing visions of dead hares and the like being posted to Downing Street — agreed and the "No time for private bills" policy was upheld. Courtesy of the Deer Bill, therefore, the Laboratory Animals Protection Bill and the other furry and feathered measures, Mr Corrie lost his best chance of success.

National Health

PARLIAMENTARY AFFAIRS

1. The Cabinet were informed of the business to be taken in the House of Commons during the following week.

CC(80) 6th Conclus Item 1 (Extract) 14-2-80

Private Members' Bills

THE CHANCELLOR OF THE DUCHY OF LANCASTER said that it was likely that, if proceedings on the Abortion (Amendment) Bill were restricted to the time allotted to Private Members' Bills, even those parts of the Bill which commanded a wide measure of agreement in the House were unlikely to reach the Statute Book. It was likely that he would come under pressure to make Government time available.

THE HOME SECRETARY suggested that the Cabinet should reaffirm the consistent practice of Conservative Administrations not to make Government time available for Private Members' Bills. Otherwise there would be continuing difficulties in resisting pressure to provide time for individual Bills. In his own field he had in mind the Hare Coursing (Abolition) Bill, which raised contentious issues between the animal lobby and country Members.

In discussion it was suggested that it would be better to defer an announcement affecting the Government's attitude to the provision of time for the Abortion (Amendment) Bill. There would be public criticism of Parliament if no decision were reached on those matters on which there was a wide measure of agreement. The possibility had been canvassed of suspending the rule to allow debate on the Bill to continue after 2.30 pm on a Friday. On the other hand, it was pointed out that the promoters of the Bill had not been willing to drop the controversial provisions of the Bill in order to secure the passage of generally agreed provisions. Two or three Fridays remained for debating the Bill. If action were taken to suspend the rule for one Bill, there would be no defence to pleas for similar action on other Private Members' Bills. Action to extend the debate on the Abortion (Amendment) Bill would certainly bring demands for similar treatment from the supporters of the Road Traffic (Seat Belts) Bill.

THE PRIME MINISTER, summing up the discussion, said that it was the clear view of the Cabinet that Government time should not be made available, nor should the rule be suspended, to facilitate the progress of a Private Member's Bill.

The Cabinet -

1. Agreed that no Government time should be made available for any Private Member's Bill, nor should the Government move to suspend the rule, to facilitate the progress of such a Bill.

Nat Health

PRIME MINISTER

I gather that you and the Chief Whip are minded not to discuss the Government's attitude to the Abortion Bill in Cabinet.

You should know that the Chancellor of the Duchy is preparing a minute to you suggesting that all the options be kept open until Private Members' time is exhausted, in the hope that Mr. Corrie will then agree to compromise.

My guess is that he will want to answer questions on the business statement by saying that this is a hypothetical issue, rather than by ruling out Government time. If you are content for him to do this, no need to raise it in Cabinet. If you want him to adopt a stronger line in public, you will need to get it on the record with colleagues.

NJS

13 February 1980

MT.

PRIME MINISTER

I thought it would be helpful if I sent you this private note on the chances of a further Private Members' day for the Abortion Bill. As you will see from the attached memorandum, it is quite possible that there will be, in addition to this Friday, two further Fridays available for the Bill. I understand that the sponsors, having got the first part of the Bill, might then be willing to withdraw certain parts of the Bill to ensure its passage. In the circumstances I would strongly advise you not to depart from the line we agreed on the question of Government time for the Bill and simply treat it as a question which has not so far arisen.

In this way you will avoid a hornet's nest and I will be saved considerable embarrassment. I have often found in politics that the most intractable questions solve themselves if one allows them to do so.

N. St.J.S.
13 February 1980

The remaining Fridays for Private Members' Bills are as follows:

15 February
22 February
29 February
7 March
14 March
4 July - this day has been so arranged for consideration of Lords Amendments.

The adjourned debate on Report of the Abortion (Amendment) Bill has been set down for Friday 15 February.

The Road Traffic (Seat Belts) Bill is likely to report from Standing Committee 'C' tomorrow, Wednesday 13 February, and the sponsor, Mr Neil Carmichael, is likely to set it down for consideration on Friday 22 February.

If, as seems likely, proceedings on the Abortion (Amendment) Bill are not completed on Friday 15 February, the sponsor, Mr John Corrie, can nominate Friday 29 February for further consideration.

If the Road Traffic (Seat Belts) Bill is not completed on Friday 22 February, it could be set down for further consideration on Friday 7 March or 14 March. It is conceivable, however, that during the week commencing Monday 3 March, the sponsor of the Concessionary Travel for Handicapped Persons (Scotland) Bill might defer his Bill to a later date. This would leave the way open for the Abortion Bill or the Road Traffic (Seat Belts) Bill to be taken as first Order of the Day on Friday 7 March.

This (possibly) leaves only Friday 14 March and depending upon the above could possibly result in the Bills being in one of the following orders:

A (i) Abortion (Amendment) Bill
(ii) Road Traffic (Seat Belts) Bill

or B (i) Concessionary Travel for Handicapped Persons (Scotland) Bill
(ii) Abortion (Amendment) Bill
(iii) Road Traffic (Seat Belts) Bill

Because of the Government's objections to Mr Robert Taylor's Affiliation Orders and Aliments (Annual Up-rating) Bill, it is not expected to make progress.

Mr Trevor Skeet's Youth and Community Bill is next in line after Affiliation Orders and Aliments (Annual Up-rating) Bill in Standing Committee 'C' and it is possible that it could report in time for consideration on Friday 14 March. (See S.O. attached).

(4) The House, when it meets on Friday, shall, at its rising, stand adjourned until the following Monday without any question being put.

Arrangement of Public Business

Precedence of government business.

6.—(1) Save as provided in this order, government business shall have precedence at every sitting.

(2) Private Members' bills shall have precedence over government business on ten Fridays in each session to be appointed by the House. 5

(3) On and after the seventh Friday on which private Members' bills have precedence, such bills shall be arranged on the order paper 10 in the following order:—

consideration of Lords amendments, third readings, consideration of reports not already entered upon, adjourned proceedings on consideration, bills in progress in committee, 15 bills appointed for committee, and second readings.

(4) The ballot for private Members' bills shall be held on the second Thursday on which the House shall sit during the session under 20 arrangements to be made by Mr. Speaker, and each bill shall be presented, by the Member who has given notice of presentation or by another Member named by him in writing to the

25 the Clerks at the Table, at the commencement of public business on the fifth Wednesday on which the House shall sit during the session.

(5) Private Members' notices of motions and private Members' bills shall have precedence, 30 in that order, over government business on ten Fridays in each session to be appointed by the House.

(6) On four days other than Fridays in each session to be appointed by the House private 35 Members' notices of motions shall have precedence until seven o'clock and, if not previously concluded, the proceedings thereon shall lapse at that hour and the House shall then proceed with government business.

40 (7) Ballots for private Members' notices of motions shall be held after questions on such Wednesdays as may be appointed by the House in respect of motions having precedence on Fridays; and on such days as may be 45 appointed by the House in respect of motions having precedence on days other than Fridays. Notice of a subject to be raised on any motion for which a ballot is held in pursuance of this paragraph may be given at the 50 Table or in the Table Office not less than nine days before the day on which the notice of motion is to have precedence.

(8) Until after the fifth Wednesday on which the House shall sit during the session, no private

private Member shall give notice of a motion 55 for leave to bring in a bill under Standing Order No. 13 (Motions for leave to bring in bills and nomination of select committees at commencement of public business) or for presenting a bill under Standing Order No. 37 60 (Presentation and first reading).

