

ANNEX

Minister for Public Health, Women's Health & Sport
Ministear airson Slàinte Phoblach, Slàinte Bhoireannaich
agus Spòrs
Maree Todd BPA/MSP
T : 0300 244 4000
E : scottish.ministers@gov.scot

[redacted s38(1)(b)]
[redacted s38(1)(b)]@spuc.org.uk

Our Reference: 202100238282

Your Reference: SPUC: Possible Meeting

21 September 2021

Dear [redacted s38(1)(b)],

Thank you for your letter of 3rd September to Shirley-Anne Somerville MSP, Cabinet Secretary for Education and Skills, regarding your concerns around assisted dying.

I understand you and your organisation's concerns around any change in the law on assisted dying, and thank you for taking the time to raise these. Assisted dying falls within the portfolio responsibilities of the Minister for Public Health, Women's Health and Sport, Maree Todd MSP. Unfortunately, due to pressures on her diary, the Minister will be unable to meet with you at this time. However, I hope I can provide some clarity and reassurance by outlining the Scottish Government's current position on assisted dying.

Currently, the law on suicide and any assistance of another person to commit suicide has traditionally rested on the common law. It is the case that assisting, or attempting to assist a person to commit suicide, will constitute a criminal offence in Scotland at common law.

As I'm sure you are aware, in June 2021, Mr Liam McArthur MSP has announced that he intends to bring forward a Member's Bill on assisted dying in the coming Parliamentary session. We are committed to engaging with MSPs across Scotland on the substance of the proposal at the appropriate juncture.

If you wish to have your views considered when this bill is brought to Parliament, you may wish to contact your local MSP, or the member who brings forward the Bill. To find out who your MSPs are and how to contact them, you can look on the Scottish Parliament website or ask at your local Partner Library.

The Scottish Government remains committed to ensuring that everyone has dignity and respect at the end of their life and are working with partners to make sure this is the experience of every person, every time.

I hope that this information is helpful to you in clarifying our position on assisted dying in Scotland.

Yours sincerely,

[redacted s38(1)(b)]

From: [redacted s38(1)(b)]

Sent: Friday, September 3, 2021 3:33:09 PM

To: Somerville S (Shirley-Anne), MSP <Shirley-Anne.Somerville.msp@parliament.scot>

Subject: SPUC: Possible Meeting

Dear Shirley-Anne Somerville

My name is [redacted s38(1)(b)] and I am the newly appointed Advocacy Manager for the SPUC.

We are a membership-based NGO that advocates the need for a consistent life ethic, one that values the lives of all human beings from conception till natural death.

As Advocacy Manager, I will be seeking to serve as a point of contact between you and SPUC and our many thousands of members in the coming years. Whether or not you agree with our stance on every point of policy or concern, I am sure there will be many issues on which our outlooks and objectives align. The Scottish National Party has a long and proud history of standing for the most vulnerable in our society. With this mind, I look forward to working with you on a variety of issues of concern.

Would we be able to meet at a convenient time to discuss Assisted Suicide? This policy has proven disastrous for the vulnerable, sick and disabled in other jurisdictions and would pose a real danger to the most at-risk in our society.

I look forward to hearing from you.

Kind regards,

[redacted s38(1)(b)]

Advocacy Manager

Society for the **Protection** of Unborn Children

Humza Yousaf MSP
Cabinet Secretary for Justice
The Scottish Government
St. Andrew's House
Regent Road
Edinburgh
EH1 3DG

Wednesday, 28 October 2020

Dear Mr Yousaf,

I am writing to send you a petition from members of the Society for the Protection of Unborn Children, urging you not to bring in legislation imposing buffer zones around abortion facilities.

The petition reads:

“We the undersigned call upon the Cabinet Secretary to uphold the right of peaceful, law-abiding pro-life citizens to save the lives of unborn children and to offer help to pregnant women directly outside abortion clinics and to reject measures to restrict this activity.

Buffer zones should not be brought in because:

- Pro-life vigils outside abortion clinics can save unborn lives.
- The offer of help from a caring pro-life person is a lifeline for any woman, who feel abortion is their only choice.
- Pro-life citizens have a right to gather peacefully, and women have a right to receive the information they offer.
- Abortion clinic buffer zones would set a dangerous precedent for freedom of speech in the UK.”

