

# Barbaric Practices Act

## CHAPTER XX [DRAFT]

A BILL to make provision for the protection of children from exposure to sexual practices and materials in educational settings; to prohibit the transposition of sex characteristics and related medical interventions; to restrict certain Islamic religious customs and practices; to create offences relating to reputational destruction and malicious conduct; to prohibit certain intensive farming practices and non-stun slaughter; to prohibit human mercy killing and assisted dying; to regulate pornographic material and create related offences; to prevent fraudulent scholarship and academic misconduct; to restrict consanguineous marriages and civil partnerships; to create offences relating to reproductive coercion and fraud; to prohibit surrogacy arrangements and restrict adoption to married couples; to regulate the termination of pregnancy and create related offences; and for connected purposes.

[XX XXXX 2025]

Presented By

Alexander Coppen

Michael Reiners

BE IT THEREFORE ENACTED by the King's most Excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the authority of the same, as follows:

Barbaric Practices Act

1

<b>DEFINITIONS</b>	<b>8</b>
<b>PART I - CHILD EXPOSURE TO SEXUAL PRACTICES</b>	<b>10</b>
Section 1. Repeal of existing statutory requirements	10
Section 2. Definitions	10
Section 3. Prohibition on discussion of intimate personal matters	11
Section 4. Prohibition on solicitation of personal information	11
Section 5. Mandatory reporting of inappropriate conduct	12
Section 6. Permitted instruction	12
Section 7. Safeguarding exception	13
Section 8. Parental primacy	13
Section 9. Prohibition on circumvention	13
Section 10. Offences and penalties	14
Section 11. Institutional liability	14
<b>PART II - TRANSPOSITION OF SEX CHARACTERISTICS</b>	<b>15</b>
Section 12. Definitions	15
Section 12A. Chromosomal Testing and Classification	16
Section 12B. Scientific Basis and Empirical Foundation	17
Section 12C. Rejection of Non-Empirical Classification Systems	18
Section 12D. Methodological Standards for Evidence	19
Section 13. Recognition of Biological Sex	19
Section 14. Prohibition on Regulatory Guidance	20
Section 15. National Health Service Prohibition	20
Section 16. Protection of Children	20
Section 17. Prohibited Medications for Sex Transposition	21
Section 17A. Comprehensive Prohibition on Access to Sex Transposition Medications	22
Section 17B. Prohibition on Advocacy by Charitable Organizations	23
Section 18. Prohibited Medical Interventions	24
Section 19. Prohibition on Development of New Interventions	24
Section 20. Prison Accommodation and Staffing	25
Section 21. Single-Sex Facilities	25
Section 22. Medical Professional Restrictions	26
Section 23. Enforcement and Detection	26
Section 24. No Exception for Overseas Acquisition	27
<b>PART III - ALIEN RELIGIOUS CUSTOMS</b>	<b>28</b>
Section 25. Prohibition of parallel Islamic religious legal systems	28
Section 26. Prohibition of non-medical genital modification of minors	29
Section 27. Prohibition of Islamic dress coverings and domestic coercion	30
Section 28. Prohibition of recognition of polygamous marriages	32
Section 29. Enforcement and application	33
<b>PART IV - REPUTATIONAL DESTRUCTION</b>	<b>34</b>
Section 30. False Accusations of Sexual Offences	34
Section 31. Electronic Deception for Personal Gain	35
Section 32. Malicious Disclosure of Contact Information	36
Section 33. Abuse of Public Office in Characterisation of Children	37