✓ Not raised in Cab of 7/2
Nat Health

PRIME MINISTER

Abortion Bill

You might want to put the policy on handling the Abortion Bill on the record at Cabinet. You could say that there was one further point on this week's business, namely how we should react to suggestions that the Government might provide time to ensure a full debate on the Abortion Bill. You had discussed this with the Chancellor of the Duchy and the Chief Whip and it was your clear view that the Government should not provide time for the Bill, and that we should make this clear if asked in the House. On the Bill itself, of course, Ministers would want to vote or abstain according to conscience.

MS

[I do not think you would be on safe ground to say that there are no precedents for Conservative Governments giving time for Private Members' Bills. Some researches suggest that there are quite a lot of examples of previous Conservative Governments helping through Private Members' Bills in one way or another. I could let you see a list if you liked.]

6 February 1980

Nct Health

10 DOWNING STREET

From the Private Secretary

4 February 1980

I attach copies of an exchange of correspondence between John Corrie and the Prime Minister, which the Prime Minister thought the Leader of the House might like to see.

I am copying this letter and its enclosures to Don Brereton (DHSS).

N. J. SANDERS

John Stevens, Esq.,
Office of the Chancellor of the Duchy of
Lancaster

JG D89.
Nat. Health

10 DOWNING STREET

THE PRIME MINISTER

4 February 1980

Dear John,

Thank you for your telegram, also signed by several other Members, about the Abortion (Amendment) Bill.

I supported the Bill on Second Reading but hoped and expected that there would be a number of amendments in Committee. So far these have not been made. But of course there is still the Report Stage. Much will depend on that.

Yours ever

Margaret

John Corrie, Esq., M.P.

3

PRIME MINISTER

John Corrie and the other main backers of the Abortion Bill have sent you this telegram. If you do not reply at all, I am sure they will interpret it as a sign of your continuing support for the Bill. If you do reply, the terms of your reply are very likely to become public and to receive much attention.

I attach a draft which you might like to send; I suspect, however, that you might want to write your own letter to Mr. Corrie.

If you agree, I should like permission to send copies of your letter to Mr. Jenkin and the Leader of the House. May I please do so?

MJS

If you wish. MT

1 February 1980

10 DOWNING STREET

THE PRIME MINISTER

(1) Thank you for your telegram, also signed by several other Members, about the Abortion (Amendment) Bill.

I think it only fair to you that I should say that while I supported your Bill on Second Reading because of my belief that the existing law does need to be changed, I ~~could not give~~ further support to the Bill in its present form. In my view, which is of course purely a personal one, the Bill needs amendment to bring it more closely into line with the opinions which have been expressed by the BMA and other medical organisations. In these circumstances I felt that it would be wrong to leave you under the impression that the existing provisionshad my endorsement.

I know that there are many who would wish to see the Bill enacted in its present form, and that they hold that view with the deepest of sincerity. But each of us must treat this as a matter of conscience, and I have devoted much thought to it before coming to my conclusion.

(2) I supported the Bill on Second Reading but hoped & expected that there would be a number of amendments in Committee. So far these have not been made. But of course there is still the Report Stage, much will depend on that.

John Corrie, Esq., M.P.

CONFIDENTIAL

Nat Health

cf Master Set
Paul Mars (TSRB) (June 79)
MS
Education (Milk, Meals Transport etc)
(Sept 79)

10 DOWNING STREET

From the Principal Private Secretary

31 January 1980

When the Chancellor of the Duchy of Lancaster called upon the Prime Minister yesterday evening they touched upon the following subjects.

Abortion (Amendment) Bill

The Chancellor of the Duchy of Lancaster said that when the possibility of providing Government time for Mr. Corrie's Bill had been raised, he had said that this was a hypothetical question. Nonetheless, the Bill was not like an ordinary Private Member's Bill: rather, it dealt with a major social question, and he thought that it was right that the House should have an opportunity to discuss it fully and to come to a decision. To provide Government time for the Bill need not encroach upon the Government's legislative programme, for it could be put on after 2200. If the Bill failed because the Government did not provide time for it, there would be a very strong reaction against the Government from the whole Catholic population. The Government should have the potential political repercussions in mind. If it was decided that the Government should not find time, the very least it should do was not to make its decision known now but to wait and see how Mr. Corrie's Bill progressed on 8 and 15 February.

The Prime Minister said that she could not regard Mr. Corrie's Bill as sui generis amongst Private Members' Bills. If the Government provided time for it, this would open the flood gates and the Government would find it impossible to resist similar demands for other Private Members' Bills. Ample time was in fact provided for Private Members' Bills generally, and she understood that there were two Fridays in February for Mr. Corrie's Bill and possibly a third later. She knew that the Labour Government had given time for Private Members' Bills on abortion but no Conservative Government had ever provided time for Private Members' Bills. There was no question whatever of Government time being provided for Mr. Corrie's Bill. She was, however, ready to agree that this decision should not be announced for the time being, though if she was herself asked point blank, she would find it difficult not to make it clear what her view was. It was important that Government spokesmen should not refer to the precedents under the Labour Government since to do so might be taken as a hint that the present Government was thinking of providing time.

/School Transport Charges

CONFIDENTIAL

CONFIDENTIAL

School Transport Charges

The Chancellor of the Duchy of Lancaster said that in considering the Catholic reaction to any failure of Mr. Corrie's Bill to get through, the Government should bear in mind that the Catholic community was in a fever about the proposed charges for school transport. Catholic children would be disproportionately subject to the charges because, over the country as a whole, they had to travel further to get to Catholic schools than did the non-Catholic school population to go to non-denominational schools. But it was the case that dissatisfaction with the new charges went wider than the Catholic community: the rural population generally were opposed to them, and the Government was losing the propaganda battle about them.

The Prime Minister said that it was a mistake to link Mr. Corrie's Bill with the issue of charges for school transport. As regards the latter, she believed that the controversy would die down before long. Local authorities were sensitive to local feeling, and Catholics and other sections of the community would be re-assured when they saw what was actually done. There was no obligation on local authorities to make savings on school transport and it was open to them to make economies elsewhere in their programmes if they so wished. In any case, even if a saving of £20 million was made, some £100 million would continue to be spent on school transport.

MPs' Pay and Allowances

The Chancellor of the Duchy of Lancaster said that he would shortly be circulating a note on the latest Boyle Report on MPs' Pay and Allowances. He was going to talk to the Executive of the 1922 Committee about the Report.

The Prime Minister welcomed the soundings of backbench opinion which Mr. St. John Stevas was proposing to take.

I am sending a copy of this letter to Murdo Maclean (Chief Whip's Office).

CAW

J. W. Stevens, Esq.,
Office of the Chancellor of the Duchy of Lancaster.

CONFIDENTIAL

FCC

cc Master Set

MJ

10 DOWNING STREET

From the Private Secretary

31 January, 1980.

When your Minister called on the Prime Minister this afternoon, they had a brief discussion about the Abortion Bill. Dr. Vaughan said that in several respects the Bill was unsatisfactory and he and the Secretary of State for Social Services were taking the view that they could not support it in its present form. However, there was considerable support for it amongst Government backbenchers, and there was pressure on the Government to provide Government time for it. He was taking the line that this would not be possible.

The Prime Minister said that she agreed with this general line. As a matter of principle the Government could not find time for Private Members' Bills. The case for finding time for the Abortion Bill was even weaker, given that in its present form it was likely to create divisions amongst the Government's supporters.

I am sending copies of this letter to John Stevens (Chancellor of the Duchy of Lancaster's Office) and David Wright (Cabinet Office).

T. P. LANKESTER

Jeremy Knight, Esq.,
Department of Health and Social Security.

PRIME MINISTER

THE ABORTION (AMENDMENT) BILL

The briefing you saw yesterday is at Flag A. A copy of Mr. Corrie's Bill and the 1967 Act are also attached.

The object of the meeting is to agree with the Chancellor of the Duchy the Government's policy towards the handling of the Bill and, in particular, the line he will take in response to the inevitable questions on the Business Statement tomorrow.

