A RESPONSE TO **THE SCOTTISH ABORTION LAW REVIEW**

An analysis of the recommendations made in the report and counter proposals

Society for the Protection of Unborn Children

On January 11th, 1967, the Society for the Protection of Unborn Children (SPUC) was founded in response to the presentation of the Abortion Act, which was introduced as a Private Member's Bill by David Steel MP, and given royal assent on 27th October 1967.

Recognising the need to form an organisation dedicated to opposing legal abortion, two ordinary members of the public, Alan Smith and Elspeth Rhys-Williams, alongside other founder members, set about creating a campaigning and educational organisation that would unite pro-lifers across the UK against abortion.

Today, SPUC is the world's first and UK's largest pro-life campaigning and educational organisation. At SPUC, we believe in the right to life from conception to natural death. For over 55 years, we've partnered with UK communities to promote a culture of life.

Through compassionate support, education, and advocacy, we protect the most vulnerable – unborn babies, the elderly, and those facing end-of-life decisions. We work with schools, universities, and policymakers to

In the Programme for Government 2023-24, the Scottish Government committed to undertake a review of the abortion law in Scotland. As part of this review, they convened an 'expert group' to consider current legislation and propose legislative changes. This group convened several times over the course of a year, taking into account written evidence provided by stakeholder groups. SPUC submitted written evidence for consideration as part of this review.

In November 2025, this group published their report, including their recommendations for changes to abortion legislation. These proposed changes would include the broadest and most sweeping extension of abortion law since it was legalised in 1967.

In the following publication, SPUC aims to respond to these proposals and to present counter proposals so that the abortion law might better reflect the humanity of the unborn and protect vulnerable women.

ON THE 'EXPERT GROUP'

The group was made up predominantly of medical professionals who work in fields or carry out research directly related to the provision of abortion. The group included Professor Sharon Cameron and Dr Sarah Wallage, who are the co-chairs of Scottish Abortion Care Providers. Professor Cameron and Professor Anna Glasier both serve on the Population Council. Several members had been outspoken in the media about wanting to expand abortion access, including decriminalising abortion, prior to the group being convened; these include Rachael Clarke, Dr Lynsey Mitchell, and Jill Wood. Jill Wood serves as Policy Manager for the activist group Engender, who have actively campaigned for deregulating abortion for many years prior to this review.

No one was selected for this group who takes a more critical view about the accessibility of abortion in Scotland. Pro-life groups were invited to present written evidence to each meeting of the 'expert group', with the assurance that all evidence would be considered. SPUC contributed written evidence, including, but not limited to, research on foetal development, coerced abortion, and the risks associated with telemedicine abortion.

Given the professional histories and clearly stated views of many members of this group, it is evident that some, if not most, would have joined with pre-conceptions of the types of changes they would like to see made to the abortion law in Scotland. This being the case, they likely took a biased view to the evidence presented. The recommendations made in the report align closely with the previously stated views of members involved.

Every organisation in the Advisory Group (Annex D) is strongly in favour of reforming the law to treat abortion as a healthcare issue with the widest access and least restriction possible. This is further evidence of the attempt to bias the Report by placing only like-minded participants into a privileged position of influence.

Terms of Reference

The terms of reference for the Report rest upon a fundamental mistruth – that abortion is healthcare. Moreover, the Report inappropriately and without evidence makes the assertion that abortion advances health, and all that is needed is to find the best way to insert it into the healthcare system.

The Report asserts that the introduction of the 1967 Act was "a very positive step", but this is a simplistic value judgement about a very complex issue. Abortions prior to the Act risked women's health and life, but at the same time the Act led to a dramatic increase in the abortion rate and the continuation of harm to the physical and mental health of a great number of women.

The Report asserts that the 1967 Act entailed "tightly controlled conditions", an assertion that is without justification. The reality is that the Act ushered in what has effectively become abortion on demand for about 98% of abortions. Under current practice abortions up to 24 weeks (Ground C) are very easy to obtain, especially with telemedicine abortion. Hence, a claim that the Act has "tightly controlled conditions" is unsustainable. Even the 2% that come under the other grounds can hardly be described as "tightly controlled". For example, unborn children with a wide variety of disabilities that arguably do not constitute 'serious handicaps' are nevertheless aborted.[1]

It is important to note that the constraint provided by the terms of reference restricts review of international approaches to only those that treat abortion as a healthcare issue. Unfortunately, this means that a proper and comprehensive assessment of different approaches is not possible and critical research and other information gets ignored. This approach risks a kind of cherry picking that amounts to confirmation bias.

