



Panel Title: Reproductive Health in the Long Twentieth Century

Professor Gayle Davis

Paper Title: Medical Decision-Making and the 'Normalisation' of Abortion in Post-1967 Britain

Abstract: The British 1967 Abortion Act did not decriminalise abortion, but carved out a series of exceptions that effectively 'medicalised' abortion. These 'therapeutic' exceptions made abortion lawful where the pregnancy was terminated by a registered medical practitioner, once two practitioners had agreed 'that the pregnant woman's circumstances satisfied one of the grounds laid down in the Act. Deference to medical authority was central to the legislation and the debates surrounding it. Doctors were judged uniquely qualified not only to perform the procedure, but to act as gatekeepers to the service. This left those seeking an abortion 'dependent on the vagaries of medical discretion and good will'.

This paper will examine abortion decision-making since 1967 as a case study in the changing and contested landscape of medical authority. Built on a premise of non-interference with clinical freedom, the only real constraint imposed upon doctors was that they form their opinion 'in good faith'. The paper will unpack this concept and its evolution, as it featured in legal trials. The clinical practice deemed necessary to demonstrate a 'good faith opinion' in the 1970s, when an abortion referral interview might cover a woman's dreams, sporting injuries, and history of bed-wetting as a child, would by the twenty-first century seem inappropriately intrusive and unnecessary, reflecting broader changes in professional practice, patient autonomy and women's rights. The paper will also consider that doctors' interpretations of the Act were not abstract exercises. They were formed amidst technological innovations that facilitated the 'normalisation' of abortion as a safe, routine and accessible element of healthcare; in working collaborations with nursing colleagues; and in meetings with their patients who described concrete problems, anxieties, and aspirations, and might show considerable resilience and ingenuity in overcoming the hurdles placed in their path.



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Associate Professor Barbara Baird

Paper Title: Doctors and the provision of abortion services in Australia, 1990-2023

This paper considers the unique place of doctors in the recent history of the provision of abortion services in Australia. The authority of doctors over the provision of abortion was consolidated during the twentieth century. Liberalisation of law and practice in the 1970s confirmed this authority whilst widening doctors' ability to perform lawful abortions. The decriminalisation of abortion in the twenty-first century in every jurisdiction bar one has increased the authority of the person who requests an abortion (up to a legislated time of pregnancy), doctors are no longer required to adjudicate their request. In all but Victoria and SA, however, doctors retain the exclusive role of those who can lawfully perform abortion.

Attitudes among doctors over the last thirty have been increasingly 'pro-choice'. The characteristics and nature of abortion providing doctors and those who publicly advocate for change have changed, their numbers have grown, and the AMA and RANZCOG have adopted increasingly 'pro-choice' positions. Nonetheless access to abortion care in Australia remains inequitable and inadequate in 2023 and medical contributions to advances in access to care continue to rely on 'champions'. This presentation draws from research based in oral history interviews with doctors and others involved in the provision of abortion care and documentary evidence to tell this history and reflect on the place of doctors in advancing safe, accessible and affordable abortion care in Australia. It concludes with suggestions about how doctors, individually and collectively, can better meet the needs of people who need abortion care.



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Professor Lynda Bryder

Paper Title: A Broken System or Cause for Celebration? New Zealand's Unique Midwifery-Led Childbirth Services in the 1990s

Abstract: It was with great pride that the New Zealand College of Midwives, formed in 1989, celebrated the Nurses Amendment Act the following year, which launched a new maternity system for New Zealand allowing midwives to set up practices in the community without reference to any other health professional and to train in midwifery without prior nurse training. In these ways, the College claimed, they were “liberated” from the shackles of medicine and nursing and could provide a truly woman-centred maternity service. In this talk I will investigate not only how such a profound change came about but also some of the outcomes and responses. On the latter it will be seen that not everyone celebrated the new system, with concerns mounting from different quarters, such as coroners, health and disability commissioners, other health professionals including some midwives, academic researchers, and consumers. This paper analyses the deep fractures within New Zealand's maternity services that developed from very different perspectives on how services should be managed and the issues that emerged from competing worldviews, ultimately considering the effects on mothers themselves.