You should know that the business managers are engaged in a scheme to provide a third Friday for discussion of the Abortion Bill by manipulating proceedings in Standing Committee C. The proposal is that Robert Taylor, whose Affiliation Orders etc. Bill took third place in the queue, should withdraw his Bill at just the right moment to provide a third Friday for the Abortion Bill. The Chief Whip is trying to be helpful to the sponsors in giving them this extra time, but also has in mind the need to provide a good defence if the Government refuses to provide extra time because the Bill does not get through in Private Members' time. The Chief Whip is uneasy about discussion of this scheme in Cabinet tomorrow, because he thinks it would be leaked.

At the moment, there is no prospect of Mr. Corrie agreeing to facilitate the passage of the Bill by accepting amendments of the sort that the profession and you would like. The opponents of the Bill are well organised and might well be able to talk it out, even if the three Fridays are provided. There is a mass lobby of Parliament by supporters of the Bill today.

Ideally, I hope that it may be possible for you and the Chancellor of the Duchy to reach agreement that he will say tomorrow that Government time will not be provided. But it may be very difficult to persuade him to do this, given the negotiations he has already had with the sponsors and others. You could also explore with him the possibility that Mr. Corrie might be prepared to compromise, but this does not look a fruitful line at the moment.

MS

30 January 1980

cjt

THE ABORTION (AMENDMENT) BILL

The effect of the Bill

1. The Bill as amended in Committee would make the following changes to the 1967 Act:

a. abortion, save for the purpose of preserving the mother's life or preventing permanent injury to her or the birth of a seriously handicapped child, would not be lawful if the pregnancy had lasted 20 weeks or more (at present there is no limit, but a rebuttable presumption established by the Infant Life Preservation Act effectively sets 28 weeks as the uppermost limit except where the mother's life is at stake);

b. the criterion for abortion (other than to preserve the mother's life or prevent permanent injury to her or the birth of a seriously handicapped child) is amended to refer to a risk of "serious injury" (instead of "injury") from continuance of the pregnancy "substantially greater" (instead of "greater") than if the pregnancy were terminated;

c. reduction below 20 weeks of the gestational limit may be made by order subject to positive resolution;

d. the "conscience clause" is amended by introducing reference to "religious, ethical or other grounds" and by removing the burden of proof from the objector;

e. the Secretary of State is required to withdraw approval from a private nursing home approved under the 1967 Act if there are associations between the controller of the home and anyone who provides counselling or advice to pregnant women;

f. certain officers of bodies corporate are made liable for offences committed by such bodies;

g. the time limit for summary proceedings is redefined by reference to the date on which sufficient evidence comes to knowledge subject to an absolute limit of three years.

Views of DHSS Ministers

2. As to 1(a) above, DHSS Ministers believe that 20 weeks is too low. No baby certainly delivered at less than 24 weeks has yet been shown to be capable of independent existence. This seems the appropriate figure to use at this stage. In practice few abortions are carried out after 20 weeks but these include some where the reasons are compelling. Medical organisations have confirmed their view that 24 weeks should be the limit. They, like Ministers, are content with the exceptions provided (open-ended for danger to the mother's life or of permanent damage to her health; effectively up to 28 weeks for risk of serious handicap in the child - Mr Steel's amendment would reduce this to 24, and would make this the limit where the mother's health - not life - was at risk).

3. As to 1(b), medical organisations do not wish the existing criterion to be changed. The amendments might have little legal effect, strictly interpreted, but would add to doctors' uncertainties about what must often be a difficult clinical decision. On balance the practical advantage lies with the wording already established. (Mr Steel's amendment goes further in the opposite direction).

4. As to 1(c), the provision is unrealistic if 20 weeks stands. If 24 is substituted, it is reasonable to add this provision.

5. As to 1(d), the changes are generally acceptable to the professions, though a special provision is needed for Scotland and a draft has gone to Mr Corrie (at his request, with a number of "technical" amendments). Mr Steel's amendment would leave the burden of proof on the objector.

6. As to 1(e), the clause as it stands would have some unintended (we believe) consequences, and a revised clause has gone, at his request, to Mr Benyon. The purpose is to outlaw financial links between referral agencies and nursing homes. DHSS Ministers accept that such links can be undesirable but do not believe that legislation is necessary. Where undesirable links appear they can already be, and are, dealt with under administrative arrangements. The clause would certainly interfere with the existing arrangements of the charities, BPAS and PAS, who take the view that they could not satisfactorily reorganise their affairs to comply with such a provision. It would require counselling fees to be raised to a level which would seem daunting to many who now seek the advice of the advisory bureaux managed by these bodies. Mr Steel's amendment would leave out this clause.

7. As to 1(f), this provision is unexceptionable, though Mr Steel's amendment would leave it out.

8. As to 1(g), DHSS Ministers strongly favour this provision. Under the law as it stands, summary prosecution has to be undertaken within six months of the offence. This can result in difficulties in prosecuting, eg doctors who delay submitting reports of abortions carried out. Mr Steel's amendment would leave the law as it now is.

9. Another amendment supplied to Mr Corrie at his request would provide for the Bill to come into force on dates to be appointed. As the Bill stands it would come into force on Royal Assent, except for the provision referred to at 1(e), which would come into force six months later. There would be advantage in giving the medical profession a short time to assimilate changes in the law before they take effect.

Parliamentary Prospects

10. The strength of Parliamentary opposition to most of the Bill's provisions is shown by the number of signatures to the Early Day Motion 349 put down by Mr W W Hamilton. There seems little doubt that he and his fellow signatories would be prepared, and able, to talk through two Fridays.

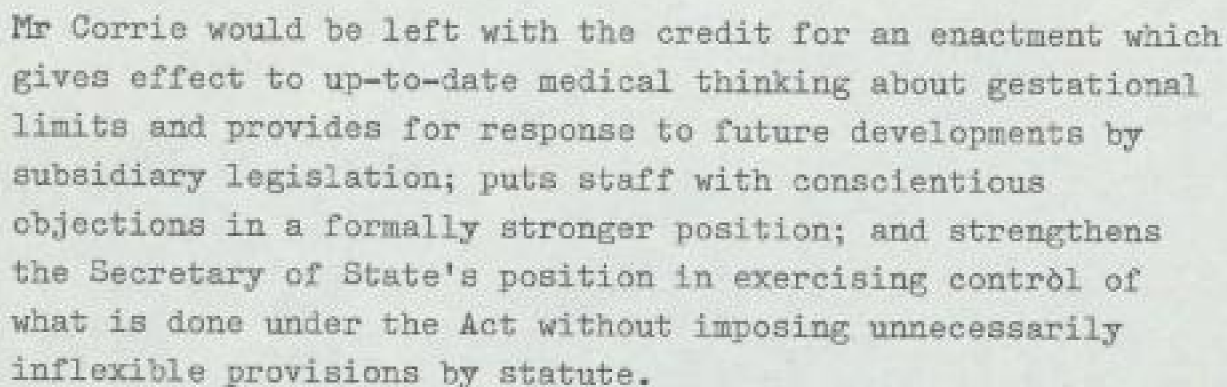
11. If the Bill fails, the generally agreed substition of an upper limit of 24 weeks gestation for the generality of abortions will be lost, as will the desirable change in the time limit for prosecutions and a clarification (recommended by the Solicitor General) of the protection of non-medical staff assisting in abortions carried out by methods of medical induction, which might have been inserted in the Lords. We had thought at this stage to find a means also of suggesting a clarifying amendment to the regulation-making powers in section 2 of the 1967 Act.

