RESEARCH NOTE

Attitudes of General Practitioners in Northern Ireland Toward Abortion and Family Planning

By Colin Francome

A survey of the attitudes and practices of general practitioners in Northern Ireland regarding contraception and abortion was carried out in 1994 and 1995 with a randomized sample of 154 physicians. The vast majority of doctors who received requests for contraceptives from their patients fulfilled those requests (94%). Overall, 13% of the doctors said a married patient had requested an abortion in the past three months, and 34% had had a similar request from an unmarried patient. Two-thirds thought that a woman together with her physician should decide whether to terminate a pregnancy, 19% did not think the choice should be left with the woman and her physician and 13% were undecided. Sixty-six percent believed that a joint strategy of improving contraceptive use and reducing premarital intercourse is the best approach for preventing unwanted pregnancy among teenagers, 21% specified only improving contraceptive use and 13% indicated only reducing premarital intercourse.

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Since the 1967 Abortion Act went into effect in the United Kingdom in April 1968, women from countries that restrict the procedure have traveled to England to obtain a legal abortion. U.S. women were among the first foreign patients (before a 1970 law legalized the procedure in New York State), followed by the French, and then the Spanish. Currently, however, Irish women predominate; Ireland is the only major European country that severely restricts abortion, allowing it only to save the life of the pregnant woman.[1]

The situation in Northern Ireland is highly unusual, in that Northern Ireland shares the general social conservatism of Ireland, but is politically part of the United Kingdom. The Northern Irish are generally more opposed to abortion than are the British and the province exempted itself from the 1967 Abortion Act when Northern Irish members of Parliament agreed not to oppose the Act if they could be excluded from its jurisdiction. Politicians from the province have similarly abstained from joining other liberalizing measures proposed in Parliament, such as those legalizing homosexuality (in 1967) or abolishing capital punishment (in 1965).

Unlike the trend toward reform in many other Western European countries over the past decades, the actual abortion law in Northern Ireland has not changed since 1861, although it was subject to reinterpretation through case law. Most important was the 1938 case in which a physician carried out an abortion on a young woman less than 15 years of age who had been raped; the doctor was charged, but acquitted. From that time, it was accepted that abortion could be legally carried out when a pregnancy resulted from rape; in fact, the judge in the case went so far as to say that a doctor might have the responsibility to carry out an abortion in such instances. Despite this ruling, however, in some cases the procedure has been denied to victims of rape.[2]

Nonetheless, recent evidence from opinion polls shows that public attitudes toward abortion are changing rapidly. In 1994, for example, the following proportions of Northern Irish respondents indicated that they would support legal abortion in several scenarios—79% when the physical or mental health of the pregnant woman was endangered, 72% in cases of rape or incest and 59% in cases of severe fetal malformation.[3]

In the medical system in place in Northern Ireland and the rest of the United Kingdom, patients do not pay for visits to their general practitioner, and birth control is available free of charge. Although a study of attitudes toward family planning and abortion among Northern Irish gynecologists has already been conducted,[4] those of general practitioners are largely unknown. The study described in the following research note attempts to address this gap in knowledge.

Methodology

A random sample of 200 doctors in Northern Ireland was provided by the British Medical Association, with every sixth name having been selected from an alphabetized list of 1,200 doctors. Three mailings, each consisting of a questionnaire and a cover letter, were sent between October 1994 and August 1995. Of the 200 physicians, nine declined to participate because they had retired or were pregnant, and the address was incorrect in two cases. Of the remaining 189 questionnaires, a total of 154 were completed and returned, which yielded a response rate of 82%. We speculate that the practitioners who did not respond would be more likely to oppose collaborating in a survey that implied abortion is a viable option.

Table 1. Mean number of requests for birth control received by general practitioners in past three months, by religion of doctor, according to marital status of woman making request, Northern Ireland, 1994–1995

Religion	N	Married	Unmarried
Total	**130**	**38.3**	**25.8**
Protestant	79	37.3	28.9
Catholic	44	43.2	24.5
Other	7	18.0	12.9

Note: Twenty-four doctors did not respond or did so with an indeterminate figure such as "many."

