Press Statement

Conference on Abortion and Disability: Warnings from recent history and calls for life-affirming alternatives

On Saturday, 18th February, the Anscombe Bioethics Centre hosted a conference on Abortion, Disability and the Law at Blackfriars Hall, a permanent private hall of Oxford University. A total of four papers were presented, and rounding off the conference was a panel discussion with three other speakers on ‘Living with Down Syndrome’.

The conference speakers were varied in their insights, but united in the belief that while abortion for disability is a great affront to the value of disabled people’s lives, we are not short of practical approaches to affirming the value of disabled people. Throughout the day, the search for concrete, realistic proposals — legal, medical, social — to improve the current situation thus proved to be a strong running thread.

The earlier part of the day was dominated by discussion of the British and Irish legal situations. Professor John Finnis explained the reality of the slippery slope in Britain, where abortion up to birth was legalised in 1990 amid warnings, dismissed as scaremongering but proving all too accurate, that the new law would allow for late abortions for such conditions as harelip and cleft palate. This was followed by Dr Helen Watt’s paper discussing the possibility of ethically justifiable legislative approaches to limiting abortion laws. Among the approaches mentioned was that taken by Lord Shinkwin’s bill, currently before the House of Lords, which aims to remove the disability ground for abortion. Caroline Simons then spoke on the Irish situation, calling for the upholding of Ireland’s constitutional protection that recognises the equal rights of the unborn child and the pregnant woman, in the face of the current attempt to repeal the relevant clause.

After lunch, Professor John Wyatt made the case for neonatal palliative care (sometimes called ‘perinatal hospice’ care) as a viable life-affirming alternative to abortion for life-limiting conditions and one associated with significantly better outcomes for women. It involves medical care for a baby born with a condition severely limiting its lifespan, much-valued opportunities for parents and family members to meet and bond with the baby, and social support for bereavement. The final panel discussion dealt with the reality of living with Down’s Syndrome, and how greater awareness of the achievements of and opportunities for the disabled today can help change societal attitudes, and support women in making better informed, more positive choices about their pregnancy after receiving a diagnosis of Down’s.

The overall impression of the various contributions to the day’s proceedings was thus that the opposition to disability-based abortion is fundamentally not a negative stance. Rather, it is a position that affirms the value of the unborn, their families, and those in wider society, among whom are many people living with disability.

20 February 2017
Appendix: Summary of Conference Proceedings

The following is a summary of the conference proceedings. For the sake of brevity, paraphrase has been used and hence this should not be taken as an *ad verbatim* record of any of the day’s proceedings.

**Professor John Finnis**  
‘Aborted for disability: legal snapshots of the slippery slope, 1967-2016’

The eminent legal scholar Professor John Finnis began the day’s proceedings with a legal history of disability-based abortion in the UK. Professor Finnis charted the legal provision for abortion on the ground of foetal disability, which was extended from 28 weeks of pregnancy to any time until birth in 1990 in the case of foetuses who might be ‘seriously handicapped’. He recounted how he co-authored a letter that was circulated to Parliament shortly after the relevant vote, forewarning that the disability ground for abortion would be used to justify late abortions for forms of disability like harelip and cleft palate. Though dismissed and ridiculed at the time, this warning has since been proven accurate.

**Dr Helen Watt**  
‘Improving abortion laws without complicity in unjust intentions’

The Anscombe Bioethics Centre’s Senior Research Fellow, Dr Helen Watt, gave a paper comparing different approaches to modifying abortion laws. Dr Watt argued that selective bans of abortion, such as a ban on disability-based abortion that leaves other legal grounds for abortion in place, could in principle be ethical under some conditions, such as where more extensive protection for the unborn cannot be immediately achieved. In voting for such selective bans, whether after a liberalising law has been passed or during the passage of such a law, lawmakers would not have to intend, as opposed to foreseeing, that abortion would be allowed and performed on other grounds. This is in contrast with ‘regulatory’ approaches which might restrict abortion but would involve intending that abortions be done or prepared for in certain ways. Dr Watt argued that voting for such regulations would be unethical as it would count as complicity in doing and planning for abortions.

**Caroline Simons**  
‘Abortion for life-limiting conditions: proposals to amend the law in Northern Ireland and the Republic of Ireland’

The third paper was a discussion by Caroline Simons, an Irish lawyer, of proposals to amend abortion laws in the Republic of Ireland particularly. Simons pointed out that although many of those lobbying for greater abortion provision in Ireland have argued that Ireland is obliged by international law to recognise a ‘right’ to abortion for pregnant women, and that a case of foetal anomaly has indeed been used to further this argument, there is in fact no such binding requirement under international law. Simons also criticised the 2013 introduction into Irish law of abortion to prevent suicide, which disregarded expert testimony that there is no medical evidence to suggest abortion helps alleviate suicidal tendencies. She expressed a hope that the Irish constitutional protection of the equal rights of the unborn and pregnant women would be upheld.
Professor John Wyatt
‘Responding to a diagnosis of life-limiting foetal condition – medical options, palliative care and social support’

In his paper, Emeritus Professor of Paediatrics John Wyatt made the case for neonatal palliative care as a realistic, compassionate and morally compelling alternative to abortion as a response to a diagnosis of severe disability in an unborn child. For Professor Wyatt, this was founded on a moral conviction that saying ‘no’ to a particular action, such as abortion, should be accompanied by the suggestion of a positive alternative course of action. Neonatal palliative care, Professor Wyatt explained, focuses on alleviating suffering in the infant born with a life-limiting condition and allows parents and others to meet and bond with the infant for as long as he or she lives, be it only hours or days. It is a holistic approach: not only is advanced medical care provided for the baby, but whole families are also involved in the welcoming of the baby, and social support is provided for the bereavement process when the baby eventually dies. This, Professor Wyatt argued, is a life-affirming alternative to abortion, one that recognises the value of the baby’s life, however brief it may be, and celebrates the joy that even babies with the most serious conditions can bring to others.

Jane Jessop, Heidi Crowter, Liz Crowter
Panel Discussion on ‘Living with Down Syndrome’

The panel discussion that concluded the conference featured Jane Jessop, who founded Blue Apple Theatre, a theatre company that gives opportunities to people with disabilities. Jane showed video clips of the acting of her son Tommy Jessop, who has Down’s Syndrome (Tommy was unfortunately unable to be present due to illness). On the panel she was joined by Down’s Syndrome campaigner Heidi Crowter who herself has Down’s, and her mother Liz Crowter. There was frank discussion of the real challenges of bringing up children with Down’s Syndrome, but also the great joy that people with Down’s Syndrome can bring, the opportunities now available to them and the achievements of the Down’s Syndrome community that, if better known, would change people’s perceptions of the condition. Such knowledge would benefit pregnant women who have received a diagnosis of Down’s, who are not often given balanced or accurate information.