12. The Leader of the House has referred to the precedent for providing Government time. The demand would be substantial if the contentious clauses remain. The need could almost certainly be removed if the sponsor were to agree, and sufficient backing were assured in the House,

a) to substitute 24 weeks for 20 (Mr Corrie earlier indicated willingness to do this);

b) to revert to the present form of the criterion; and

c) to leave out both the clause now in the Bill relating to links between advisory bureaux and nursing homes and the revised clause Mr Benyon is considering.



Mr Corrie would be left with the credit for an enactment which gives effect to up-to-date medical thinking about gestational limits and provides for response to future developments by subsidiary legislation; puts staff with conscientious objections in a formally stronger position; and strengthens the Secretary of State's position in exercising control of what is done under the Act without imposing unnecessarily inflexible provisions by statute.

PQ 2993/79/80

NOTES FOR SUPPLEMENTARIES

1. DID THE ORGANISATIONS YOU CONSULTED GENERALLY WELCOME THE BILL?

Not all organisations gave general views but, of those that did, the overwhelming direction of their general comments was that the 1967 Abortion Act had provided in practice a reasonable framework for an, unhappily, necessary service. This comment was made particularly by medical organisations and the teams of officers responsible for service delivery in the NHS. They and others were concerned that more restrictive legislation might affect the most vulnerable.

2. WHAT DID THE ORGANISATIONS SAY ABOUT THE PROPOSAL TO INTRODUCE A GENERAL UPPER TIME LIMIT OF 20 WEEKS?

Few organisations objected to the principle of an upper time limit but there was considerable comment about the point at which the time limit should be set. Some organisations thought 20 weeks was right but each medical organisation favoured 24 weeks and several associated themselves with the comment of the Royal College of Obstetricians and Gynaecologists which was that it seemed - and I quote:-

> ".... sensible to limit the maturity at which abortion is authorised to that point where viability could reasonably be inferred provided that this creates a satisfactory framework for antenatal diagnosis. We considered that 24 weeks did, at present and for the forseeable future represent the stage of pregnancy at which an expelled foetus might have a prospect of survival"

3. HAS THIS VIEW HAS BEEN MODIFIED FOLLOWING ALLEGATIONS OF THE SURVIVAL FOR A PERIOD OF A 23 WEEKS INFANT AT UNIVERSITY COLLEGE HOSPITAL?

/The infant died aged 5 weeks: I understand there is considerable evidence that the period of gestation was not less than 24-25 weeks but_7

No, the Royal College of Obstetricians and Gynaecologists is among the bodies to have re-affirmed their view after that.

4. DID ANY ORGANISATION OPPOSE THE PROPOSED CHANGE IN CRITERIA (IE THE REQUIREMENT THAT THERE SHOULD BE 'SUBSTANTIAL RISK OF SERIOUS INJURY')?

All medical and all nursing organizations and most NHS teams of officers which commented upon this provision opposed it. In particular, the medical organisations opposed the substitution of an absolute for a comparative measure of risk.

5. WAS THERE FELT TO BE A NEED FOR A STATUTORY SYSTEM OF LICENSING FOR PREGNANCY ADVICE BUREAUX?

There was a general acceptance of the need for control but disagreement about whether the details of that control should be or could be set out in statute.

Tuesday 29 January 1980

PQ 2993/1979/80
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ABORTION LAW REFORM

*21 Mr W W Hamilton (La. Central Fife)

To ask the Secretary of State for Social Services, what recent representations he has received on abortion law reform from the professional, medical and nursing organisations.

DR GERARD VAUGHAN

Following the introduction of the Abortion (Amendment) Bill I sought the views of the major organisations professionally concerned with abortion. Their comments on the Bill were summarised by the Department and the summary made available in the Library and to Members of the Standing Committee. Since the Bill completed its Committee Stage the British Medical Association, the Royal College of Obstetricians and Gynaecologists and the British Paediatric Association have re-affirmed the views they had previously expressed. Copies of the summary of views remain available in the Library of the House.

Abortion (Amendment) Bill

RETURN TO
QUESTIONS

ARRANGEMENT OF CLAUSES

Clause
1. Amendment of section 1 of principal Act.
2. Termination of pregnancy without regard to time limit under section 1 in certain grave cases.
3. Amendment of section 4 of principal Act.
4. Withdrawal of approval of premises.
5. Offences by bodies corporate.
6. Time limit for commencement of summary proceedings.
7. Interpretation.
8. Short title, citation, extent and commencement.

A

BILL

[AS AMENDED BY STANDING COMMITTEE C]

TO

Amend the Abortion Act 1967; to make further provisions with respect to the termination of pregnancy by registered medical practitioners; and for connected purposes.

A.D. 1979

BE IT ENACTED by the Queen's most Excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the authority of the same, as follows:—

Amendment of section 1 of principal Act.

5 **1.**—(1) In subsection (1) of section 1 of the principal Act (medical termination of pregnancy) for paragraphs (*a*) and (*b*) there shall be substituted the following paragraphs—

"(*a*) that the pregnancy has lasted for less than 20 weeks; and

10 (*b*) that the continuance of the pregnancy would involve risk to the life of the pregnant woman, or of serious injury to the physical or mental health of the pregnant woman or any existing children of her family, substantially greater than if the pregnancy were terminated.".

15 (2) In subsection (2) of that section for the words "paragraph (*a*)" there shall be substituted the words "paragraph (*b*)".

(3) In subsection (3) of that section—

(*a*) for the words from the beginning to " carried " there shall be substituted the words " This section applies only where the treatment for the termination of the pregnancy is "; and

(*b*) for the word " section " in the second place where it occurs there shall be substituted the word " Act ".

(4) For subsection (4) of that section there shall be substituted the following subsection—

" (4) The Secretary of State may by order made by statutory instrument substitute a lower number for the number of weeks for the time being specified in paragraph (*a*) of subsection (1) of this section; but no such order shall be made unless a draft of the order has been laid before Parliament and approved by resolution of each House of Parliament."

Termination of pregnancy without regard to time limit under section 1 in certain grave cases.

2.—(1) The following sections shall be inserted after section 1 of the principal Act—

" Medical termination of pregnancy to preserve mother's life, etc.

1A.—(1) Subject to subsection (3) of this section, a person shall not be guilty of an offence under the law relating to abortion or child destruction when a pregnancy is terminated by a registered medical practitioner if two registered medical practitioners are of the opinion, formed in good faith,—

(*a*) that the termination is necessary to preserve the life or to prevent grave permanent injury to the physical or mental health of the pregnant woman; and

(*b*) where the method of termination used is one which would necessarily involve or be likely to involve the destruction of the life of a child which is or may be capable of being born alive, that the use of any other method of termination would involve substantially greater risk to the life or of injury to the physical or mental health of the pregnant woman.

(2) The opinion of two registered medical practitioners shall not be required for the purposes of subsection (1) of this section in any case where the registered medical practitioner terminating the pregnancy is of the opinion, formed in good faith,—

(*a*) that the termination is immediately necessary for any purpose mentioned in paragraph (*a*) of that subsection; and

(*b*) where paragraph (*b*) of that subsection applies, that the use of any other method of termination would involve such a risk as is mentioned in that paragraph.

(3) Section 1(3) of this Act shall apply for the purposes of this section, except in a case within subsection (2) of this section.

Medical termination of pregnancy to prevent birth of handicapped child.

1B.—(1) Subject to subsection (2) of this section, a person shall not be guilty of an offence under the law relating to abortion when a pregnancy is terminated by a registered medical practitioners if two registered medical practitioners are of the opinion, formed in good faith,—

(*a*) that there is a substantial risk that if the child were born it would suffer from such physical or mental abnormalities as to be seriously handicapped; and

(*b*) that, where the termination takes place in Scotland, the pregnancy has lasted for less than 28 weeks.

(2) Section 1(3) of this Act shall apply for the purposes of this section."

(2) In section 2(1)(*a*) of that Act, for the words " section 1 " there shall be substituted the words " any of the preceding provisions ".

