

# Consultation Response

Abortion Law Review

Stakeholder

Questionnaire on the  
Expert Group Report

June 2026

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## Introduction

The Law Society of Scotland is the professional body for over 13,000 Scottish solicitors.

We are a regulator that sets and enforces standards for the solicitor profession which helps people in need and supports business in Scotland, the UK and overseas. We support solicitors and drive change to ensure Scotland has a strong, successful and diverse legal profession. We represent our members and wider society when speaking out on human rights and the rule of law. We also seek to influence changes to legislation and the operation of our justice system as part of our work towards a fairer and more just society.

We welcome the opportunity to consider and respond to the Scottish Government consultation: *Abortion Law Review Stakeholder Questionnaire on the Expert Group Report*. We have the following comments to put forward for consideration.

## Questions in the questionnaire

### General

Q. What are your views on the Expert Group's methodology?

We were pleased to have the opportunity to be represented on the Expert Group. We have no further comments on the Expert Group's methodology.

Q. What are your views on the "overarching principles" adopted by the Expert Group?

We agree that abortion, like other areas of healthcare practice, raises important moral and ethical issues. We also agree that all healthcare provided in Scotland should be underpinned by a strong regard for medical ethics, human rights, equality law, and the principles set out in the Scottish Patient Rights Charter and the Scottish Government's Health and Social Care Standards. We have no further comments on the 'overarching principles' adopted by the Expert Group.



## Review of the Current Law

Q. What are your views on the Expert Group's consideration of the current law?

We consider that the discussion accurately reflects the current law and the existing tension between the Abortion Act and the common law. We agree that the law relating to abortion in Scotland is in need of modernisation. Proposals for reform must be robust and evidence based.

## Gestational Limits and Grounds

### Gestational Limits

Q. What are your views on the Expert Group's assessment of the current law regarding gestational limits for abortion?

We have no specific comments.

Q. What are your views on the range and quality of evidence considered by the Expert Group?

(When answering this question, you may also highlight any matters relevant to this topic that were not considered by the Expert Group and which, in your view, should have been covered.)

The consideration within the report of gestational limits in other jurisdictions and possible alternative gestational limits is useful. Whilst the report demonstrates that a wide range of groups were contacted, it would be helpful to know which groups ultimately contributed and whether any specific policy stance was over- or under- represented.

Q. What are your views on the Expert Group's analysis of that evidence?

We agree that the law relating to abortion in Scotland is in need of modernisation. Proposals for reform must be robust and evidence based.



Q. What are your views on the Expert Group's recommendations regarding gestational limits?

We note that the Expert Group recommends that the existing 24 week limit for most abortions should be retained. Any change to gestational limits would be a public policy decision, rather than a legal one. Whilst we do not seek to provide a view on a specific gestational limit, we agree that the 24 week gestational limit is well-established in the current law and in healthcare settings.

## Grounds

Q. What are your views on the Expert Group's assessment of the current law regarding grounds for abortion?

We have no specific comments.

Q. What are your views on the range and quality of evidence considered by the Expert Group?

(When answering this question, you may also highlight any matters relevant to this topic that were not considered by the Expert Group and which, in your view, should have been covered.)

We have no specific comments.

Q. What are your views on the Expert Group's analysis of that evidence?

We agree that the law relating to abortion in Scotland is in need of modernisation. Proposals for reform must be robust and evidence based.

## Q. What are your views on the Expert Group's recommendations regarding Grounds?

We note the Expert Group's recommendation that abortion should be available on request (eg with no requirement for specific grounds to exist) up to 24 weeks. We note that the recommended grounds set out in the Expert Group's report will require to be established only for an abortion after 24 weeks. The grounds are that two healthcare professionals decide in good faith that performing the abortion is appropriate, having regard to various specific factors including the age of the foetus, the medical circumstances of the patient and the foetus, and the patient's current and reasonably foreseeable physical, psychological and social circumstances. In cases where an abortion is immediately necessary to save the life of the pregnant woman, one healthcare professional may make a decision.

We note the discussion in the Expert Report regarding the foetal abnormality Ground E of section 1 of the 1967 Act, particularly around the outdated and potentially offensive terminology used and the concerns regarding potential disability discrimination. However, the approach proposed by the Expert Group, under which regard would be had to 'all relevant current and reasonably foreseeable medical circumstances of the patient and the foetus' could be argued to be wider than the current Ground E, potentially making it easier to obtain a late abortion on grounds of disability.