Safety and Scope

The Report asserts that in current clinical practice abortions are "safely provided in the best interests of women". The question of the safety of medical abortions, the most common type of abortion in Scotland, is not settled. (See SPUC's *Pills-by-Post: A Failed Policy*). There has been considerable under-reporting of adverse outcomes. Furthermore, what is undeniable is that the later an abortion occurs, the greater the risk – by a significant margin.[2]

The Abortion Law Review was focused only on primary legislation relating to abortion and refused to consider provision and regulation. This overly restrictive scope meant that, in spite of significant changes to abortion provision in the last decade, the risks of these new modes of operating were not considered. For instance, telemedicine abortion was introduced as an emergency measure during the Covid-19 pandemic and then was made permanent policy without any parliamentary scrutiny. This was a monumental change to abortion provision that went without analysis or review. In order to have appropriately considered the state of abortion provision in Scotland, the group should have considered topics beyond primary legislation, particularly those topics which raise concerns about safety.

A RESPONSE TO PROPOSALS

The report made several recommendations regarding the abortion law in Scotland. The following pages will not respond to every proposal made but will comment on those which would carry the most notable impact.

Gestational Limits and Grounds

Under the 1967 Abortion Act, in order to have a legal abortion, a woman must qualify under one of several grounds. Abortion is legal up to 24-weeks' gestation under these grounds.

The following are the recommendations made in the report regarding gestational limits and grounds:

> "Based on all the evidence provided through stakeholder submissions to the Group, expert knowledge within the Group, and careful consideration of international examples:
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> - The Group recommend that the existing 24-week limit for most abortions should be retained.
> - The Group recommend that abortions after this gestational limit should be permitted under certain Grounds.
> - No specified Grounds are required to access abortion care up to 24 weeks gestation.
> - That no specific reference is made to sex selective abortion within any updated abortion legislation."

Retaining the current 24-week time limit is not in line with public opinion. A poll of the British public carried out in May 2025 found that:

- 46% believe the time limit should be lowered
- 29% believe it should stay at the current limit (24 weeks)
- Only 8% said it should be extended beyond 24 weeks[3]

Additionally, polling found that 53% of the public do not think abortion should be permitted if babies can survive outside the womb. Advances in neonatal care mean that survival rates of babies born extremely prematurely continue to improve. The earliest a child was delivered and survived is 21-weeks' gestation.[4] In the UK, as many as 30% of babies born at 22-weeks' survive; that number increases to 40% at 23-weeks'.[5]

The recommendation to remove all grounds for abortion up to 24-weeks' gestation creates an abortion on-demand system. This is simply an attempt to make abortion as accessible as possible, with little consideration for the greater impact of such a policy.

While the report acknowledges that pro-life groups raised concerns over Ground E for abortion – that is, abortion up to term where the baby has been diagnosed with a disability in the womb – it refused to acknowledge that this practice is discriminatory against those with disabilities and has a social impact beyond the individual abortion taking place.

Additionally, the report recommends that no specific wording be added regarding sex-selective abortion. Therefore, under their recommendations, abortion solely on the grounds of the sex of the unborn child would be legal up to 24-weeks' gestation.

Abortion after 24 weeks

Under the 1967 Abortion Act, abortion is permitted past 24-weeks' gestation if it is to save the life of the mother, or if the unborn child is diagnosed with a disability.

The following are the recommendations made in the report regarding abortion after 24 weeks' gestation:

- Decisions regarding abortions over 24 weeks gestation should be made in good faith by two healthcare professionals, who must agree that the abortion is appropriate, except in cases where an abortion is immediately necessary to save the life of the pregnant woman in which case one healthcare professional may make a decision.
- That Grounds for an abortion after 24 weeks gestation are amended in an updated abortion Act to those set out on page 56-57 of the report.

