RCN Guidance
Conscientious Objection
(Termination of pregnancy)
September 2020
RCN Position:

In 2013 RCN published its Position Statement on Termination of Pregnancy (Induced Abortion) (RCN 2013). As part of that statement consideration was given to recognising and respecting those nurses, midwives and health care assistants who have a conscientious objection to abortion.

This guidance elaborates on that statement to clarify our guidance for nurses, midwives and nursing associates on the issue of conscientious objection.

Legislation recognises that health care workers may have religious, moral or personal objections to termination of pregnancy (TOP). Section four of the original Abortion Act (1967) (Scotland, England and Wales, not Northern Ireland) states that individuals were under no obligation to “participate in any treatment authorised by [the Act] to which [they have] a conscientious objection”.

In 1990 the Human Fertilisation and Embryology Act (HFE Act) section 38 stated that “No person who has a conscientious objection to participating in any activity governed by this Act shall be under any duty, however arising, to do so”. However, this is limited to the termination procedure only and not to care provided before and/or after the procedure is carried out (Human Fertilisation and Embryology Authority (HFEA) Code of Practice 6th edition, Page 18, 2003).

A nurse and/or a midwife who conscientiously objects under this legislation is accountable for whatever decisions made and could be called upon to justify that objection; therefore it is vital that any concerns or objections are discussed at the earliest convenience with the manager. Section 38 of the 1990 Act also states that “In any legal proceedings the burden of proof of conscientious objection shall rest on the person claiming to rely on it” (HFEA Code of Practice 6th Edition, p.18, 2003).

It also states that: “In any proceedings before a court in Scotland, a statement on oath by any person to the effect that he (she) has a conscientious objection to participating in a particular activity governed by this Act shall be sufficient evidence of that fact for the purpose of discharging the burden of proof” (HFEA Code of Practice 6th Edition, p.18, 2003).

The Human Fertilisation and Embryology Authority has further useful information on the subject included in the Code of Practice (2019) which can be found here.

Human Fertilisation and Embryology Act 1990 (as amended) outlines conscientious objection:

1. No person who has a conscientious objection to participating in any activity governed by this Act shall be under any duty, however arising, to do so.

2. In any legal proceedings, the burden of proof of conscientious objection shall rest on the person claiming to rely on it.

3. In any proceedings before a court in Scotland, a statement on oath by any person to the effect that he has a conscientious objection to participating in a particular activity governed by this Act shall be sufficient evidence of that fact for the purpose of discharging the burden of proof imposed by subsection (2) above. HFEA Code of Practice Page 265 (HFEA 2018)

Northern Ireland

The HFE Act, in this respect, does not apply to Northern Ireland, however new legislation in Northern Ireland from 1 April 2020, which changes the options available to women, and the response to the government consultation acknowledges the need for Conscientious Objection can be found here. The new legal framework for abortion services in Northern Ireland: UK Government consultation response under point 3.10; states that “This framework for Northern Ireland will mirror the same statutory protection as under the Abortion Act 1967, meaning no person shall be under any duty, whether by contract or by any statutory or other requirement, to participate in any treatment authorised by the regulations to which the person has a conscientious objection. The only exception will be where the participation in treatment is necessary to save the life or to prevent grave permanent injury to the physical or mental health of a pregnant woman or girl”
Voicing conscientious objection

If you have a conscientious objection to termination of pregnancy (TOP) you should discuss the issue with your manager and confirm your objection in writing. The issue should be dealt with sensitively, so that nurses, midwives and patients/clients can establish a successful therapeutic relationship.

Article 4(2) of the Abortion Act 1967 and Article 38(2) of the HFE Act 1990 state that: “In any legal proceedings the burden of proof of conscientious objection shall rest on the person claiming to rely on it.” However, in Scotland the burden of proof does not rest with the healthcare professional who is objecting, if they swear an oath before a court of law explaining that they have an objection.

Can I refuse to care for a woman who is about to undergo or has already undergone a termination of pregnancy?

No, for the reasons stated above. Nor could you refuse to take part in an emergency during the procedure itself if you are present and the woman’s safety and wellbeing is at risk. At all times the safety of the woman is paramount.

Emergency contraception

Emergency contraception is not considered to be an abortificant by the World Health Organization (WHO) and conscientious objection does not apply.

References


Abortion care NICE guideline [NG140] Published date: 25 September 2019 https://www.nice.org.uk/guidance/ng140


Royal College of Nursing 2017 Termination of Pregnancy Guidance (being updated in 2020) rcn.org.uk/professional-development/publications/pub-005957