We note that the proposals would afford a significant level of discretion to healthcare professionals, and it will be important to ensure that there is suitable guidance and training in place to ensure that any amended law is implemented consistently and in line with medical ethics, human rights and equality law- including in relation to obtaining late abortion in cases of foetal abnormality.

## Sex Selective Abortion

### Q. What are your views on the Expert Group's assessment of the current law regarding sex selective abortion?

We have no specific comments.

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Q. What are your views on the range and quality of evidence considered by the Expert Group?

(When answering this question, you may also highlight any matters relevant to this topic that were not considered by the Expert Group and which, in your view, should have been covered.)

It is unclear whether sufficient evidence was gathered on this topic. The evidence from minority ethnic groups appears to be anecdotal. It would be helpful to have further statistical evidence, and comparative evidence from other jurisdictions.

Q. What are your views on the Expert Group's analysis of that evidence?

We have no specific comments.

Q. What are your views on the Expert Group's recommendation regarding sex selective abortion?

We note that the Expert Group has recommended that no specific reference is made to sex selective abortion (SSA) within any updated abortion legislation. We do not have a view on whether SSA should be prohibited within any revised legislative framework. From a practical perspective, however, we note that there would appear to be an inconsistency between a policy intention of making abortion available on request up to 24 weeks gestation and also seeking to prohibit SSA- it is unclear to us how this could be achieved in practise without to some extent reintroducing grounds before 24 weeks.

## Pathways

### Provision

Q. What are your views on the Expert Group's assessment of the current law regarding abortion provision?

We have no specific comments.

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Q. What are your views on the range and quality of evidence considered by the Expert Group?

(When answering this question, you may also highlight any matters relevant to this topic that were not considered by the Expert Group and which, in your view, should have been covered.)

We have no specific comments.

Q. What are your views on the Expert Group's analysis of that evidence?

We agree that the law relating to abortion in Scotland is in need of modernisation. Proposals for reform must be robust and evidence based.

Q. What are your views on the Expert Group's recommendations regarding abortion provision?

We note that the expert group has recommended that any appropriately trained registered healthcare professional should be able to provide abortion care at all gestations, and that "healthcare professional" should be defined in regulations, rather than in primary legislation.

We do not have a view on which healthcare professionals should be able to provide abortion care- we consider that healthcare providers and their representative organisations will be better placed to comment on this.

In principle, the suggestion that 'healthcare professional' should be defined in regulations rather than in primary legislation seems appropriate as it will allow for changes in medical practice and training frameworks.

## Certification

Q. What are your views on the Expert Group's assessment of the current law regarding abortion certification?

We have no specific comments.

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Q. What are your views on the range and quality of evidence considered by the Expert Group?

(When answering this question, you may also highlight any matters relevant to this topic that were not considered by the Expert Group and which, in your view, should have been covered.)

We have no specific comments.

Q. What are your views on the Expert Group's analysis of that evidence?

We agree that the law relating to abortion in Scotland is in need of modernisation. Proposals for reform must be robust and evidence based.

Q. What are your views on the Expert Group's recommendations regarding abortion certification?

We note that the Expert Group recommends that the requirement for two doctors to certify an abortion before 24 weeks gestation should be removed. We have no specific comments on this recommendation.

We further note that the Expert Group recommends that two healthcare professionals should agree that an abortion is appropriate after 24 weeks gestation, before proceeding with the abortion, except in emergencies. We have no specific comments on this recommendation.

Finally, we note that the Expert Group recommends that there should be no formal certification requirements at any gestation, with decisions recording in medical records. We have no specific comments on this recommendation.

We would note that legislation applying different certification requirements to abortions after 24 weeks gestation would require healthcare professionals to be confident of the gestation of the foetus before providing an abortion, to ensure that any relevant certification requirements were met.



## Place

Q. What are your views on the Expert Group's assessment of the current law regarding where abortions can be provided?

We have no specific comments.

Q. What are your views on the range and quality of evidence considered by the Expert Group?

(When answering this question, you may also highlight any matters relevant to this topic that were not considered by the Expert Group and which, in your view, should have been covered.)

We have no specific comments.

Q. What are your views on the Expert Group's analysis of that evidence?

We agree that the law relating to abortion in Scotland is in need of modernisation. Proposals for reform must be robust and evidence based.

Q. What are your views on the Expert Group's recommendations regarding where abortions can be provided?

We note that the Expert Group has recommended that legislation should not stipulate where an abortion should take place but should state that abortions must be provided by an NHS provider or a private provider registered with Healthcare Improvement Scotland. The Group has further recommended that the Scottish Government should consider whether existing provisions to ensure private providers are regulated are sufficient, and if so, that no abortion-specific legislation should be required.