The recommended grounds set out on page 56-57 of the report read as follows:

5. An appropriately trained registered healthcare professional is authorised to provide an abortion for a person who is more than 24 weeks pregnant if –

   a. the healthcare professional decides in good faith that performing the abortion is appropriate; and
   b. the healthcare professional has agreed with one other registered healthcare professional that performing the abortion is appropriate

6. In considering whether an abortion is appropriate, a registered healthcare professional should have regard to –

   a. the gestational age of the foetus;
   b. all relevant current and reasonably foreseeable medical circumstances of the patient and the foetus;
   c. the patient's current and reasonably foreseeable physical, psychological and social circumstances.

7. One appropriately trained registered healthcare professional may terminate a pregnancy without agreement from a second healthcare professional where they believe in good faith that an abortion is immediately necessary to save the life of the pregnant person.

8. In the case of multiple pregnancy, anything done to terminate the pregnancy as regards one particular foetus is authorised only if that ground applies in relation to that particular foetus.

These recommendations effectively legalise abortion up to birth. If the only qualifying factor for an abortion after 24-weeks' is that two doctors agree that it is 'appropriate' and considerations include a woman's 'psychological and social circumstances', the law would essentially mirror our current abortion law up to 24-weeks' (see Ground C of the Abortion Act).

In 2024, 11,931 abortions in Scotland took place under Ground C; that is 98% of all abortions.[6] It is difficult to see how the recommendations made in this report do not, in essence, legalise abortion up to birth for the same reasons women are currently having abortions up to 24-weeks'.

A 2025 poll found that 60% of the public do not support abortion up to birth.[7]

Decriminalisation of Abortion

The following are the recommendations made in the report regarding the criminalisation of abortion:

- There should be no offences for anyone ending their own pregnancy and any common law offences should be repealed.
- The Concealment of Birth (Scotland) Act 1809 should be repealed, and the crime of concealment should be repealed.

These recommendations are not in line with public opinion. A poll commissioned in 2025 found that 45% of the public believe that seeking an illegal abortion should remain within the criminal law, compared to only 32% who believe it should not.[8]

Removing any recognition of the humanity of the unborn child in law is an affront to human dignity enshrined in several international human rights instruments that the United Kingdom has signed and ratified. These include the Universal Declaration of Human Rights and the Convention on the Rights of the Child (CRC). The Preamble to the UN Convention on the Rights of the Child states that the child "needs special safeguards and care, including appropriate legal protection, before as well as after birth". Removing the offence of a woman self-aborting up to birth would remove the few remaining legal protections for the unborn.[9]

A 'Right to Abortion'

The following recommendation is made in the report:

- "The Scottish Government should include a duty to provide abortion services – or a 'right to abortion' – with said duty being on Scottish Ministers and Health Boards."

The European Court of Human Rights has consistently held that: "A broad margin was specifically accorded to determining what persons were protected by Article 2 [right to life] of the Convention".[10] **Member States are given a "margin of appreciation" regarding abortion laws**. The Court has, however, criticised some States for applying their abortion laws in an arbitrary or discriminatory manner. Its rulings on abortion include:

1. **Pregnancy is not solely a private matter:** "Article 8 (1) [the right to private life] cannot be interpreted as meaning that pregnancy and its termination are, as a principle, solely a matter of the private life of the mother."[11] Similarly, "[T]he woman's right to respect for her private life must be weighed against other competing rights and freedoms invoked including those of the unborn child."[12]
2. **The humanity of the foetus is recognised:** While the Court has never ruled as to whether Article 2 of the Convention protects the unborn child, it held that: " ... it may be regarded as common ground between States that the embryo/foetus belongs to the human race."[13]
3. **The unborn child may be protected under Article 3:** In 1992, the Court's former Commission accepted in principle the applicability of Article 3 (freedom from inhuman and degrading treatment) to the unborn child.[14]
4. In 2022, when considering a case involving coerced abortion, the Court ruled that abortion in the absence of informed consent is contrary to human dignity and violates Article 3, stating: "It was an egregious form of inhuman and degrading treatment which not only resulted in a serious immediate damage to her health – that is the loss of her unborn child – but also entailed long-lasting negative physical and psychological effects..."[15]

Establishing a 'right to abortion' is likely to result in continuous litigation to establish the extent of such a right. The decision in the US to recognise a Constitutional right to abortion resulted in making the appointment of judges a highly contentious issue. Calls to "enshrine" a right to abortion in Scotland "risks bringing our courts into the political arena as in the United States".[16] There could also be profound implications for abortion practice in the Scotland. Creating an absolute "right" to abortion would logically mean removing any restrictions. The worst implications of this could include:

- The removal of any gestational limits, allowing abortion up to birth.
- Abortion based on the gender of the foetus.
- The removal of medical safeguards, including the involvement of doctors.
- Erosion of conscience rights for medical professionals.