We urge you to preserve the right to save lives.

Many thanks for your attention.

Yours sincerely

[redacted s38(1)(b)]
Campaigns and Parliamentary Research Assistant

DIRECTORATE FOR POPULATION HEALTH
DPH : Health Protection Division

[redacted s38(1)(b)]
information@spuc.org.uk

Our Reference: 202000119238
Your Reference: Society for the Protection of Unborn Children – Petition

17 December 2020

Dear [redacted s38(1)(b)],

Thank you for your letter of 28 October to the Cabinet Secretary for Justice at the Scottish Government in relation to buffer zones. I have been asked to respond.

Your points you raise have been noted. The Scottish Government believes that all women in Scotland should have access to clinically safe and legal abortion services,

and should not feel harassed or intimidated when accessing these services. Councils in Scotland have powers to make bye-laws, so these offer local authorities a means of imposing measures suited to local circumstances – and that may include measures to restrict protest or other gatherings where that's appropriate. The Scottish Government therefore has no current plans to amend legislation in this area.

Yours sincerely

[redacted s38(1)(b)]

HPD : Donation and Abortion

From: [redacted s38(1)(b)]

Sent: 24 April 2020 16:25

To: Scottish Ministers <Scottish_Ministers@gov.scot>

Subject: FAO Cabinet Secretary for Health and Sport

Dear Cabinet Secretary

I write to put forward the serious concerns of the Society for the Protection of Unborn Children following the approval of 31 March 2020, to allow remote abortion. Despite the normalisation of abortion which has taken place over the last 50 years, not to mention the lax adherence to the terms of the Abortion Act, allowing women to self-administer both stages of a medical abortion in their own home is the most radical change to abortion provision since 1967.

As you may expect, the first concern of SPUC under this new, if temporary, regime, is the potential for even greater loss of unborn human lives. This DIY abortion scheme further erodes this dignity of human life before birth. Very closely aligned to our concern for unborn babies, is our concern for the health and wellbeing of women. I include key questions below which highlight our concerns.

1. How will abortion providers or registered medical practitioners operating remotely be certain that a pregnancy is under nine weeks and six days? Remote abortion provision relies on a woman self-dating her pregnancy by her last menstrual period (LMP). Studies report that as many as one half of women do not accurately recall their LMP.[1] Abortion pills taken after 10 weeks give rise to significant complications. In one UK study 53% of medical abortions after 13 weeks required surgical intervention.[2]
2. How will remote abortion assessment ensure that a woman is not being coerced into having the abortion? This is of particular concern at a time of rising domestic violence. Lord Bethell spoke of the 'essential safeguard' of a woman attending a clinic 'to ensure there are no issues'. He made particular reference to vulnerable women under pressure from an abusive partner. In our view, remote abortions facilitate a serious form of domestic violence by opening the opportunity for unchecked coercion from abusive men and an opportunity for abusers to cover their tracks.
3. How will serious medical issues such as ectopic pregnancy be identified via an electronic consultation?

4. How can your department justify exposing women to the threat of death? The extent of the radical nature of remote abortion provision can be seen in the extensive complications listed by abortion providers, including bpas. Death is included in the bpas list (1 in 100,000).

I repeat SPUC's call for the Government to reverse this dangerous abortion scheme immediately and that the new interim Chief Medical Officer gives it his immediate attention.

Your department must also be held fully accountable for the outcome of this rash, ill-advised regime of abortion provision. At the very least, you should report fully to Parliament and the public on this new abortion measure once social distancing is lifted.

I look forward to hearing from you.

[redacted s38(1)(b)]
CEO, SPUC Scotland
82 Union Street
Glasgow G1 3QS

[1] <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2017/05/methods-for-estimating-the-due-date>

2 Oral mifepristone 600 mg and vaginal gemeprost for mid-trimester induction of abortion. An open multicenter study. UK Multicenter Study Group. Contraception 1997;56:361-6

DIRECTORATE FOR POPULATION HEALTH
DPH : Health Protection Division

[redacted s38(1)(b)]
[redacted s38(1)(b)]@spucscotland.org

Our Reference: 202000032308

12 May 2020

Dear [redacted s38(1)(b)],

Thank you for your email of 24 April to the Cabinet Secretary for Health and Sport regarding abortion. I am replying on the Cabinet Secretary's behalf.