Section 34. Malicious Interference with Employment or Voluntary Activities	38
Section 35. Strategic Litigation Against Public Participation	39
Section 36. Malicious Impersonation by Electronic Means	40
Section 37. Procurement of Economic Disadvantage	41
<b>PART V - ANIMAL CRUELTY</b>	<b>43</b>
Section 38. Definitions	43
Section 39. Prohibition of All Caged Systems for Laying Hens	44
Section 40. Prohibition of Farrowing Crates	44
Section 41. Prohibition of Individual Confinement of Calves	45
Section 42. Prohibition of Battery Cage Systems for Rabbits	46
Section 43. Prohibition of Non-Stun Slaughter	46
Section 44. Prohibition of Badger Culling	48
Section 45. Prohibition of Surgical Procedures Without Anaesthesia	49
Section 46. Prohibition of Live Baiting in Falconry	50
Section 47. Transparency in Animal Research	50
Section 48. Exemptions for Small-Scale Farming Operations	51
Section 49. Enforcement and Penalties	51
<b>PART VI - HUMAN MERCY KILLING</b>	<b>53</b>
Section 50. Definitions for this Part	53
Section 51. Prohibition on human mercy killing	53
Section 52. Good faith defences for medical practitioners	54
Section 53. Defence for overseas travel assistance	55
Section 54. Penalties	56
Section 55. Duty to preserve life and professional obligations	57
Section 56. Prohibition on state-sanctioned human mercy killing programmes	57
Section 57. Enhanced protection for vulnerable persons	58
Section 58. Duty to promote palliative care	58
Section 59. Repeal of contrary legislation	59
Section 60. Savings and transitional provisions	59
<b>PART VII - PORNOGRAPHY</b>	<b>60</b>
Section 61. General interpretation	60
Section 62. Categories of sexual material	61
Section 63. Production of hardcore and extreme pornography	62
Section 64. Distribution of hardcore and extreme pornography	63
Section 65. Pornographic performance as prostitution	64
Section 66. Platform services enabling prostitution	66
Section 67. Digital rights management obligations	67
Section 68. Mandatory payment requirements	68
Section 68A. Broadcast and satellite transmission requirements	69
Section 69. Allowing child access to pornographic material	71
Section 70. Corporate liability for child access	73
Section 71. Investigative powers	73
Section 72. Jurisdiction and extraterritorial application	74
Section 73. Defences and exceptions	75

Section 74. Regulations and orders	75
Section 75. Consequential amendments and repeals	76
Section 76. Reserved	76
<b>PART VIII - MALIGNANT SCHOLARSHIP</b>	<b>78</b>
Section 77. Definitions	78
Section 78. Academic Fraud Offences	79
Section 79. Historical and Cultural Misrepresentation	80
Section 80. Fraudulent Use of Public Funding	82
Section 81. Civil Enforcement and Remedies	82
Section 82. Defences and Public Interest	83
Section 83. Exemptions	85
Section 84. Enforcement and Implementation	85
Section 85. Transitional Provisions	86
<b>PART IX - CONSANGUINITY</b>	<b>87</b>
Section 86. Amendment of Marriage Act 1949	87
Section 87. Amendment of Civil Partnership Act 2004	89
Section 88. Criminal offences	89
<b>PART X - IMPOSED PATERNITY</b>	<b>91</b>
Section 89. Interpretation	91
Section 90. Unauthorised retention and use of reproductive material	92
Section 91. Contraceptive sabotage	93
Section 92. Reproductive misrepresentation	94
Section 93. Paternity fraud	95
Section 94. Fertility fraud	96
Section 95. Improper use of assisted reproductive technology	97
Section 96. Professional consequences	98
Section 97. Limitation periods	98
Section 98. Defences and exceptions	99
<b>PART XI - ADOPTION &amp; SURROGACY</b>	<b>100</b>
Section 99. Definitions	100
Section 100. Repeal of Surrogacy and Parenthood Transfer Legislation	100
Section 101. Absolute Prohibition of Surrogacy	101
Section 102. Prohibition of Parenthood Transfer Arrangements	102
Section 103. Criminal Offences	102
Section 104. Legal Status of Children Born Through Surrogacy	104
Section 105. Nullification of Existing Parental Orders and Transfer Arrangements	104
Section 106. Duties of Public Authorities and Professional Bodies	105
Section 107. Repeal of Same-Sex Adoption Provisions	106
Section 108. Restoration of Traditional Adoption Requirements	107
Section 109. Nullification of Same-Sex Adoption Orders	107
Section 110. Duties of Adoption Agencies	107
<b>PART XII - FOETICIDE &amp; TERMINATION OF PREGNANCY</b>	<b>109</b>
Section 111. Override of existing case law and statutory definitions	109
Section 112. Medical and procedural definitions	109

