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The slippery slope of criminalising abortion: perspectives of a female Muslim family physician

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The recent decision by the US Supreme Court to overturn Roe v. Wade and allow states to ban abortion is a grave and dangerous violation of human rights. It puts the health and wellbeing of women and girls at risk, undermines choice and agency, criminalises bodily autonomy and medical care, and opens the door to discrimination, abuse and disparities.

Whatever my conscientious and religious position may be on abortion, it is not my right, or anyone else's right, to deprive another woman or girl her right to be free from violence, to privacy, family and health, and her right to bodily autonomy and make choices about her care and what matters most to her. The ban on abortion creates a slippery slope with far-reaching consequences for wider sexual and reproductive rights including access to antenatal care, safe childbirth and contraception.

The ban will feed into structural discrimination and racism and further increase disparities in sexual and reproductive health for marginalised women, such as those with disabilities and those from refugee and migrant, low income, indigenous, ethnic and faith backgrounds. In some states, a 6-week limit or ban at viability is being introduced (1), but late antenatal presentation is well recognised among marginalised groups such as Black women (2) and the ban would therefore have a disproportionate impact and discriminate against these groups.

Criminalisation may deter women and girls from accessing essential contraceptive and sexual health advice and from seeking critical post-abortion care for complications from unsafe abortion practices which are commonly seen (3). It may also push women and girls into social and economic exclusion and hardship and could force them to stay in or enter exploitative and abusive relationships, creating a vicious cycle of disempowerment, disadvantage and disparities.

Criminalising abortion can have a "chilling effect" on medical professionals who may experience penalties of up to 10 years imprisonment (4), may not understand legal boundaries or mis-apply restrictions in a narrower or discriminatory way, especially against marginalised women and girls. Working as family doctor in the UK in a deprived and ethnically diverse population with a large Muslim community, I am frequently consulted by Muslim women and girls who request to have an abortion; women and girls who are victims of marital rape and sexual violence, women and girls whose health, or the health of their baby, is at risk due to continuing pregnancy, women and girls experiencing social and financial hardship, control and abuse, and women and girls who have experienced contraceptive failure or face barriers accessing contraception counselling or sex education in the first place because of the taboos surrounding these issues. The reasons are many, but it is not for me to judge or deprive them of their rights to a safe and legal abortion, and it is not the right of the government to criminalise shared decision making and personalised care that is aligned with good medical practice and professional values and ethical responsibilities.

As healthcare professionals, we must also consider the serious consequences of criminalisation on health and survival. Regardless of whether abortion is legal or not, women who need to get an abortion will get one. Between 25-50% of pregnancies end in abortion every year (5) and criminalisation does not stop abortions, it only makes them less safe, and that too with fatal

outcomes. The World Health Organisation estimates that 25 million unsafe abortions take place each year (6), due to procedures "carried out either by persons lacking the necessary skills or in an environment that does not conform to minimal medical standards, or both" (7). Unsafe abortion is strongly linked with a range preventable maternal complications including sepsis, trauma and haemorrhage and is the fourth leading cause of maternal deaths worldwide (8) and an additional five million disabilities (9).

Recognising the risks of restrictive legislation around abortion, more than 50 countries in the past 25 years have changed their laws to increase access to safe and legal abortion, including Muslim majority countries. The US ban, in addition to being deeply patriarchal, is rooted in monopolised Christian theocracy that has been condemned by faith leaders for violating religious liberty (10). It has also had the bizarre effect of increasing Islamophobia and colonial racist views of the Muslim world (11). Many have labelled the ruling as "Sharia", comparing regression of women's rights in the US as morally and socially equivalent to the normative state of women's rights in the Muslim world, where ironically, the majority of countries have laws that allow termination of pregnancy.

Unsafe abortion has been called the "silent" and "preventable" pandemic (12). Access to safe and legal abortion is a basic public health and human right for all women and girls and it is clear that criminalising this would have a plethora of devastating health, social, economic and legal consequences, disproportionately impacting marginalised and destitute groups, and increasing discrimination and disparities. All healthcare professionals, regardless of gender, creed, colour or political affiliation, must fight for this basic right.

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