



c/o Engender 10 Old Tolbooth Wynd Edinburgh EH8 8EQ

Maree Todd MSP
Minister for Public Health, Women's Health, and Sport
The Scottish Government
St Andrew's House
Regent Road
Edinburgh
EH1 3DG

14th June 2021

Dear Minister,

In March 2020 the Scottish Government provided temporary permission for telemedical early medical abortion care. This has ensured that women and pregnant people all over Scotland could continue to access abortion care without travel to a clinic, decreasing their own and clinic staff's risk of exposure to Covid-19. Abortion is an extremely safe and common procedure, and safer than continuing the pregnancy to term. The experience of the last 14 months has demonstrated that safe, quality care can be provided remotely in Scotland.

Access to abortion is essential for women's autonomy, employment, education, and access to resources, and therefore to women's equality and rights. Abortion is vital, routine healthcare that around one in three women will access in her lifetime. The United Nations Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) has made clear that "it is discriminatory for a State party to refuse to legally provide for the performance of certain reproductive health services for women" and that barriers to that care — legal or practical — should be removed.

The introduction of telemedical abortion has eliminated some of the unnecessary barriers to quality abortion care in Scotland. It has increased privacy and women's personal comfort as well as reducing out-of-pocket expenses. For women living in rural or island communities, women with childcare and caring responsibilities or women who experience men's violence, access to well supported, quality abortion care at a time and place of their choosing has been enhanced by the introduction of telemedical services.

The impact of this change has been overwhelmingly positive and world-leading. A study of more than 600 women choosing medical abortion at home in NHS Lothian last year found that telemedical abortion care is 'safe, and has a high efficacy and high acceptability among women'. A similar study in England and Wales of more than 50,000 abortions before and after their respective changes found the same – further concluding that telemedical care had reduced waiting times and allowed pregnancies to be terminated at earlier gestations, minimising the risk of complications. These studies have both recently been cited by the US's Food and Drug Administration as it changed US regulation to allow telemedical abortion.

Retaining telemedical abortion after the Covid-19 pandemic would not limit care to a certain pathway or type of treatment, but it would help enable every woman and pregnant person, in discussion with their doctors and nurses, to make the right decision for them. In a BPAS evaluation of client satisfaction, 97% of clients were satisfied or very satisfied with their experience, and 80% of clients reported that receiving pills via post or telephone consultation and pill collection from a clinic is their preferred method of care – experiences which are supported by abortion providers in Scotland and across Great Britain.

Attending a clinic is not always a necessary element of quality early medical abortion care. Telemedical services are safe, effective, and accessible. They enable women in Scotland to make the right choice for them about their health regardless of geographic, economic, or social circumstances. Removal of telemedical services would represent a reduction in quality care provision and be contrary to the principle of progressive realisation in human rights.

We welcome Scottish Government's explicit endorsement of the need for a dedicated focus on women's health, and your appointment as the first Minister for Women's Health. We urge Scottish Government not to reduce the availability of abortion care that meet women's needs.

Instead, we advocate in the strongest possible terms that Scottish make telemedical Government abortion a permanent well and supported option for care across Scotland.

Yours sincerely,



Jillian Merchant -**Abortion Rights** Scotland



Naomi McAuliffe -Amnesty International, **Scotland Office**



Lucy Grieve -Co-Founder, Back Off Scotland



Amy Gibbs -Chief Executive, Birthrights



Dr Sue Robertson -Deputy Chair, BMA Scotland



Clare Murphy – Chief Executive, British Pregnancy Advisory Service



Dr Jonathan Lord & Joanne Fletcher -Co-Chairs, British Society of Abortion Care Providers





REPRODUCTIVE **CHOICES**









Mhairi Snowdon -**Human Rights** Consortium Scotland

Maggie Kinloch - Chair, **Humanist Society** Scotland

Richard Bentley -Chief Executive, MSI Reproductive Choices UK

Dr Nabanita Ghosh - Medical Director, **NUPAS**

Sandy Brindley – Chief Executive, Rape Crisis Scotland

Dr Edward Morris -President, Royal College of Obstetricians and Gynaecologists



Gill Walton -Chief Executive, Royal College of Midwives



Anna Ritchie Allan -Executive Director, Close the Gap



Girijamba Polubothu -Manager, Shakti Women's Aid



Dr Jayne Kavanagh -Co-Chair, Doctors for Choice UK



Rozanne Foyer - STUC General Secretary & Eireann McAuley - STUC Equality Officer



Emma Ritch -Executive Director, Engender



Agnes Tolmie - Chair, The Scottish Women's Convention



Dr Rebecca Crowther -Policy Coordinator, Equality Network



Dr Marsha Scott – Chief Executive, Scottish Women's Aid



Dr Asha Kasliwal -President, the UK's Faculty of Sexual and Reproductive Healthcare (FSRH)



Josh Kennedy MSYP -Chair of the Scottish Youth Parliament



Lily Roberts -President, Glasgow Students for Choice



Dr Patrycja Kupiec - CEO, YWCA Scotland: The Young Women's Movement



Professor Ian Welsh
OBE - Chief Executive,
Health and Social Care
Alliance Scotland (the
ALLIANCE)



Rachel Adamson and Laura Tomson – Co-Directors, Zero Tolerance