(3) In section 3(1) of that Act, for the words " section 1 " there shall be substituted the words " sections 1 to 1B ".

(4) In section 5(1) of that Act—

(*a*) at the beginning there shall be inserted the words " Except as provided by section 1A of this Act "; and

(*b*) at the end there shall be added the words " and nothing in that section shall be taken as prejudicing the operation of the proviso to section 1 of that Act ".

(5) In section 5(2) of that Act, the words " section 1 of " shall be omitted.

(6) In section 6 of that Act, after the definition of " the law relating to abortion " there shall be inserted the following definition—

" " the law relating to child destruction " means section 1 of the Infant Life (Preservation) Act 1929.".

Amendment of section 4 of principal Act.

3. Section 4 of the principal Act shall be amended—

(*a*) in subsection (1) by—

(i) adding after the word "objection" where it first occurs the words "on religious, ethical or any other grounds."; and

(ii) leaving out the proviso; and

(*b*) by leaving out subsection (3).

Withdrawal of approval of premises.

4.—(1) If the Secretary of State is satisfied that a person is carrying on a service of providing counselling or advice to pregnant women or is employed by such a person and—

(*a*) is, or has been at any time within a period of six months previously, carrying out treatment for the termination of pregnancy at a place for the time being approved under section 1(3) of the principal Act or employed at such a place, or

(*b*) is, or has been at any time within a period of six months previously, associated with a person carrying out treatment for the termination of pregnancy at a place for the time being approved under section 1(3) of the principal Act

he shall withdraw his approval under the said section 1(3).

(2) For the purposes of subsection (1) of this section, a person is associated with another person if—

(*a*) where both persons are bodies corporate

(i) the same person is a controller of both, or a person is a controller of one and persons who are his associates, or he and persons who are his associates, are controllers of the other; or

(ii) a group of two or more persons is a controller of each company, and the groups either consist of the same persons or could be regarded as consisting of the same persons by treating (in one or more cases) a member of either group as replaced by a person of whom he is an associate, or

(*b*) where one of the persons is a body corporate, if the other person is a controller of it or if that person and persons who are his associates together are controllers of it, or

(*c*) an agreement exists between the persons with regard to the referral by one of the other of pregnant women for treatment for termination of pregnancy, or

(*d*) one person has received, or has been promised, a financial inducement in relation to the referral by one to the other of pregnant women for treatment for termination of pregnancy.

(3) The Secretary of State may by order made by statutory instrument amend subsection (2) of this section so as to add further categories but an order under this subsection shall be of no effect unless a draft of the order has been laid before and approved by each House of Parliament.

Offences by bodies corporate. 1861 c. 100. 1929 c. 34.

5. Where an offence under sections 58 and 59 of the Offences against the Person Act 1861, the Infant Life (Preservation) Act 1929, the principal Act, or this Act or against any regulations made under those Acts, which has been committed by a body corporate is proved to have been committed with the consent or connivance of, or to be attributable to any neglect or misrepresentation on the part of any director, manager, secretary or other similar officer of the body corporate or any person who was purporting to act in any such capacity he, as well as the body corporate, shall be guilty of that offence and shall be liable to be proceeded against and punished accordingly.

Time limit for commencement of summary proceedings. 1952 c. 55.

6.—(1) Notwithstanding anything in section 104 of the Magistrates' Courts Act 1952, summary proceedings in England and Wales for an offence under section 2(3) of the principal Act may, subject to subsection (3) below, be commenced at any time within the period of six months beginning with the date on which evidence sufficient in the opinion of the prosecutor to justify the proceedings comes to his knowledge.

(2) Notwithstanding anything in section 331 of the Criminal Procedure (Scotland) Act 1975, summary proceedings in Scotland for any such offence may, subject to subsection (3) below, be commenced at any time—

(*a*) within the period of six months beginning with the date on which evidence sufficient in the opinion of the prosecutor to justify the proceedings comes to his knowledge; or

(*b*) where such evidence was reported to him by the Secretary of State within the period of six months beginning with the date on which it came to the knowledge of the Secretary of State,

and subsection (3) of the said section 331 shall apply for the purposes of this section as it applies for the purpose of that section.

(3) Nothing in this section shall authorise the commencement of proceedings for any offence after the expiration of the period of three years beginning with the date on which the offence was committed.

(4) For the purposes of this section a certificate signed by or on behalf of the prosecutor or, as the case may be, the Secretary of State and stating the date on which such evidence as aforesaid

came to his knowledge shall be conclusive evidence of that fact; and a certificate stating that fact and purporting to be so signed shall be deemed to be so signed unless the contrary is proved.

(5) In relation to offences committed before the coming into force of this section, neither subsection (1) nor subsection (2) 5 above shall apply if the time allowed for taking the proceedings has already expired before this section comes into force.

Interpretation. 1967 c. 87.

7. In this Act unless the context otherwise requires "the principal Act" means the Abortion Act 1967.

Short title, citation, extent and commencement.

8.—(1) This Act may be cited as the Abortion (Amendment) 10 Act 1980, and this Act and the principal Act may be cited together as the Abortion Acts 1967 and 1980.

(2) This Act does not extend to Northern Ireland.

(3) Section 4 of this Act shall come into force at the expiration of six months beginning with the date of the coming into force of 15 the remainder of this Act.

Abortion (Amendment)

A

BILL

[AS AMENDED BY STANDING COMMITTEE C]

To amend the Abortion Act 1967; to make further provisions with respect to the termination of pregnancy by registered medical practitioners; and for connected purposes.

Presented by Mr. John Corrie supported by

Sir Bernard Braine, Mr. Leo Abse, Mrs. Jill Knight, Mrs. Elaine Kellett-Bowman, Mr. Gordon Wilson, Mr. W. Benyon, Mr. James Hamilton, Mr. Michael Ancram, Mr. James White, Mr. Ian Campbell and Miss Janet Fookes

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Abortion Act 1967

1967 CHAPTER 87

An Act to amend and clarify the law relating to termination of pregnancy by registered medical practitioners. [27th October 1967]

BE IT ENACTED by the Queen's most Excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the authority of the same, as follows:—

Medical termination of pregnancy.

1.—(1) Subject to the provisions of this section, a person shall not be guilty of an offence under the law relating to abortion when a pregnancy is terminated by a registered medical practitioner if two registered medical practitioners are of the opinion, formed in good faith—

(*a*) that the continuance of the pregnancy would involve risk to the life of the pregnant woman, or of injury to the physical or mental health of the pregnant woman or any existing children of her family, greater than if the pregnancy were terminated; or

(*b*) that there is a substantial risk that if the child were born it would suffer from such physical or mental abnormalities as to be seriously handicapped.

(2) In determining whether the continuance of a pregnancy would involve such risk of injury to health as is mentioned in paragraph (*a*) of subsection (1) of this section, account may be taken of the pregnant woman's actual or reasonably foreseeable environment.

(3) Except as provided by subsection (4) of this section, any treatment for the termination of pregnancy must be carried out in a hospital vested in the Minister of Health or the Secretary of State under the National Health Service Acts, or in a place for the time being approved for the purposes of this section by the said Minister or the Secretary of State.

(4) Subsection (3) of this section, and so much of subsection (1) as relates to the opinion of two registered medical practitioners, shall not apply to the termination of a pregnancy by a registered medical practitioner in a case where he is of the opinion, formed in good faith, that the termination is immediately necessary to save the life or to prevent grave permanent injury to the physical or mental health of the pregnant woman.

Notification.