I appreciate that you feel strongly about this. However the Scottish Government's view is that all women in Scotland should have access to clinically safe abortion services within the limits of the law, should they require it. Clearly the outbreak of coronavirus and subsequent requirement for people to stay at home wherever possible have created challenges in ensuring that abortion treatment can continue to

be delivered in a timely manner and in a way which minimises risks to patients and staff of spreading the virus.

The Minister for Public Health, Sport and Wellbeing, Joe FitzPatrick, signed an approval on 30 March to enable early medical abortion at home to help abortion services to continue safely during the COVID-19 outbreak. This enables early medical abortions to proceed via telemedicine and with a home delivery or collection from clinic of the package of both mifepristone and misoprostol medication where this is clinically appropriate for the patient. Most patients having an early medical abortion were already choosing to take the second abortion drug, misoprostol, at home and were doing so safely; this change simply also allows them to take the first drug, mifepristone, at home as well. The Scottish Government is satisfied that taking mifepristone at home is safe.

In relation to the specific points you raise in your email, I can reassure you as follows:

1. Abortions are not being provided at home for those patients at 13 weeks gestation. Abortion care providers are, in light of the risks of COVID-19, currently providing abortions at home, where appropriate up to 11 weeks and 6 days gestation and are satisfied that it is safe for these patients to pass their pregnancy at home. In any case where there are any significant doubts about the date of the patient's last menstrual period, the patient is asked to come to the clinic for an ultrasound scan. Increasing numbers of women now use apps to record their periods so that helps for those patients.
2. I can also reassure you that NHS staff always ensure they speak to a patient on their own, at least for part of the appointment, and this still applies in the case of appointments by telephone or video call. This aims to make sure every patient has the space to raise any concerns freely if they are feeling coerced in any way (either to have an abortion or conversely not to have an abortion). NHS staff are trained to look out for indications of potential gender-based violence or coercion and act accordingly. Where there are any concerns or suspicions, the patient would be asked to attend for a face to face consultation.
3. In relation to risks of ectopic pregnancy, women with pain symptoms are brought in for a face to face consultation in clinic or referred to hospital depending on assessment of their symptoms. All women are given information about when to access emergency care and are encouraged to do so despite coronavirus.
4. Death as a result of an abortion is extremely rare and would be extremely low risk below 12 weeks gestation. The risk of death as a result of an abortion is much lower than the risk of death from pregnancy and childbirth for example. While complications can occur, as noted above, patients are all given telephone numbers to contact in the event of any concerns and are advised of circumstances where they should seek go to the hospital straight away. It is important to note however that there is no evidence that taking mifepristone at home increases the risk of such complications.

I hope this is helpful in responding to your concerns.

Yours sincerely,

[redacted s38(1)(b)]

HPD : Donation and Abortion Policy

From: [redacted s38(1)(b)]

Date: 30 September 2020 at 16:37:59 BST

To: "Lochhead R (Richard), MSP" <Richard.Lochhead.msp@parliament.scot>

Subject: Campus Censorship in Scotland

Dear Richard Lochhead MSP,

Freedom of speech is under threat in our universities. I am writing to draw your attention to our new report called Free2Speak. The report, Scotland's first analysis of campus censorship, was researched and compiled by the Society for the Protection of Unborn Children and the Alliance of Pro-Life Students.

Free2Speak marks every Scottish university based on their policies towards pro-life students, societies, and outside speakers, as well as the lived experiences of students. The marking system is based on the traditional university marking system which is applied to students. And it reveals the many ways in which pro-life **students have been silenced and discriminated against**. Two universities have received failing marks, with a further four receiving a third class classification.

This report is truly damning. Almost every pro-life student society in a Scottish university has had to fight for the right to simply exist – some even having to pursue legal action. This blatant disregard for freedom of speech in our universities is unacceptable.

To read how each university was marked and why, you can find the full report here: <https://www.free2speak.uk/>

Free2Speak follows a 2018 report by Westminster's Joint Committee on Human Rights titled 'Freedom of Speech in Universities', which highlighted a clear and widespread "problem of free speech" on campuses across the UK. The report makes frequent reference to the fact that: "many of the incidents in which free speech is restricted" involved students who hold a pro-life viewpoint.