We acknowledge that healthcare provision and regulation have evolved significantly since existing legislation was enacted. However, it is important that removing restrictions on where an abortion can take place does not inadvertently create gaps in the law which could allow abortions to be provided in an unsafe way by providers who are not suitably regulated. If these proposals are taken forward, we therefore consider that the recommended review of existing regulatory provision will be particularly



important in ensuring that there are no unintended consequences arising from these recommendations.

## Counselling

Q. What are your views on the Expert Group's assessment of the current approach regarding counselling for women accessing abortion?

We have no specific comments.

Q. What are your views on the range and quality of evidence considered by the Expert Group?

(When answering this question, you may also highlight any matters relevant to this topic that were not considered by the Expert Group and which, in your view, should have been covered.)

We have no specific comments.

Q. What are your views on the Expert Group's analysis of that evidence?

We note that the provision of counselling is currently determined by clinical practice rather than by legislative requirements. We have no specific comments.

Q. What are your views on the Expert Group's recommendations regarding counselling?

We note that the Expert Group has concluded that mandatory counselling should not be included in abortion legislation and that clinical guidance, rather than legislation, should state that there should be timely access to counselling available for patients who wish to access it. We have no specific comments on these recommendations.



## Mandatory Waiting Periods

Q. What are your views on the Expert Group's assessment of the current approach regarding mandatory waiting periods?

We have no specific comments.

Q. What are your views on the range and quality of evidence considered by the Expert Group?

(When answering this question, you may also highlight any matters relevant to this topic that were not considered by the Expert Group and which, in your view, should have been covered.)

We have no specific comments.

Q. What are your views on the Expert Group's analysis of that evidence?

We note that there are no references to mandatory waiting periods in the current legislation.

Q. What are your views on the Expert Group's recommendation regarding mandatory waiting periods?

We note that the Expert Group has recommended that mandatory waiting periods should not be included in abortion legislation. We have no specific comment on this recommendation.

## Conscientious Objection

Q. What are your views on the Expert Group's assessment of the current law regarding conscientious objection?

We have no specific comments.

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Q. What are your views on the range and quality of evidence considered by the Expert Group?

(When answering this question, you may also highlight any matters relevant to this topic that were not considered by the Expert Group and which, in your view, should have been covered.)

We have no specific comments.

Q. What are your views on the Expert Group's analysis of that evidence?

See our comments below.

Q. What are your views on the Expert Group's recommendations regarding conscientious objection?

We note that the Expert Group has recommended that a conscientious objection provision similar to that in the current legislation should be retained, subject to amendments to remove the reference to a contractual duty and to include a duty to refer.

We agree that the issue of conscientious objection requires a careful balancing of the rights of healthcare professionals who may hold moral or religious views and the rights of patients seeking abortion services. This exercise will engage a range of fundamental human rights, including article 8 (right to family and private life) and article 9 (rights to freedom of thought, belief and religion). Legislation in this area must therefore seek to balance these competing rights in line with established domestic and international human rights principles.

We do suggest that further consideration should be given to whether robust evidence exists to support the amendments to the conscientious objection provision suggested by the Expert Group. The Expert Report notes that, with sufficient and accessible training for abortion care, the practical implications of conscientious objection in Scotland can be manageable at individual Health Board levels through service design and staffing policies that ensure that patients are able to receive timely care. The Report also notes that the absence of a duty to refer does not currently cause widespread access issues due to self-referral models adopted by abortion providers within Health Boards (although it does suggest that there may be

instances particularly in rural or island areas of Scotland, where patients visit a GP and face barriers to access if their local practitioner conscientiously objects). It is unclear what evidence base exists to support this.

It would appear, on the basis for the evidence referred to in the Report, that the current statutory provision is not creating practical barriers to accessing abortion care in Scotland. It is therefore important to consider whether the proposed changes are necessary, and whether they may have unintended consequences.

We would specifically suggest that further consideration should be given to the interaction with professional regulation and employment law, which are matters which fall outside the legislative competence of the Scottish Parliament. The practical challenges of legislating for conscientious objection in Scotland were recently demonstrated in the context of the Assisted Dying for Terminally Ill Adults (Scotland) Bill.

## Data and Reporting

Q. What are your views on the Expert Group's assessment of the current law regarding reporting and notification of abortions?

We have no specific comments.

