

Opinion Piece: Australians support women's access to late abortion
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Regular calls to limit numbers of abortions are a familiar cry. Yet people are outraged if a friend or family member with a serious complication in much wanted pregnancy reluctantly requests an abortion but encounters resistance. Or when a woman faces a criminal court, as will happen to Tegan Leach next month in Queensland.

It is hard to relate to why people choose abortion if you don't have personal experience. A newly published survey gives a detailed picture of attitudes in differing clinical and social situations using personalized questions. The authors asked respondents to consider real life situations rather than vote on abstract potentially uninformed beliefs.

The survey of 1050 Australians investigating attitudes to early and late abortion is published in the Medical Journal of Australia. It shows remarkably strong public support for women being able to access abortion at all stages of pregnancy, including after 24 weeks. The level of support depends on the circumstances.

One of the differences between this survey and previous ones is that respondents were asked to think specifically about situations where either they or someone close to them such as a partner, sister, daughter or close friend was facing specific clinical and social circumstances.

The prevailing criminalization of abortion across much of the country is contrary to the views of Australians. In most of the clinical and social circumstances, a majority believed that doctors should not even face professional sanctions for performing abortion after 24 weeks' gestation.

On simple yes/no questions, 87% of respondents believe that abortion should be lawful in at least some circumstances in the first trimester (61% unconditionally and 26% depending on the circumstances); 69% indicated this for the second trimester and 48% for the third.

However when asked about access to termination after 24 weeks for loved ones, only a small proportion ($\leq 21\%$) believe a doctor should face professional sanctions when there is a risk to physical or mental health of the woman, or risk that the baby may have physical or mental impairment. For example, only 21% of Australians believe that doctors should face sanctions for performing an abortion after 24 weeks when there is evidence that the baby may be physically impaired.

Respondents were more equivocal about sanctions in scenarios regarding access to late termination for reasons relating to the preferences or social circumstances of the woman. But in no circumstance did most think that a doctor should be sanctioned for performing a termination after 24 weeks' gestation, even when there is no medical reason.

Interestingly, most respondents who on simple yes/no questions thought that abortion in the third trimester of pregnancy should be unlawful would support professional sanctions in only 5 of the 16 circumstances. Personalised questions may better indicate why women seek abortion.

Respondents with a religious affiliation were slightly less likely to oppose sanctions than those without a religious affiliation.

The survey suggests that the widespread belief that an MP risks votes by being prochoice is wrong. Similar proportions of voters reported that they would be more likely (25%) or less likely (28%) to vote for a candidate if they supported access to abortion throughout pregnancy.

Results may indicate that Australians have a discerning and discrimination approach to this complex issue. Simple yes/no questions about whether to prohibit late abortion may give a misleading picture of public opinion. They do not allow people to accurately express the subtlety of their views in the complex range of clinical and social situations in which access to abortion might be sought.

There are no significant differences between the attitudes of Victorians (where abortion was recently decriminalized) and the attitudes of Australians generally. If ethics and law are not to depart too far from current public attitude, it is essential that across the country we remove the legal, professional, social and economic barriers to late abortion for those women who have valid reason to obtain one.

Early abortion should be available at women's request, no justification necessary. Late abortion should be fully accessible, at least for those who have a valid justification.

And couples do not request late-abortion frivolously – they feel very angry and demeaned when politicians prevent their agonizingly difficult decision being implemented. These vulnerable couples need support - not being criminalized.

The more permissive attitude elicited when context was provided may have implications in other ethical debates including euthanasia, the use of medicine or technology for human enhancement, organ donation, and embryonic stem cell research. Perhaps people would be more likely to support the creation and destruction of embryos to produce stem cells if the therapeutic uses of those stem cells were fully specified, rather than being put in abstract terms, such as 'to treat a serious disease'.

Additional detailed data from the survey are located at http://www.practicaethics.ox.ac.uk/abortion_attitudes.html.