2.—(1) The Minister of Health in respect of England and Wales, and the Secretary of State in respect of Scotland, shall by statutory instrument make regulations to provide—

(*a*) for requiring any such opinion as is referred to in section 1 of this Act to be certified by the practitioners or practitioner concerned in such form and at such time as may be prescribed by the regulations, and for requiring the preservation and disposal of certificates made for the purposes of the regulations;

(*b*) for requiring any registered medical practitioner who terminates a pregnancy to give notice of the termination and such other information relating to the termination as may be so prescribed;

(*c*) for prohibiting the disclosure, except to such persons or for such purposes as may be so prescribed, of notices given or information furnished pursuant to the regulations.

(2) The information furnished in pursuance of regulations made by virtue of paragraph (*b*) of subsection (1) of this section shall be notified solely to the Chief Medical Officers of the Ministry of Health and the Scottish Home and Health Department respectively.

(3) Any person who wilfully contravenes or wilfully fails to comply with the requirements of regulations under subsection (1) of this section shall be liable on summary conviction to a fine not exceeding one hundred pounds.

(4) Any statutory instrument made by virtue of this section shall be subject to annulment in pursuance of a resolution of either House of Parliament.

Application of Act to visiting forces etc.

3.—(1) In relation to the termination of a pregnancy in a case where the following conditions are satisfied, that is to say—

(*a*) the treatment for termination of the pregnancy was carried out in a hospital controlled by the proper authorities of a body to which this section applies; and

(*b*) the pregnant woman had at the time of the treatment a relevant association with that body; and

(*c*) the treatment was carried out by a registered medical practitioner or a person who at the time of the treatment

was a member of that body appointed as a medical practitioner for that body by the proper authorities of that body,

this Act shall have effect as if any reference in section 1 to a registered medical practitioner and to a hospital vested in a Minister under the National Health Service Acts included respectively a reference to such a person as is mentioned in paragraph (*c*) of this subsection and to a hospital controlled as aforesaid, and as if section 2 were omitted.

(2) The bodies to which this section applies are any force which is a visiting force within the meaning of any of the provisions of Part I of the Visiting Forces Act 1952 and any headquarters within the meaning of the Schedule to the International Headquarters and Defence Organisations Act 1964; and for the purposes of this section—

1952 c. 67.

1964 c. 5.

(*a*) a woman shall be treated as having a relevant association at any time with a body to which this section applies if at that time—

(i) in the case of such a force as aforesaid, she had a relevant association within the meaning of the said Part I with the force; and

(ii) in the case of such a headquarters as aforesaid, she was a member of the headquarters or a dependant within the meaning of the Schedule aforesaid of such a member; and

(*b*) any reference to a member of a body to which this section applies shall be construed—

(i) in the case of such a force as aforesaid, as a reference to a member of or of a civilian component of that force within the meaning of the said Part I; and

(ii) in the case of such a headquarters as aforesaid, as a reference to a member of that headquarters within the meaning of the Schedule aforesaid.

Conscientious objection to participation in treatment.

4.—(1) Subject to subsection (2) of this section, no person shall be under any duty, whether by contract or by any statutory or other legal requirement, to participate in any treatment authorised by this Act to which he has a conscientious objection:

Provided that in any legal proceedings the burden of proof of conscientious objection shall rest on the person claiming to rely on it.

(2) Nothing in subsection (1) of this section shall affect any duty to participate in treatment which is necessary to save the life or to prevent grave permanent injury to the physical or mental health of a pregnant woman.

(3) In any proceedings before a court in Scotland, a statement on oath by any person to the effect that he has a conscientious objection to participating in any treatment authorised by this Act shall be sufficient evidence for the purpose of discharging the burden of proof imposed upon him by subsection (1) of this section.

Supplementary provisions.
1929 c. 34.

5.—(1) Nothing in this Act shall affect the provisions of the Infant Life (Preservation) Act 1929 (protecting the life of the viable foetus).

(2) For the purposes of the law relating to abortion, anything done with intent to procure the miscarriage of a woman is unlawfully done unless authorised by section 1 of this Act.

Interpretation.

6. In this Act, the following expressions have meanings hereby assigned to them:—

1861 c. 100.

"the law relating to abortion" means sections 58 and 59 of the Offences against the Person Act 1861, and any rule of law relating to the procurement of abortion;

"the National Health Service Acts" means the National Health Service Acts 1946 to 1966 or the National Health Service (Scotland) Acts 1947 to 1966.

Short title, commencement and extent.

7.—(1) This Act may be cited as the Abortion Act 1967.

(2) This Act shall come into force on the expiration of the period of six months beginning with the date on which it is passed.

(3) This Act does not extend to Northern Ireland.

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OVERNIGHT

MRS MARGARET THATCHER 10 DOWNING STREET
LONDONSW1

THE MANY THOUSANDS OF ORDINARY CITIZENS ASSEMBLED TODAY IN WESTMINSTER FROM THE FOUR CORNERS OF ENGLAND SCOTLAND AND WALES THANK YOU ON BEHALF OF UNBORN CHILDREN FOR YOUR SUPPORT FOR ABORTION REFORM WHICH WE ARE CONFIDENT WILL CONTINUE .

ELAINE KELLETT-BOWMAN MICHAEL ANCRAM SIR BERNARD BRAINE ALAN BEITH JAMES HAMILTON JOHN CORRIE AND CYRIL SMITH

COL ~~10 SW1~~ .

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CC DHSS Orig Garden Rooms JD

c/f to note pl Dat Health

10 DOWNING STREET

THE PRIME MINISTER

23 July 1979

Dear Dame Josephine,

Thank you for writing to me on 6 July about the Abortion Amendment Bill introduced by John Corrie. As you know, successive Governments have taken the view that each Member of Parliament should be able to vote and act according to his or her own conscience on the issue of abortion. As you will already know, the House of Commons decided last Friday to refer Mr. Corrie's Bill to a Standing Committee for further consideration.

Gerard Vaughan, the Minister for Health, spoke in the Second Reading debate. On a personal basis, he indicated his support for a reduction of the period beyond which an abortion would be illegal, subject of course to suitable safeguards; and he gave general support to the clarification of the "conscience clause". But he expressed some reservations about the remaining provisions of the Bill. He promised to acquaint the House with the views of the bodies representing professional and other interests whom he will be consulting. As the responsible Minister, he will wish at the appropriate time to comment in the House on the practicability of administering any arrangements which Parliament may be considering passing into law.

I know of the careful and diligent work undertaken by the Lane Committee, and I am sure that this will influence the debates in committees.

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I have asked that the text of Dr. Vaughan's speech should be sent to you as soon as it becomes available.

Yours sincerely

Margaret Thatcher

Dame Josephine Barnes

3

Original
Garden Rooms

10 DOWNING STREET

PRIME MINISTER

Would you like to reply personally to the attached letter from Dame Josephine Barnes about abortion?

The attached draft has been prepared by Mr. Jenkin's Office.

MAP

20 July, 1979.

ef

Original
Garden Rooms

DEPARTMENT OF HEALTH & SOCIAL SECURITY

Alexander Fleming House, Elephant & Castle, London SE1 6BY

Telephone 01-407 5522

From the Secretary of State for Social Services

PO 2715/51

Mike Pattison Esq
Private Secretary
10 Downing Street
London SW1

19 July 1979

Dear Mike

Thank you for your letter of 10 July enclosing one from Dame Josephine Barnes about Mr Corrie's abortion amendment Bill.

I enclose, as requested, a draft reply for the Prime Minister to send to Dame Josephine.

Yours sincerely

[signature]

Private Secretary

ENC

Original
Garden Rooms

Dame Josephine Barnes FRCP FRCS FRCOG
8 Aubrey Walk
London
W8 7JG

July 1979

Thank you for your writing to me on 6 July about the Abortion Amendment Bill introduced by John Corrie.

As you know Governments as such have traditionally taken a neutral stance on the issue of abortion, believing it right that each Member of Parliament should be able to vote and act according to his or her own conscience. This is precisely the stance that my Government has taken and will continue to take with Mr Corrie's Bill, which it was decided last Friday should be referred to a Standing Committee of the House for further consideration.