COUNTER PROPOSALS

In the following sections, SPUC will present our own recommendations for changes that could be made to the current abortion law and regulation. In short, the proposals are as follows (see more complete explanations below):

- **Bring an immediate end to telemedicine abortion. Re-instate mandatory, in- person appointments for those considering abortion.**
- **Introduce a mandatory, in-person screening process for coercion in abortion decisions. In developing this screening process, consult post-abortion support organisations and, where possible, women who self-report having been coerced into having an abortion.**
- **The informed consent process for abortion should include signposting to social services and charitable organisations should a woman choose to continue her pregnancy.**
- **Women considering abortion should be offered counselling with an independent organisation.**
- **Women who have had abortions should have timely access to post-abortion support should they need it.**
- **Ensure a conscience clause in any abortion legislation that explicitly protects the conscientious objection rights of pharmacists. Amend existing legislation to add these explicit protections.**
- **Abortion data reporting should include ambulance data for call outs relating to medical terminations at home, complication rates for the different abortion procedures (i.e. EMAH, surgical abortion, etc), and hospital data regarding admission following medical terminations at home. Reports should be released in a timely fashion, within 12 months.**

Telemedicine Abortion

Telemedicine abortion was introduced as a temporary measure during the Covid-19 pandemic and then was made permanent without any change to primary legislation regarding abortion. In 1967, at the time the Abortion Act was passed, legislators could not have foreseen such a dramatic shift in the provision of abortion in the future. A change of this magnitude should never have been made without undergoing thorough scrutiny for its impact. It should have been a matter for primary legislation.

This has been made even more evident in the years following the introduction of telemedicine abortion. It is clear that there are not appropriate safeguards or regulations in place, as evidenced by the number of women having late term abortions with pills obtained through telemedicine and by horrific cases of criminals using telemedicine abortion to surreptitiously drug pregnant women.

In 2020, Georgia Day was having an affair with a man who was expecting a child by another woman, his long-term partner. This man tried to pressure his partner into having an abortion and even offered money to his female friends to try and obtain abortion pills. Georgia agreed to do it for free, and lied to doctors over the phone, saying she was pregnant. She was sent the pills in the post. The plan was to drug the pregnant woman with the abortion pills without her knowledge or consent. Thankfully, the pregnant woman discovered the pills under her bed before the plan could be actioned. Day pleaded guilty to conspiring to procure the physical means to procure a miscarriage. The baby's father was acquitted after a trial.[17]

In August 2022, Stuart Worby used abortion pills to poison his pregnant girlfriend, causing her to have a miscarriage at 15-weeks' gestation. Worby conspired with his friend and his friend's partner to obtain the drugs. The friend's partner, who was not pregnant herself, received the abortion pills following a telemedicine consultation. Worby then administered the drugs to his pregnant girlfriend – the first, mifepristone, he put in her orange juice; the second, misoprostol, he administered by means of a surreptitious assault. This caused her to miscarry. Worby was sentenced to 12 years in prison.[18]

Telemedicine abortion facilitated these horrific cases. There is no way to effectively regulate this policy to protect women from such abuse, and therefore, in-person appointments for those considering abortion should be reinstated, to confirm and date pregnancy and screen for potential coercion.

Additionally, the public believe that mandatory in-person appointments for abortion should be reinstated. A 2025 poll found that 74% believe women should have to see a doctor in person before being prescribed abortion pills.[19]

Proposal:
Bring an immediate end to telemedicine abortion. Re-instate mandatory, in-person appointments for those considering abortion.