Q. What are your views on the range and quality of evidence considered by the Expert Group?

(When answering this question, you may also highlight any matters relevant to this topic that were not considered by the Expert Group and which, in your view, should have been covered.)

We have no specific comments.

Q. What are your views on the Expert Group's analysis of that evidence?

We agree that the law relating to abortion in Scotland is in need of modernisation. Proposals for reform must be robust and evidence based.

### Q. What are your views on the Expert Group's recommendations regarding reporting and notification of abortions?

We note that the Expert Group has recommend that the requirement to notify the Chief Medical Officer of an abortion should be removed. We have no specific comments on this recommendation.

We note that the Expert Group has also recommended that a requirement to collect data should be included in any updated abortion legislation, and that any requirements on what data is to be collected should be set out in guidelines rather than in primary legislation.

We agreed that it is important that a comprehensive system of data collection exists to help understand trends in service delivery and for monitoring and demonstrating the need for and effectiveness of abortion care in Scotland. The collection of such data would also help assess whether any new legislation has been effective in achieving its policy objectives. We agree that it is appropriate for the detail of data collection to be left to guidance, although this guidance should ensure that data is gathered consistently and robustly to ensure reliability.

## Adults with Incapacity, Young People and Brain Stem Dead Patients

### Q. What are your views on the Expert Group's assessment of the current law regarding adults with incapacity, young people and brain stem dead patients?

The report appears not to contain any analysis of the Age of Legal Capacity (Scotland) Act 1991 and the extent to which parents can consent (or refuse consent) to an abortion in place of the child. In our view, this should be considered.

We also note that, since the Expert Group's report was published, the case of *A Scottish Health Board, Petition* [2025] CSOH 121 has apparently revived the Court of Session's *parens patriae* jurisdiction to authorise medical treatment for a child, even where the child is competent. Consideration should be given to whether there are any implications arising from this decision which should be considered in this context.

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Q. What are your views on the range and quality of evidence considered by the Expert Group?

(When answering this question, you may also highlight any matters relevant to this topic that were not considered by the Expert Group and which, in your view, should have been covered.)

We have no specific comments.

Q. What are your views on the Expert Group's analysis of that evidence?

We have no specific comments.

Q. What are your views on the Expert Group's recommendations regarding adults with incapacity, young people and brain stem dead patients?

We note that the Expert Group has recommended that there should be no specific changes to primary legislation regarding adults with incapacity or young people, and that Courts should not be involved in authorising abortions.

We find this recommendation confusing and would suggest that clarification is required. As identified in the Report, the current legislative framework for providing abortions to adults who lack capacity is mainly in secondary legislation (The Adults with Incapacity (Specified Medical Treatments) (Scotland) Regulations 2002). These Regulations require that the Mental Welfare Commission appoint a doctor to authorise an abortion where the patient lacks capacity within the meaning of the Adults with Incapacity (Scotland) Act 2000. We consider this an important safeguard in the very small number of cases where an abortion is to be performed on an incapable adult.

Whilst the Regulations do not specify that the courts should be involved in authorising abortions for incapable adults, the general provisions of Part 5 of the 2000 Act would allow the courts to become involved in case of dispute—for example, where there is a disagreement between an adult's guardian and their medical team. This is not discussed in the Report. However, in our view this is a necessary safeguard for challenging cases. It is unclear if the Expert Group is recommending that this recourse to the courts is removed.

The Scottish Mental Health Law Review did not make specific recommendations about abortion. However, it did recommend changes to Part 5 of the 2000 Act which would be relevant, for example a focus on the will and preference of the patient and greater safeguards for any forcible treatment. We would agree with the Expert Group's conclusion that a more joined-up approach between mental capacity and abortion laws in Scotland would also assist in supporting a human rights-based approach which ensures access to timely and suitable abortions services for pregnant women deemed to lack capacity. Implementation of the SMHLR recommendations regarding medical treatment of adults lacking capacity would help to achieve this.

The Expert Group also recommends that the Mental Welfare Commission should ensure there are clearer pathways and guidance in future for helping ensure swift processes and support for AWI where an abortion is being considered. Whilst this would appear to be a sensible recommendation, the report does not specify what, if anything, is wrong with the current system and further clarification would be helpful.