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Results

In a province characterized by religious strife, even medical care is highly polarized, with Catholics and Protestants each being more likely to see doctors of their own religion. In our sample, 94 of the 154 respondents were Protestants (61%), 51 were Catholics (33%), two were of other faiths (Hindu and Greek Orthodox), and seven said they had no religion. Overall, 45% were younger than 40, 32% were 40–49 and 21% were aged 50 or older. There was a religious difference in the age structure of the respondents: Among Catholics, 59% were younger than 40, compared with 40% among Protestants.

In response to the question "In which country did you qualify [to practice medicine]?" three-quarters of the sample said they trained in Northern Ireland. The doctors differed by religion in their place of training: Catholic doctors were significantly (p=.05) more likely to have received their medical training in the Republic of Ireland than were Protestants (24% versus 10%).

We asked doctors how many requests for birth control they had received in the past three months; as doctors are paid extra by the government health program for providing this service, they have an incentive to record requests for contraception made during consultations. Some clearly kept accurate records and gave a specific number, while others only estimated overall totals. When a doctor's estimate ranged broadly (i.e., a report of 15–20 requests), we chose the midpoint for analysis.

Catholic doctors said they handled an average of 43 requests from married women, while Protestant physicians received 37 such requests (see Table 1). It is possible that Catholics are more likely than Protestants to use a general practitioner for family planning because of a dearth of clinics in Catholic areas. However, several well-attended family planning clinics are located in the middle of Catholic areas,[5] so this is probably not the explanation.

There are wide differences in caseloads between individual doctors, however. Among Catholics, for example, the number of requests from married women in a three-month period ranged from zero to 150, and an individual Protestant doctor reported 240 requests from married women, as well as 180 from single women. (Such physicians with high caseloads were likely to say they specialized in family planning.)

Table 2. Percentage of physicians who provided contraceptive methods to all requesting them, by religion, according to age

Religion	All	<40	≥40
Total	**93.9**	**92.8**	**94.9**
Protestant	96.7	97.4	96.2
Catholic	89.6	86.2	94.7
Other	87.5	100.0	85.7

Note: Four doctors of the original 154 did not respond because they had received no requests; two others did not reply to this question.

Overall, doctors handled more requests from married women than from single women (averages of 38 and 26, respectively). There were no significant differences by physicians' religion in the number of unmarried family planning patients.

In response to a follow-up question asking whether the physician had then granted the woman's request, 94% of the doctors for whom there are data provided a method to all women who requested one (Table 2). The two main reasons for the few refusals were that the specific method asked for was contraindicated or that the woman was under the legal minimum age for intercourse in Northern Ireland (17 years).

Among the 6% of physicians who said they had not granted the woman's request were three Protestant doctors—one who refused to provide female methods and recommended that the woman and her partner use condoms, one who refused to serve women younger than the age of consent and one who refused to provide family planning to unmarried women. Among the five Catholics who refused a request were two who referred women requesting an IUD to other doctors (since they considered the method to be an abortifacient), one who sometimes refused women on medical grounds, one who required parental consent for those under the age of 16 and one who referred women to a family planning clinic. Overall, there was no age difference in the physicians' willingness to grant birth control requests—93% of those younger than 40 and 95% of those aged 40 and older had done so. Younger Protestant doctors were somewhat more likely to have fulfilled patients' requests than were comparable Catholic physicians (97% vs. 86%), although the difference was not statistically significant.

In response to a question gauging the frequency of requests for referrals for abortion over the past three months, 13% of the 141 doctors for whom data are available said they had had such requests from married women and 34% had received them from unmarried women. Higher proportions of Protestant doctors than of Catholic physicians reported receiving such requests (39% versus 23%).

Table 3. Percentage distribution of physicians, by their usual response to requests for abortion, according to religion

Response	Total (N=154)	Non-Catholic* (N=103)	Catholic (N=51)
Refer to England	49.4	56.3	35.3
Refer to local Pregnancy Advisory Service office	35.7	37.9	31.4
Refer to local gynecologist	1.3	0.0	3.9
Refer to other general practitioner	0.6	0.0	2.0
Refuse to refer	9.1	4.9	17.6
Other	3.9	0.9	9.8
Total	100.0	100.0	100.0

*Includes Protestants and respondents of "other" religions or no religion.