Universities should be bastions of free speech. Indeed, universities can and should be places where students encounter differing views, question firmly held beliefs and grapple with challenging ideas.

It is vital the Scottish Government and Scottish Parliament address the censorship epidemic our universities are facing. We would therefore call on the Scottish Parliament to investigate and report on censorship within Scottish Universities.

Kind Regards,

[redacted s38(1)(b)]
Director of Communications
SPUC (Scotland)

DIRECTORATE FOR ADVANCED LEARNING AND
SCIENCE
DAL5 : Higher Education and Science

[redacted s38(1)(b)]
[redacted s38(1)(b)]@spucscotland.org

Our Reference: 202000098074

Your Reference: FW: Campus Censorship in Scotland

3 November 2020

Dear [redacted s38(1)(b)],

Thank you for your email of 30 September 2020, sharing details of SPUC Scotland's report on campus censorship in Scotland. I have been asked to respond, as I work in the area of government with responsibility for higher education matters.

The Scottish Government fully supports individuals' rights to freedom of expression. We expect universities to be places where freedom of expression should always be promoted and fostered. The Scottish Government believes that everyone has the right to express themselves freely, but not where that harasses or distresses others, for example, other students.

The right to freedom of expression is contained in Article 10 of the European Convention on Human Rights (ECHR). It is important to note that most rights contained in the ECHR are not absolute, and reasonable restrictions or limitations can legitimately be placed on the exercise of rights, where it is necessary and proportionate to do so, within the overall context of a modern, democratic society, for example in the interests of public safety or the prevention of disorder or crime.

Universities are autonomous bodies, and are responsible for ensuring that they comply with relevant legal requirements. In this case, the Human Rights Act 1998, which incorporates the ECHR into UK law, makes it unlawful for public authorities in Scotland to act incompatibly with Convention rights. Universities are subject to the provisions of the ECHR and the Human Rights Act 1998. If human rights breaches do occur, the Scottish courts have the power to hear cases and provide remedies.

In 2019 the Equality and Human Rights Commission (EHRC) published guidance for Scottish higher education providers and students' union trustees, entitled 'Freedom of expression: a guide for higher education providers and students' unions in Scotland'. The guidance can be found online here:

<https://www.equalityhumanrights.com/en/publication-download/freedom-expression-guide-highereducation-providers-and-students-unions>. This document provides

practical advice on how to protect free speech and what students should expect from their institutions.

The guidance acknowledges that there are concerns about whether refusing a particular group or society affiliation to a student union is denial of freedom of speech. It recommends that student unions have a clear policy explaining its values and ethos and how these support its charitable objectives, which would demonstrate where this society does not align with them, and to carry out a careful analysis of whether not allowing the group to affiliate is the best decision. Student unions do not have to ensure that clubs and societies with opposing views have equal prominence, but funding and support in kind (i.e. access to spaces) must be made in a way that is balanced and not unlawfully discriminatory.

The Equality and Human Rights Commission, under section 11 of the Equality Act 2006, has a duty to monitor the effectiveness of equality and human rights legislation, including the Public Sector Equality Duty, to which universities are subject. Further information is available on the EHRC's website:
<https://www.equalityhumanrights.com/en>.

If anyone feels that they have been discriminated against, they may wish to consult the Equality Advisory Support Service (EASS). EASS provides advice and help to people on issues relating to equality and human rights, and their service includes a helpline (0808 800 0082) and online advice and resource:
<https://www.equalityadvisoryservice.com/>.

In addition the Scottish Funding Council (SFC) earlier this year entered into a Memorandum of Understanding (MoU) with the EHRC to support colleges and universities in meeting PSED requirements. This MoU and associated action plan can be found here:
http://www.sfc.ac.uk/web/FILES/EqualityDiversity/SFC_EHRC_Memorandum_of_Understanding.pdf.

Yours sincerely

[redacted s38(1)(b)]
HES : Higher Education Governance

82 Union Street
Glasgow
G1 3QS

Reference: 202000032308

3 June 2020

Dear [redacted s38(1)(b)]

Thank you for your response to my previous communication in regard to the Scottish Government's temporary policy on home abortion.