The Expert Group recommends that there should be no specific additional requirements for young people. It is unclear what is meant by 'young people' in the report, and whether this includes children under 16. This should be clarified, as the 2000 Act applies only to those over 16 and the Age of Legal Capacity Act applies to those under 16. If the reference to young people in this section of the Report is intended to apply only to 16 and 17 year-olds who lack capacity and to whom the 2000 Act applies it is notable that the Specified Medical Treatments Regulations require that the approving doctor be a CAMHS professional where the specified treatment is for mental disorder, but not for abortion. Consideration should be given to whether abortion should also be authorised by a CAMHS professional.

Finally, the Expert Group recommends that there should be no specific additional requirements within abortion legislation for patients who are "brain stem dead". The discussion on this issue in the Report is limited. We considered the role of the courts in relation to withdrawal of treatment for adults with prolonged disorders of consciousness in our 2022 paper [Advance choices, and medical decision making in intensive care situations](#) and concluded that the law in this area- including when court approval is required- in Scotland remains vague. We consider that the law in relation to withdrawal of treatment for patients with prolonged disorders of consciousness needs urgent consideration, and this should include consideration of how best to make decisions regarding a potentially viable foetus in such cases.

## Positive Duty to Provide

Q. What are your views on the Expert Group's assessment of the current approach regarding positive duties to provide abortion care?

We have no specific comments.

Q. What are your views on the range and quality of evidence considered by the Expert Group?

(When answering this question, you may also highlight any matters relevant to this topic that were not considered by the Expert Group and which, in your view, should have been covered.)

We have no specific comments.

Q. What are your views on the Expert Group's analysis of that evidence?

We have no specific comments.

Q. What are your views on the Expert Group's recommendations regarding a positive duty to provide abortion care?

We note that the Expert Group has recommended that the Scottish Government should introduce a duty to provide abortion services – or a 'right to abortion' – with said duty being on Scottish Ministers and Health Boards. We note that the Group has concluded that this should be achieved via an amendment to the NHS (Scotland) Act 1978. We do have some concerns that such a duty would be inconsistent with the current legislation and practice, whereby Health Boards have discretion as to the services they provide. We consider that further evidence should be provided to support the recommendation that abortion services should be treated differently.

## Offences

### Criminal offences for women acting with regard to their own pregnancies

Q. What are your views on the Expert Group's assessment of the current law regarding women acting with regard to their own pregnancies?

We have no specific comments.

Q. What are your views on the range and quality of evidence considered by the Expert Group?

(When answering this question, you may also highlight any matters relevant to this topic that were not considered by the Expert Group and which, in your view, should have been covered.)

We have no specific comments.

Q. What are your views on the Expert Group's analysis of that evidence?

We agree that the law relating to abortion in Scotland is in need of modernisation. Proposals for reform must be robust and evidence based.

Q. What are your views on the Expert Group's recommendation regarding criminal offences for women acting with regards to their own pregnancies?

We note that the Expert Group recommends that there should be no offences for anyone ending their own pregnancy, and any common law offences should be repealed.

Whilst we consider that the current law is in need of modernisation, we do not seek to take a position on the policy issue of whether or not there should be offences for women acting to end their own pregnancies.

## Concealment of Birth

Q. What are your views on the Expert Group's assessment of the current law regarding concealment of birth?

We have no specific comments.

Q. What are your views on the range and quality of evidence considered by the Expert Group?

(When answering this question, you may also highlight any matters relevant to this topic that were not considered by the Expert Group and which, in your view, should have been covered.)

We have no specific comments.

Q. What are your views on the Expert Group's analysis of that evidence?

We agree that the law relating to abortion in Scotland is in need of modernisation. Proposals for reform must be robust and evidence based.

Q. What are your views on the Expert Group's recommendation regarding concealment of birth?

We note that the Expert Group recommends that the Concealment of Birth (Scotland) Act 1809 should be repealed, and the crime of concealment should be repealed.

Whilst we consider that the current law is in need of modernisation, we do not seek to take a position on the policy issue of whether or not concealment should be a criminal offence.

## Offences for providers (registered healthcare practitioners)

Q. What are your views on the Expert Group's assessment of the current law regarding healthcare providers who provide an abortion out with the terms of the legal framework for abortion?

We have no specific comments.

Q. What are your views on the range and quality of evidence considered by the Expert Group?

(When answering this question, you may also highlight any matters relevant to this topic that were not considered by the Expert Group and which, in your view, should have been covered.)

We have no specific comments.

Q. What are your views on the Expert Group's analysis of that evidence?

We agree that the law relating to abortion in Scotland is in need of modernisation. Proposals for reform must be robust and evidence based.

