

**STUDY OF ABORTION LAWS IN THE COMMONWEALTH:  
MEDICAL TERMINATION OF PREGNANCY BILL, BARBADOS**

Memorandum by  
THE GOVERNMENT OF BARBADOS

POSITION PAPER ON BARBADOS MEDICAL TERMINATION OF PREGNANCY BILL

In May 1974, the Barbados Cabinet authorised the setting up of a National Committee to study the issues related to the liberalisation of the law relating to abortion. The Committee had as its terms of reference:

- (a) the examination of the need for the reform of the law relating to abortion with particular reference to the legal, sociological, economic and religious aspects thereof; and
- (b) making recommendations thereon.

The Committee was to consist of persons from various bodies representing a broad cross section of the Barbadian public.

2. The Committee submitted its report in April 1975. The Committee pointed out that although abortion is illegal in Barbados, whether by the administration of drugs or the use of instruments, the local courts have followed certain judicial decisions in the United Kingdom that permit abortions where the continuance of the pregnancy is likely to endanger the life or health of the woman.

3. The existing law relating to abortion is contained in sections 59 and 60 of the Offences Against the Person Act, 1868 and these follow closely the provisions of sections 58 and 59 of the UK Offences Against the Person Act, 1861. These sections make abortion punishable by imprisonment. Because of the illegality of abortions, it was difficult to obtain accurate statistics on the number of abortions performed in Barbados annually but the Committee estimated the figure (at that time) to be in the region of 4,000 and 5,000 in a population of just over a quarter of a million people. The Committee considered the situation of failed contraception and the liberalised attitude in the United States of America where abortion up to the twelfth week of pregnancy is the constitutional right of a woman. Special attention was also paid to the United Kingdom Abortion Act, 1967 and to the attitude of the various local religious bodies towards abortion. The Report favoured liberalisation of the law.

4. The Report was in 1977 circulated for the comment of the National Commission on the Status of Women which was established in 1976 and to the Heads of all recognised denominations and to other interested organisations.

5. The proposals for legislation were amended by those comments of organisations including the local association of medical practitioners, that were acceptable to the Cabinet but as would be expected in a controversial social matter of this nature, all of the differing views could not be reconciled and included in the Bill.

6. The National Commission on the Status of Women was of the view that in addition to modernising the existing law, adequate guidelines regarding requests for pre-abortion counselling, particularly where considerations other than of a medical nature are involved, should be set out.

7. The Commission also recommended that there should be a balance between the concept of making abortion freely available, and the concept of preventing the development of the abortion habit in the community by introducing or upgrading services that may influence women away from the necessity of seeking abortion. In other words a combination of legal, health and welfare services was required.

8. The Churches which commented on the proposed liberalisation of the abortion law upheld the importance and the supreme dignity of human life. Most of them in varying degrees agreed with a limited provision for legalised abortion provided that the continuance of the pregnancy was medically regarded as not being in the interest of the life of the woman. None of the Churches supported abortion on demand.

9. The Council of the Barbados Association of Medical Practitioners pointed out that as a result of illegal abortions, several young women were admitted to hospital daily, seriously ill, in danger of permanent damage to their pelvic organs and sometimes with fatal consequences.

10. It therefore appeared to the Council that women generally were determined to seek termination regardless of the consequences. The medical profession therefore saw the issue as a clear cut choice either to support legislation that would provide for termination under safe conditions or to turn a blind eye to the existing thoroughly dangerous practices that often have disastrous results. Circumstances such as rape, incest and poor socio-economic circumstances might be equally as harmful as certain physical and mental conditions and the extent of this harm was best assessed by experienced health professionals.

11. In Barbados, cases of illegal abortion rate as the fourth highest cause of hospitalisation. The status quo provides an excellent example of discrimination against those who cannot pay. Only women with economic means can escape humiliation by obtaining abortions, confidentially and safely, at home or abroad in the private sector of health care. Indeed, groups representing women's interests in Commonwealth countries increasingly express their dissatisfaction and outrage at what women must endure to maintain their physical integrity and to control their personal and social destinies.

12. The Barbados Abortion Bill does not permit abortion on demand but establishes a clearly defined framework within which the treatment may be administered in a professional setting, thereby reducing the risk of mental and physical injury or even death. The Bill seeks to accommodate abortion through legislation that focusses upon health and welfare and not upon crime and punishment.

13. The Bill sets out certain criteria for the medical termination of pregnancies of up to twelve weeks; over twelve but less than twenty weeks; and over twenty weeks. This division is necessary as the risk to the woman increases as the pregnancy progresses. Special provision has been made for women under sixteen years of age and persons of unsound mind.

14. The Bill accepts the principle of conscientious objection and protects medical and para-medical personnel who are unable to participate in the treatment for the termination of a pregnancy on this ground. However, conscientious objection does not apply if the treatment is immediately necessary to save the life of the woman or to prevent injury to her physical or mental health.

15. The Bill and Regulations place emphasis on counselling as a vitally important factor in providing women with informed opinions as to whether or not termination should be proceeded with. The woman must be advised on courses of action alternative to termination, of possible effects of the termination, of the availability of family planning services and how to deal with the social and psychological consequences of a termination.