

Medical Termination of Pregnancy Bill, 2020

Why in News?

The Union Cabinet has approved the Medical Termination of Pregnancy (Amendment) Bill, 2020 to amend the Medical Termination of Pregnancy Act, 1971.

What are the proposed amendments?

- It has proposed a requirement for opinion of one provider for termination of pregnancy, up to 20 weeks of gestation.
- It has also introduced the requirement of opinion of two providers for termination of pregnancy of 20-24 weeks of gestation.
- It enhanced the upper gestation limit from 20 to 24 weeks for special categories of women which will be defined in the amendments to the MTP Rules which would include vulnerable women.
- The upper gestation limit would not apply in cases of substantial foetal abnormalities diagnosed by Medical Board.
- The name and other particulars of a woman whose pregnancy has been terminated shall not be revealed except to a person authorised in any law for the time being in force.

What is the significance of increasing the gestation limit?

- The government reasoned that the extension is significant because some women realise the need for an abortion after the first 20 weeks of pregnancy.
- Usually, the foetal anomaly scan is done during the $20^{\text{th}}-21^{\text{st}}$ week of pregnancy.
- If there is a delay in doing this scan, and it reveals a lethal anomaly in the foetus, 20 weeks is limiting.
- The extension of limit would ease the process for the distressed pregnant women, allowing the mainstream system itself to take care of them, delivering quality medical attention.

How the decision to abort should be taken?

- The question of abortion needs to be decided on the basis of human rights, the principles of solid science, and in step with advancements in technology.
- A key aspect of the legality governing abortions has always been the 'viability' of the foetus.
- In human gestation, 'viability' indicates the period from which a foetus is capable of living outside the womb.
- There is no uniform gestational viability for abortion. It's usually placed at about 28 weeks but may occur earlier, even at 24 weeks.
- As technology improves, with infrastructure upgradation, and with skilful professionals driving medical care, this 'viability' naturally improves.

What could be done?

- Ultimately, nations will have to decide the outer limit based on the capacity of their health systems to deliver care without danger to the life of the mother.
- The government needs to ensure that all norms and standardised protocols in clinical practice to facilitate abortions are followed in health care institutions across the country.
- Since everything rests on the delivery, stopping short would undoubtedly make this progressive order a mere half measure.

Source: The Hindu