Q. What are your views on the Expert Group's recommendations regarding offences for healthcare providers?

We note that the Expert Group has recommended that the common law offences for registered healthcare professionals who provide an abortion(s) outwith the terms of abortion legislation should be repealed.

Whilst we consider that the current law is in need of modernisation, we do not seek to take a position on the policy issue of whether or not such common law offences should be repealed.

We note that the Expert Group has also recommended that the Scottish Government should consider how compliance with the provisions of revised abortion legislation will be enforced, and has proposed two options. Whilst we do not seek to take a position on either of these options, we do highlight the importance of any new offences being based around narrow and precise



definitions which reflect the policy intention, in order to avoid any unintended consequences.

Finally, the Expert Group recommends that the Scottish Government should ensure that any new offences would not prevent innovation in contraceptive and abortion care, including the use of new medications, or the development of contragestives. We consider that the use of clear and precise definitions, as highlighted above, will be of assistance in meeting this recommendation.

## Offences for abortions provided by someone who is not a registered Healthcare Professional

Q. What are your views on the Expert Group's assessment of the current law regarding abortions provided by someone who is not a registered healthcare professional?

We have no specific comments.

Q. What are your views on the range and quality of evidence considered by the Expert Group?

(When answering this question, you may also highlight any matters relevant to this topic that were not considered by the Expert Group and which, in your view, should have been covered.)

We have no specific comments.

Q. What are your views on the Expert Group's analysis of that evidence?

We have no specific comments.

Q. What are your views on the Expert Group's recommendations regarding abortions provided by a person who is not a registered healthcare professional?

We note that the Expert Group has recommended that any person who is not a 'healthcare professional' (as proposed by the Group and defined in Regulations) providing abortion services should be guilty of an offence. The Report does not reach a firm view on whether this is already an offence under the Medical Act 1983 and the Medicines Act 1968. If this is already an offence the Group does not see any need for a separate offence to be created; however, if that is not the case, then the Group recommends that a new offence should be created.

The Expert Group also recommends that any new offence should be carefully considered so as to avoid prosecuting anyone helping someone to access an abortion in good faith, but where someone, for example, provides abortion as a business, this should be an offence.

We do have some concerns about the creation of new offences in this context, and consider that existing offences should be used where possible. We consider that this is an area where the Expert Group's recommendations required further consideration.

See our comments above regarding the importance of narrow and precise definitions when creating new offences, to avoid unintended consequences.

## Procuring abortion through fear, force, or fraud

Q. What are your views on the Expert Group's assessment of the current law regarding the procurement of abortion through fear, force or fraud?

We have no specific comments.

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Q. What are your views on the range and quality of evidence considered by the Expert Group?

(When answering this question, you may also highlight any matters relevant to this topic that were not considered by the Expert Group and which, in your view, should have been covered.)

We have no specific comments.

Q. What are your views on the Expert Group's analysis of that evidence?

We have no specific comments.

Q. What are your views on the Expert Group's recommendations regarding the procurement of abortion through fear, force or fraud?

We note that the Expert Group has suggested two options in relation to coercion. The first option would rely on existing offences, and with no specific offence created. The second option would be the creation of a new specific criminal offence relating to reproductive coercion of all forms.

We do not seek to take a position on either option, though we reiterate our comments above regarding the need for careful consideration before creating new offences, and the importance of narrow and precise definitions where new offences are created.

## Offences relating to ending a pregnancy without consent

Q. What are your views on the Expert Group's assessment of the current law regarding ending a pregnancy without consent?

We have no specific comments.

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Q. What are your views on the range and quality of evidence considered by the Expert Group?

(When answering this question, you may also highlight any matters relevant to this topic that were not considered by the Expert Group and which, in your view, should have been covered.)

We have no specific comments.

Q. What are your views on the Expert Group's analysis of that evidence?

We have no specific comments.

Q. What are your views on the Expert Group's recommendations regarding offences relating to ending a pregnancy without consent?

We note that the Expert Group recommends that the Scottish Government should consider if there should be an offence of a third party undertaking criminal acts against a pregnant woman which intentionally or recklessly causes the end of her pregnancy without her consent.

Whilst we do not seek to take a position on the creation of a new offence, we reiterate our comments above regarding the need for careful consideration before creating new offences, and the need for narrow and precise definitions when creating new offences to avoid unintended consequences.



## Other

If you have any further comments on the current law relating to abortion, or views you wish to share on any future legal framework, please provide comments here:

We have no further comments at this stage. We reserve our position on the detail of any proposed changes to the law until such time as concrete legislative proposals are developed.



For further information, please contact:

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