Overall, 87 patients of Protestant doctors requested an abortion in the past three months (19 married women and 68 unmarried women), while only 18 patients of Catholic doctors did so (four married women and 14 unmarried women). The 88 Protestant doctors who responded received, on average, just under one request for an abortion in the past three months, significantly more (p=.01) than the average reported by the 44 Catholic doctors with data—0.41 requests.

We asked the doctors how they generally responded to such requests. Overall, 49% said they referred patients to England to have the abortion and 36% to the local Pregnancy Advisory Service* (Table 3). (Some doctors said they referred women to their local Pregnancy Advisory Service, so they would then be directed to an abortion provider in England.) Many physicians insisted they would make referrals only after a serious discussion with the patient. Nine percent of the 154 doctors surveyed said they would refuse outright to refer a woman for an abortion.

The proportions who said they would refer patients differed greatly by religion, with 94% of non-Catholic doctors but only 67% of Catholic practitioners replying they would refer patients to England or to a local Pregnancy Advisory Service (statistically significant at p=.05). The proportion refusing to refer also differed by religion, with Catholics being more than three times as likely to refuse as Protestants (18% vs. 5%).

We also asked the doctors if they generally found out the outcome of their patients' pregnancies, and they nearly always did. In response to the question "What is

*Pregnancy Advisory Service offices are counselling services with a doctor in attendance, and these may refer pregnant women to a hospital or licensed clinic for an abortion.

Table 4. Percentage distribution of physicians, by attitude on whether abortion decision should be left to woman and her doctor, according to age-group and religion (N=154)

Attitude	Total	Protestant	Catholic	Other
All				
Should	68.2	73.7	56.0	77.8
Should not	18.8	15.8	28.0	0.0
Uncertain	13.0	10.5	16.0	22.2
<40				
Should	64.8	67.5	63.3	0.0
Should not	21.1	22.5	20.0	0.0
Uncertain	14.1	10.0	16.7	100.0
≥40				
Should	71.1	78.2	45.0	87.5
Should not	16.9	10.9	40.0	0.0
Uncertain	12.0	10.9	15.0	12.5
Total	100.0	100.0	100.0	100.0

the general result of an unwanted pregnancy?" nearly half of the doctors said such pregnancies were generally resolved through a legal abortion performed in England, one-third said women usually continued their pregnancy, and the remaining 15% said women were equally likely to make either decision. These viewpoints also differed by religious affiliation, with a greater proportion of Protestants than Catholics asserting that Northern Irish women usually resolved an unwanted pregnancy through an abortion obtained in England (54% and 30%, respectively).

The physicians were asked whether they thought the choice to continue a pregnancy should be left to the woman, in consultation with her doctor.* Overall, 68% of the 154 doctors who responded said it should and 19% said it should not (Table 4). These attitudes differed by age, with doctors younger than 40 being slightly less likely than those aged 40 and older to indicate that the choice should be up to the woman and her doctor (65% vs. 71%). The responses also differed by religion, with Catholic doctors being less likely than Protestant doctors to say the choice should be left to the woman and her doctor (56% and 74%, respectively).

*The exact wording of the question was: "Do you think that the choice as to whether or not to continue a pregnancy should or should not be left to the woman in consultation with her doctor?" It was originally drafted by the author and Bob Wybrow, managing director of British Gallup, in 1979. In a poll of the general British public that used this question in 1979, four out of five people thought that the choice should be left to the woman and her doctor (see: C. Francome, *Abortion Freedom*, Unwin Hyman, London and Boston, 1984, p. 179). When the question was posed to British gynecologists in 1989 and to Irish gynecologists in 1993, 74% of the British gynecologists and 68% of the Irish specialists thought the choice should be left to the woman and her doctor (see: C. Francome and W. D. Savage, "Gynaecologists' Abortion Practice," *British Journal of Obstetrics and Gynaecology*, **99:**153, 1992; and reference 2).