Gerard Vaughan, the Minister for Health, spoke in the Second Reading debate. Speaking personally he indicated his support for a reduction of the period beyond which an abortion would be all illegal subject of course to suitable safeguards; and he gave general support to the clarification of the "conscience clause". But he expressed some reservations about the remaining provisions of the Bill. He promised to acquaint the House with the views of the bodies representing professional and other interests whom he will be consulting. And of course, as the responsible Minister, he will wish at the appropriate time to comment in the House on the practicability of administering any arrangements which are deemed appropriate by Parliament.

I know of the careful and diligent work undertaken by the Lane Committee and I am sure this will have its rightful influence on the debates in Committee.

As soon as the text of Dr Vaughan's speech becomes available I shall have it sent to you.

Original
Garden Rooms.

10 DOWNING STREET

From the Private Secretary 10 July, 1979.

I am writing on behalf of the Prime Minister to acknowledge your letter of 6 July about the Abortion Amendment Bill introduced by Mr. John Corrie, M.P.

The points you raise are now being considered, and a reply will be sent to you as soon as possible.

M. A. PATTISON

Dame Josephine Barnes

Orig
Garden Rooms

Dame Josephine
BARNES

10 DOWNING STREET

From the Private Secretary

10 July, 1979.

Chase? MAP
Comina 18/7

I enclose a copy of a letter to the Prime Minister from Dame Josephine Barnes, recording her reservations about Mr. Corrie's proposed Abortion Amendment Bill.

I should be grateful for a draft reply which the Prime Minister might send, to reach me by 17 July please.

M. A. PATTISON

Don Brereton, Esq.,
Department of Health and Social Security.

Org Garden Rooms

DAME JOSEPHINE BARNES,
8, AUBREY WALK,
LONDON,
W8 7JG.
01-727 9832

6. July 1979

The Right Hon. Mrs Margaret Thatcher PCMP.
The Prime Minister
10 Downing Street
London
SWI

Dear Prime Minister

I am writing to you because I and some of my colleagues view with dismay the possible Abortion Ammendment Bill introduced by Mr John Corrie M.P. which is due to have its second reading on Friday the 13th July.

I was a member of Mrs Justice Lane's Committee on the Working of the Abortion Act 1971-74 which researched the whole matter of legal abortion very carefully and issued a report in three volumes.

We concluded that it would be reasonable to restrict the upper time limit for termination of pregnancy to 24 weeks but any restriction below that would put those doctors who are prepared to terminate pregnancy particularly when there is an abnormal child in great difficulty.

Indeed any restriction of the working of the Abortion Act which we found to be working well would be likely to have the effect of driving women into the back streets and thus undoing the effects of what proved to be a piece of humanitarian and useful legislation.

We regret that parlimentary time has never been found to debate the Lane report in parliament though many of our recommendations have been implemented.

I feel that such a debate would be more helpful than the present bill which could only make the situation more difficult.

Yours Sincerely

Josephine Barnes. FRCP FRCS FRCOG.
married to Brian Warren

National Health

DS

10 DOWNING STREET

THE PRIME MINISTER

21 June 1979

My dear Duke,

Thank you for your letter of 9 June about Mr. John Corrie's proposed Bill on abortion.

Mr. Corrie has now announced his intention of introducing a Bill to amend the Abortion Act 1967, and his place in the ballot for Private Members' Bills this year means that he will certainly have an opportunity of making progress with it if it is handled in accordance with the wishes of Parliament. As you will know, we do not impose Party discipline on matters such as this, so that the reception of his Bill will be a matter for individual Members. A great deal will depend on the exact terms of the Bill, but I myself welcome the fact that the House will have an opportunity soon to discuss the issue. I know the extent of the concern about it.

Yours sincerely

Margaret Thatcher

The Most Noble The Duke of Norfolk

JS

10 DOWNING STREET

THE PRIME MINISTER

21 June 1979

Dear Cardinal Hume

Thank you for your letter of 7 June. I too was very glad to have the opportunity to meet you a week or two ago.

Mr. Corrie has now announced his intention of introducing a Bill to amend the Abortion Act 1967, and his place in the ballot for Private Members' Bills this year means that he will certainly have an opportunity of making progress with it if it is handled in accordance with the wishes of Parliament. As you will know, we do not impose Party discipline on matters such as this, so that the reception of his Bill will be a matter for individual Members. A great deal will depend on the exact terms of the Bill, but I myself welcome the fact that the House will have an opportunity soon to discuss the issue. I know the extent of the concern about it.

Yours sincerely

Margaret Thatcher

His Eminence the Cardinal Archbishop of Westminster

DS

10 DOWNING STREET

THE PRIME MINISTER

21 June 1979

My dear Archbishop,

Thank you for your letter of 5 June about Mr. John Corrie's proposed Bill on Abortion.

Mr. Corrie has now announced his intention of introducing a Bill to amend the Abortion Act 1967, and his place in the ballot for Private Members' Bills this year means that he will certainly have an opportunity of making progress with it if it is handled in accordance with the wishes of Parliament. As you will know, we do not impose Party discipline on matters such as this, so that the reception of his Bill will be a matter for individual Members. A great deal will depend on the exact terms of the Bill, but I myself welcome the fact that the House will have an opportunity soon to discuss the issue. I know the extent of the concern about it.

Yours sincerely

Margaret Thatcher

The Most Reverend Thomas Winning, Archbishop of Glasgow

DS

3

PRIME MINISTER

Mr. Corrie's Abortion Bill

At the media meeting yesterday we discussed Mr. Corrie's proposed Bill briefly. I understand from the DHSS that Mr. Corrie met Mr. Jenkin last week, and told him that he indeed proposed to introduce a Bill to amend the Abortion Act. Mr. Jenkin sought to persuade him that his Bill should be a modest one, principally designed to bring down the time limit from 28 weeks to something smaller, rather than a more radical attempt to reduce the effect of the Abortion Act. Mr. Corrie said yesterday on television that he hoped to go somewhat further and restrict the availability of abortions in other ways as well.

We still have outstanding the letters to you from Cardinal Hume and the Archbishop of Glasgow. I attach brief replies based on your earlier views. You might also like to see Mike Pattison's note (Flag A) about the representations we had from the Bishop of Truro, which I mentioned to you earlier.

MJS

19 June 1979

My dear Archbishop?
My Lord A " ?
~ dear Cardinal?

1. Mr. Sanders

2. PRIME MINISTER

The Bishop of Truro's office telephoned. The Bishop is Chairman of the Church of England Board of Social Responsibility. He has heard that Mr. Corrie proposes to introduce a Private Member's measure to amend the Abortion Act. In his capacity with the Board of Social Responsibility, the Bishop would like the Prime Minister to be aware that there is considerable unease within the Church of England about the way in which the abortion law is implemented at present, and that the Church would therefore support any move to improve the Act. The Board is indeed preparing written comments, although these will not be available for a little while.

The Bishop is under the impression that there is to be a meeting between the Prime Minister and Mr. Corrie in the near future. I told him that I was not aware of this, but that I would ensure that his views were brought to the Prime Minister's attention.

MAP

11 June 1979

10 DOWNING STREET

From the Private Secretary

11 June 1979

I am writing on behalf of the Prime Minister to thank you for your letter of 9 June about the possible introduction of a Private Member's Bill on abortion.

I will, of course, place your letter before the Prime Minister at once and you will be sent a reply as soon as possible.

N. J. SANDERS

The Most Noble The Duke of Norfolk

~~PS~~ NO

THE CATHOLIC UNION OF GREAT BRITAIN

01-373 3515

1 BOLTON GARDENS MEWS
LONDON SW10 9LW

9 June, 1979.

The Rt. Hon. Mrs Margaret Thatcher MP,
Prime Minister,
10 Downing Street,
London SW1.

