

The parliamentary scene

The Abortion Bill in committee

Standing Committee C, the group of MPs given the task of examining Mr John Corrie's Abortion Amendment Bill clause by clause, began its work on 25 July 1979. The composition of committees of this kind is determined by the voting at the second reading of the Bill; and since the House of Commons gave it a substantial majority the 17 members of the committee include only five committed supporters of a liberal abortion law. Not surprisingly, therefore, the Bill's progress through committee has been slow, with much of the time being spent on procedural matters and points of order.

Early in December, exasperated by these delays, Mr Corrie brought in a sittings motion increasing the frequency of the committee's meetings from one to three days a week, with afternoon as well as morning sessions. At the time of writing it seemed inevitable that the Bill would come before the full House of Commons for a vote on its third reading some time in February. What serious debate did take place in the early sessions of the committee was mostly concerned with the upper time limit for termination of pregnancy. Whatever limit is decided, the Bill includes a specific exemption for cases in which there are strong grounds for believing the fetus to be handicapped; so the debate has centred on the limits for termination for other indications.

Mr Corrie and his supporters argue that the law should be changed to ensure that pregnancy should never be terminated at so late a stage that the fetus might have had a chance of survival. Several cases have been reported widely in the national press of pregnancies being terminated and a living fetus being delivered, crying, and surviving for several hours. In these circumstances hospital staff have an obligation – both legal and ethical – to do everything possible to preserve the infant's life; and clearly both doctors and nurses find a distasteful paradox in deliberately bringing a pregnancy to a

premature end but nevertheless trying to keep the fetus alive.

With recent advances in the intensive care of very small infants, however, there is no professional consensus on the age at which a fetus might be capable of survival. Certainly the old legal limit of 28 weeks is now far too high; most doctors would settle for 24 weeks, and Mr Corrie has argued that, to provide a margin for error and another margin for possible further technical advances, he would like to set the limit at 20 weeks.

Dr Gerard Vaughan, the Minister of Health, undertook to provide the committee with expert advice, and indeed told it early in November that the overwhelming medical evidence was in favour of 24 weeks. Later the same month, however, he attended again with fresh advice from Professor O Reynolds, of University College Hospital. Professor Reynolds an acknowledged authority on the care of the newborn, had told Dr Vaughan that 'no properly authenticated infant born at 22 weeks has survived anywhere in the world. . . . I believe that 22 weeks should be set as the upper limit'. That seems likely to be the advice accepted by the committee – though the ruling will be of practical importance very rarely. At present only 1 per cent of terminations of pregnancy are carried out after 20 weeks, and most of those are in cases in which there is clear evidence of a severe fatal abnormality. The few cases that will fall within the provisions of the Corrie Bill (should it become law) are most likely to be examples of inept delay. Mr W Hamilton gave the committee two examples. The first was a sub-normal girl of 16, weighing 14 stone, in whom pregnancy was diagnosed late; she was kept waiting for a NHS appointment and was 23 weeks pregnant when termination was refused. Eventually her pregnancy was terminated at 26 weeks by one of the private abortion charities. His second case was a 45-year-old grandmother whose GP misdiagnosed her absent periods as due to the menopause; she, too, was 23 weeks pregnant when the correct diagnosis was made.

TONY SMITH