One doctor opposed to a woman having the choice together with her physician affirmed that medical professionals should not help a woman decide on having an abortion. Another commented, "I would like to see people becoming more responsible about their fertility—recognizing that sexual intercourse always gives rise to some possibility that pregnancy may occur and [being] prepared to accept that once a baby is conceived, it exists and should be allowed to continue to do so."

Doctors also were asked which of three potential approaches should be used to prevent unwanted pregnancy among teenagers—reducing premarital intercourse, improving contraceptive use and a strategy combining both of these approaches. Sixty-six percent of the 141 doctors responding affirmed that a combined strategy would be best, 21% specified improving contraception as the best approach, and 13% favored a reduction in premarital intercourse alone. One doctor younger than 40 said, "We should reduce unprotected intercourse with better information concerning risks."

We asked the doctors whether they had seen any evidence of illegal abortion. The older doctors were much more likely than younger doctors to have seen evidence of illegal abortion (10% vs. 2%). Some physicians mentioned that they had not seen such evidence recently. This finding suggests that the prevalence of illegal abortion in Northern Ireland has declined as women have increasingly traveled to England for the procedure since it became legal in Britain in 1968.

Finally, we asked physicians to comment on changes they would like to see implemented in fertility control. A number mentioned that sex education for younger people should be improved. For example, one physician commented, "I think education of 11–12-year-olds holds the key." Another called for the increased use of long-acting coitus-independent methods such as the IUD and the contraceptive implant after unwanted pregnancies, especially since many women have more than one such pregnancy.

Others called for more male responsibility: "Instead of concentrating on the female partner, the couple should consider and attend for contraceptive advice, therefore by inference assuming equal responsibility. In the past, efforts concentrated on the female, since she bears the obvious consequences of failure of contraception. If she is viewed as the partner responsible for contraception, then she is automatically viewed as responsible for its failure."

Discussion

Although the Catholic Church officially opposes all forms of "artificial" birth control, only one or two Catholic doctors in our sample did not provide any contraceptive services. However, we do not know whether Catholics who would be more likely to refuse to provide contraception were more likely to be among physicians who declined to participate in this survey. The relatively high response rate to the mailed questionnaire, however, indicates that the vast majority of Catholic doctors do not adhere strictly to Church doctrine.

The combined responses to a question on strategies to reduce unwanted pregnancy among adolescents indicate that 87% of the doctors would like contraceptive use to improve in Northern Ireland, and several commented about the need to start using contraceptives at an earlier age.

There were important differences by religion on several items related to abortion. For example, Catholic doctors received significantly fewer requests for abortion than Protestant doctors, and Catholics were also much more likely than Protestants to refuse to refer their patients for an abortion. Catholic doctors were far more likely than Protestant physicians to say their patients usually carried an unwanted pregnancy to term.

That more than two-thirds of these doctors thought the decision to terminate a pregnancy should be made by the woman in consultation with her doctor suggests strong support among general practitioners for liberalization of the abortion law in Northern Ireland. The law as it is now applied clearly discriminates against poor women, since such women may find it difficult to raise the money needed to travel to England or elsewhere for an abortion. It is no surprise, then, that attempts at liberalizing the strict abortion law in Northern Ireland have recently increased. For example, the campaign against Northern Ireland's abortion law has become more active, and an office of the Brooke Advisory Service (which specializes in offering birth control services for young people) opened there recently.

References

1. Department of Economic and Social Development, *Abortion Policies: A Global Review*, United Nations, New York, 1992.

2. C. Francome, "Gynaecologists and Abortion in Northern Ireland," *Journal of Biosocial Science*, **26:**389–394, 1994.

3. A. Furedi, *The Abortion Law in Northern Ireland*, Family Planning Association of Northern Ireland, Belfast, Northern Ireland, 1995, p. 10.

4. C. Francome, 1994, op. cit. (see reference 2).

5. A. Simpson, Pregnancy Advisory Service, personal communication, Feb. 4, 1997.