I understand that the Scottish Government feels strongly about this issue and has committed itself to the view that abortion is an important healthcare provision. I regret this view in principle but believe the points previously raised still present grave reasons for the withdrawal of the current practice of home abortion.

You provide responses to the four key points which I raised, and I thank you for considering them. I believe, however, that those responses do not adequately address the concerns raised and which have been strengthened by recent events.

1. News coverage in England, where a lower gestational limit is set for home abortions, illustrates the problem very well (reported by Tom Wells in the Sun on 22 May 2020). Several cases are now being investigated by abortion providers following a whistle-blower's revelations and police are investigating a case of a baby at 28 weeks in pregnancy being aborted through the use of abortion drugs provided by post. Whilst I recognise the sincere wish to uphold the policy the government has implemented; such scenarios show it impossible to safeguard against dishonesty or duress.

2. You state that NHS staff will ensure they speak to a patient on their own but surely that necessitates a physical meeting to have any meaningful reliability to assess for gender-based violence or coercion.

3. Ectopic pregnancy is initially pre-symptomatic and therefore physical examination is necessary to detect it. In addition, the low-sensitivity pregnancy test typically used three weeks after the termination will not pick up the ectopic pregnancy.

4. The concerns about physical complications of mifepristone use are not so much about the rate of such complications but that they arise in a location which is less equipped to deal with them and ensure a patient's safety and wellbeing. A worried patient may also be more likely to delay seeking help for complications through fears about going to hospital during the pandemic or not wanting to put pressure on the NHS. The psychological impact of home abortion use is an area that may well have been overlooked in implementing this policy. The fact that the home becomes the location of the abortion and that a woman, perhaps aborting alone, may see the foetus on delivery at home are important facts to remember when considering the psychological wellbeing of women.

I am sure that the government realises it is responsible for the consequences of its policies and in this instance, these are potentially grave. Can the government give assurances that the consequences are fully understood and are being evaluated to avoid the terrible situations unfolding in England? Also, can they confirm the steps that are being taken to prevent the misuse of abortion drugs that are being delivered by post.

Yours sincerely

[redacted s38(1)(b)]
Chief Executive Officer

DIRECTORATE FOR POPULATION HEALTH
DPH : Health Protection Division

[redacted s38(1)(b)]
[redacted s38(1)(b)]@spucscotland.org

Our Reference: 202000043516
Your Reference: 202000032308

30 June 2020

Dear [redacted s38(1)(b)],

Thank you for your email of 3 June regarding your concerns about the early medical abortion at home approval.

The case you refer to in England is clearly concerning. We do not believe that the approval in Scotland has led to issues with patients' pregnancy gestation being significantly underestimated, particularly as the approach in Scotland is slightly different, with patients being more likely to be asked to come for a face to face appointment where there are any potential doubts or concerns. However, we are in the process of looking with NHS Boards to gather more information on any significant complications which occur to seek to ensure the process is as safe as possible and to minimise any risks of a similar case occurring in Scotland, whilst also minimising any risks of COVID transmission. This process will include monitoring to check if there have been any ectopic pregnancies missed due to the patient not having received an ultrasound scan. Patients are given advice on seeking medical attention if they have any symptoms at any stage which could indicate a potential ectopic pregnancy and are seen face to face if they have any potential risk factors for ectopic pregnancy.

In relation to speaking to patients on their own, I appreciate this may be difficult to guarantee, but staff do always ask patients if they are on their own and, where they get the sense that somebody else may be in the same room, they will suggest that they call back at another time when the patient is alone. Alongside looking at data on complications, some NHS Boards are also looking at seeking patient feedback after their termination to see if patients are comfortable having terminations at home. As you know, early medical abortion patients have already been taking misoprostol at home since late 2017 and many were already passing their pregnancy at home before then as they would have returned home immediately after taking misoprostol in a hospital clinic. The feedback from NHS Boards is that patients do prefer to be able to pass their pregnancy at home. Therefore we do not feel that taking mifepristone at home would cause any increase in psychological impacts on patients, but we will of course wish to review the patient feedback to ensure services support the needs of patients as much as possible.

I hope this is helpful.

Yours sincerely,

[redacted s38(1)(b)]

HPD : Donation and Abortion Policy