Coercion

The report published following the Abortion Law Review proposed two options relating to coerced abortion. These were as follows:

> "The Group proposes two options in relation to coercion:
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> a) The Group's position is that existing offences would be likely to be sufficient to capture the most serious cases where coercion can be proven and that, given the complexity of coercion and the need to distinguish it from pressure or influence from others, it would realistically be difficult to prove in most cases. The Scottish Government could therefore decide that no new, specific offence is required.
>
> b) However, if the Scottish Government decides that existing offences are not sufficient, a new specific criminal offence relating to reproductive coercion of all forms could be created. If this course of action is pursued, careful thought should be given as to how best to balance the offence in terms of policy goals and the experience of individual abuse survivors.
>
> In either option, any clinical guidelines on abortion could provide recommendations to ensure all abortion providers have robust procedures in place to detect suspected coercion and support those involved."

Additionally, the report asked the Scottish Government to explore another potential offence:

> "The Scottish Government should consider if there should be an offence of a third party undertaking criminal acts against a pregnant woman which intentionally or recklessly causes the end of her pregnancy without her consent."

A SavantaComRes poll commissioned by the BBC in 2022 found that 15% of women aged 18-44 had been pressured into having an abortion they didn't want.[20] Additionally:

- A 2023 study found that 61% of women experienced high pressure to abort from people or circumstances.[21]
- Another study found that 64% of American women and 37% of Russian women who had abortions reported that they "felt pressured by others".[22]
- In a survey of women who were dissatisfied with their abortions, 39% reported they were "very much" pressured by others, and a total of 73% reported some degree of pressure from others.[23]

Coercion in abortion decision-making is clearly an unaddressed problem. While existing legislation regarding coercive control may achieve the goal of holding perpetrators to account, it does nothing to protect the women before the decision for abortion is made. Therefore, our proposal seeks to reach women prior to the abortion itself.

Proposal:
Introduce a mandatory, in-person screening process for coercion in abortion decisions. In developing this screening process consult post-abortion support organisations and, where possible, women who self-report having been coerced into having an abortion.

Conscientious Objection: Pharmacists

The report published following the abortion law review recommended that the provision for conscientious objection "should remain similar to the current legislation".

With the ever-increasing shift towards medicalisation of abortion, the healthcare professionals responsible for the provision of abortion will also inevitably shift. The majority of abortions no longer happen surgically in a clinic but rather take place using a series of drugs – often obtained after a telephone consultation and sent in the post. This means that it is no longer only doctors, nurses, and midwives involved directly in the process of abortion, but pharmacists too. It is paramount that these healthcare providers have their right to conscientious objection enshrined in law. Therefore, we call for legislation which will provide the strongest safeguards to the conscientious objection rights of pharmacists who will not participate in the provision of abortion, emergency contraception or hormonal contraception because of strongly held ethical, philosophical or religious beliefs. These legal protections must mean that their refusal to provide these drugs will not impact their position, or future opportunities for advancement.

Proposal:
Ensure a conscience clause in any abortion legislation that explicitly protects the conscientious objection rights of pharmacists. Amend existing legislation to add these explicit protections.

Data and Reporting

The report published following the Law Review stated the following regarding data and reporting:

> "The requirement to collect data should be included in any updated abortion legislation."

Insufficient data collection and reporting has led to a lack of clarity and transparency regarding abortion in Scotland – particularly regarding complication rates. There is not a specific ambulance code for call outs for medical termination at home, and so we do not know the impact that telemedicine abortion has had on the ambulance and emergency healthcare systems.

Proposal:

Abortion data reporting should include ambulance data for call outs relating to medical terminations at home, complication rates for the different abortion procedures (i.e. EMAH, surgical abortion, etc), and hospital data regarding admission following medical terminations at home. Reports should be released in a timely fashion, within 12 months.

FLAWED FROM THE BEGINNING

From the earliest stages, the Abortion Law Review commissioned by the Scottish Government was flawed. There was a clear agenda to expand access to and deregulate abortion, regardless of evidence suggesting the potential harm of doing so. The make-up of the 'expert group' was heavily skewed, and that bias is reflected in the extreme proposals made in the report. It would be irresponsible of law makers to move forward with any of these proposals. Instead, we invite politicians to consider legislation and regulation that protects women and their children.

Endnotes:

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12. A, B & C v Ireland (App 25579/05), 16 December 2010, at § 213-214.
13. Vo, at § 84.
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SOCIETY FOR THE PROTECTION OF UNBORN CHILDREN
40 St Enoch Square, Glasgow, Scotland, G1 4DH, UK.
TEL: +44 (0)141 221 2094 WEB: www.spuc.org.uk