My dear Prime Minister,

I understand that Mr. John Corrie, MP for North Ayr and Bute, is considering the possibility of sponsoring a Private Member's Bill which will seek to curb the worst abuses practised under the present Abortion Act.

I appreciate that you cannot at this stage support the terms of a Bill the detailed contents of which are unknown to you, but I do hope that the principle behind Mr. Corrie's proposals commits itself to you.

On behalf of The Catholic Union of Great Britain:

Yours sincerely

Norfolk.

President.

(Duke of ...)

File

10 DOWNING STREET

From the Private Secretary

8 June 1979

I am writing on behalf of the Prime Minister to acknowledge receipt of Cardinal Hume's letter of 7 June, which I will, of course, place before the Prime Minister at once.

N. J. SANDERS

The Reverend John Crowley.
(P.S. to Cardinal Hume)

ARCHBISHOP'S HOUSE,

WESTMINSTER, LONDON, SWIP IOJ

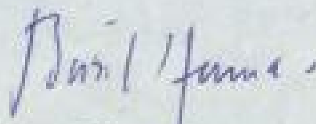
7th June 1979.

Dear Mrs. Thatcher,

I should have written to you several days ago to thank you for receiving me so kindly. I did appreciate very much the opportunity which you gave me to speak with you.

I must admit that I am prompted to write to you because I understand that there is a possibility of Mr. Corrie taking on a Private Member's Bill to modify the law on abortion. As you well know this is a matter which troubles many of us deeply in conscience and not just members of the Roman Catholic Church. It would be a tremendous joy to many people if the present Act were to be modified and I do hope that it will be possible for Mr. Corrie's Bill to proceed through the House. Of course, Roman Catholics do not feel at ease with any form of abortion being publicly acknowledged and facilitated but a Bill modifying the Act would be an improvement on the present situation. I was much struck by a remark made by Mother Teresa to me the other day when she said - "we must fight abortion with adoption". That seems to me to be the only real way forward. But I must not burden you too much.

With kindest regards,
Yours sincerely,



Archbishop of Westminster.

The Rt. Hon. Mrs. M. Thatcher MP.,
Prime Minister,
No. 10 Downing Street.

vb

7 June 1979

I am writing on behalf of the Prime Minister to thank you for your letter of 5 June about the law on abortion. I will place your letter before the Prime Minister and you will be sent a reply as soon as possible.

NJS

His Grace The Archbishop of Glasgow

DS

has seen

PRIME MINISTER

This letter from the Catholic Archbishop of Glasgow says that John Corrie intends to bring in a Private Members Bill amending the 1967 Abortion Act. Mr. Corrie has drawn first place in the ballot for Private Members Bills, but we have no knowledge of what the topic of his Bill will be. There were reports that when the ballot was held that he had considered abortion as a possibility but had rejected it; but he may well have changed his mind.

Do you want to reply yourself, or to ask Mr. Jenkin to take on this letter and the many similar ones we shall no doubt receive? If you do want to reply yourself, are you content to say simply that abortion has always been a matter for the conscience of individual Members and for the House of Commons itself, but that you know that very many people have strong convictions about it?

Will reply myself. MJ

If John Corrie does choose "abortion reform" then bearing in mind that he has first choice of date, he should have a reasonable opportunity of getting it through provided it is handled in accordance with the wishes of the House. That will be really for individual members. We do not impose party discipline on a matter like this.

7 June 1979

Archdiocese of Glasgow

Archdiocesan Office:

18 PARK CIRCUS, GLASGOW G3 6BE

Telephone: (041) 332 9473/4

5th June 1979

Right Hon. Mrs Margaret Thatcher, M.P.
House of Commons
LONDON.

Dear Mrs Thatcher,

I am writing to you as the Senior Catholic Bishop in Scotland in the absence of Cardinal Gray who is at present in Poland.

I had the pleasure of meeting you in Glasgow a couple of years ago at the invitation of Mr Teddy Taylor.

Mr John Corrie, M.P. for North Ayrshire and Bute, intends to propose a Private Members Bill as an amendment to the 1967 Abortion Act, with a view to bringing the law of the country into line with the recommendations of the Select Committee set up by Parliament as a result of Mr James White's Bill on the same matter.

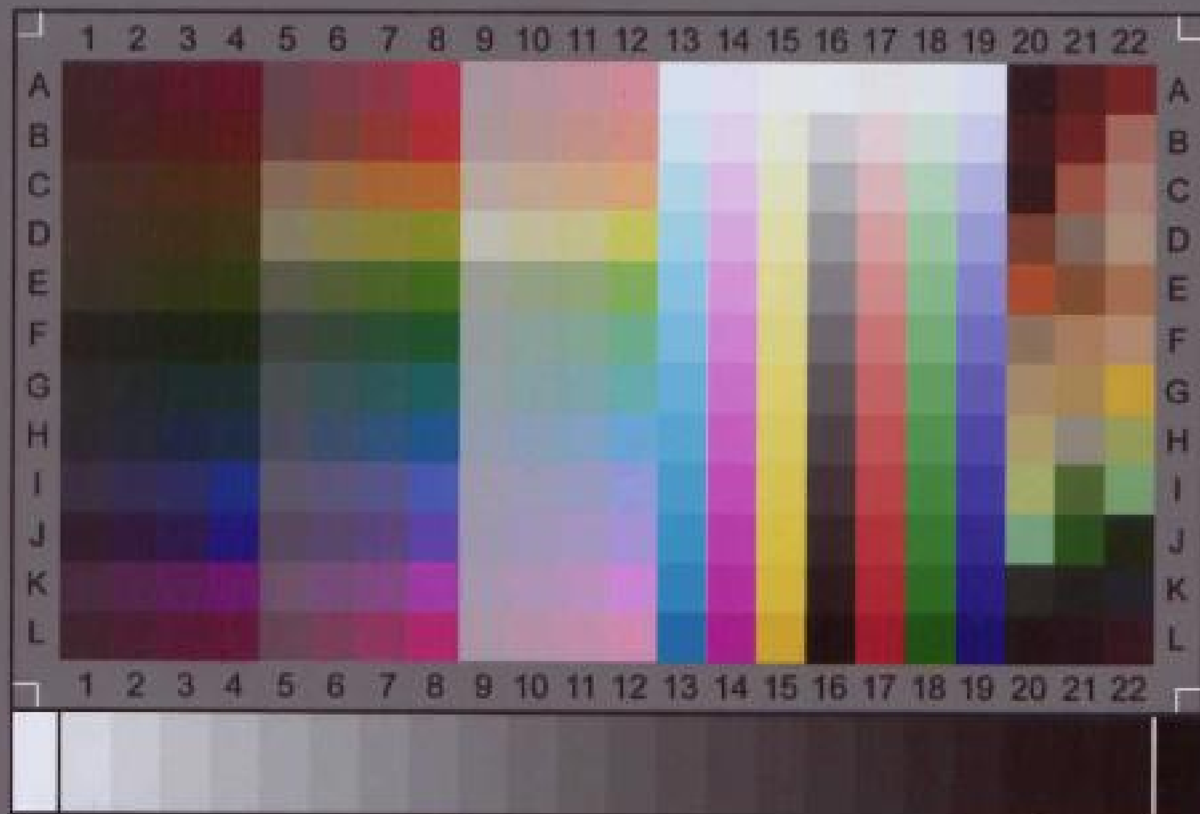
I am asking you to do your best to ensure that Parliament is allotted sufficient time during this session for a full debate on the abortion issue. A great number of citizens are extremely anxious about the erosion of the traditional respect for life and the practical implications of the present abortion laws.

Wishing you every success in your great responsibility as Prime Minister.

Yours sincerely,

+ Thomas J. Winning

+ THOMAS J. WINNING
Archbishop of Glasgow



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