Section 113. Offences against human persons before birth	111
Section 114. Exceptions and clarifications	113
Section 115. Corporate and institutional liability	114
Section 116. Permitted grounds for termination of pregnancy	115
Section 117. Medical practitioner requirements and professional responsibilities	118
Section 118. Enhanced safeguarding and monitoring provisions	120
Section 119. Authorised medical procedures and pharmaceutical controls	122
Section 120. Multiple pregnancy provisions and selective procedures	123
Section 121. Survival protocols and neonatal care requirements	124
Section 122. Comprehensive information provision and consent procedures	126
Section 123. Mandatory waiting periods and counselling requirements	129
Section 124. Enhanced conscientious objection protections	131
Section 125. Protection from coercion, exploitation, and intimidation	134
Section 126. Comprehensive medical liability framework	136
Section 127. Strict pharmaceutical controls and enforcement	138
Section 128. Commercial prohibitions and asset forfeiture	140
Section 129. Comprehensive reporting and data collection	141
Section 130. Powers and duties of the Chief Medical Officer	144
Section 131. Inspection, enforcement and regulatory oversight	146
Section 132. Professional sanctions and regulatory coordination	147
Section 133. Criminal prosecution and sentencing framework	148
Section 134. Civil liability and compensation framework	150
Section 135. Comprehensive legislative repeals and consequential amendments	151
Section 136. Consequential amendments to existing criminal justice legislation	152
Section 137. Detailed transitional and savings provisions	153
Section 138. Territorial extent and devolution	155
Section 139. Implementation planning and commencement	156
Section 140. Regulatory framework and subordinate legislation	157
Section 141. Parliamentary review and oversight	158
Section 142. Judicial review and constitutional safeguards	159
Section 143. International obligations	159
Section 144. Savings and general provisions	159
<b>SCHEDULES</b>	<b>160</b>
Schedule 1: Repealed Education Legislation	161
Schedule 2: Behaviours Constituting Grooming	161
Schedule 3: Prohibited Sex Transposition Medications	161
Schedule 4: Prohibited Sex Transposition Procedures	162
Schedule 5: Permitted Medical Conditions for Restricted Medications	162
Schedule 6: Prohibited Dress Coverings	163
Schedule 7: Classification Criteria for Sexual Material	163
Schedule 8: Physical Conditions Constituting Grave and Imminent Risk of Maternal Death	165
Schedule 9: Foetal Conditions Incompatible with Survival Beyond Twenty-Eight Days of Birth	170
Schedule 10: Authorised Termination Medications	174

Schedule 11: Authorised Medical Termination Procedures	176
Schedule 12: Practitioner Qualifications and Facility Requirements	178

## DEFINITIONS

For the purposes of this Act —

"biological father" means the male human being whose spermatozoa fertilised the ovum from which a child was conceived.

"biological mother" means the female human being from whose ovum a child is conceived and within whose uterus that child develops and is born.

"biological reproduction" means instruction limited to anatomical structures and physiological processes of human reproduction as observable phenomena within the natural sciences curriculum, excluding discussion of human sexual behaviour, attraction, or relationships;

"biological sex" means the classification of an individual as male or female based upon the organisation of that individual's reproductive anatomy to produce either large gametes (ova) or small gametes (spermatozoa), determined at the point of conception by the presence of XX or XY chromosomes respectively;

"child" means any person under the age of eighteen years;

"female" means an individual whose reproductive anatomy is organised to produce ova, including individuals with disorders of sexual development affecting such anatomy;

"fertilisation" means the biological process whereby a human spermatozoon penetrates a human ovum, resulting in the formation of a diploid zygote with unique genetic identity and autonomous biological development according to its own DNA blueprint.

"gender" means tertiary sex characteristics derived from biological sex such as behaviours, preferences, and social expressions commonly associated with one biological sex or the other;

"human life" means any organism of the species *Homo sapiens* from the moment of fertilisation, possessing a complete and unique human genome capable of directing autonomous development towards maturity.

"human person" means any human life as defined in this section, possessing legal rights under this Act from the moment of fertilisation.

"life" means a self-organising biological system which maintains homeostasis through metabolic processes, responds to environmental stimuli, grows, reproduces, and adapts through inheritance of genetic material.

"male" means an individual whose reproductive anatomy is organised to produce spermatozoa, including individuals with disorders of sexual development affecting such anatomy;

"natural parent" means a biological mother or biological father of a child.



## **PART I - CHILD EXPOSURE TO SEXUAL PRACTICES**

### **Section 1. Repeal of existing statutory requirements**

The provisions specified in Schedule 1 to this Act and all subordinate legislation made thereunder are hereby repealed.

### **Section 2. Definitions**

For the purposes of this Part—

"grooming" means any course of conduct whereby a person aged eighteen years or over engages in behaviour specified in Schedule 2 to this Act, whether or not such conduct is undertaken with intent to commit a sexual offence;

"educational establishment" means any school maintained by a local authority, academy school, free school, independent school, or any other institution providing primary or secondary education;

"intimate personal matters" means any discussion of—

- (a) sexual activity, desire, or orientation;
- (b) romantic or physical attraction;
- (c) personal relationships of a romantic or sexual nature;
- (d) internal perception of their biological sex;

"school employee" means any person employed or engaged by an educational establishment in any capacity, whether under a contract of employment or for services, including volunteers;

"sexual material" means any written, visual, audio, or digital content depicting, describing, or discussing—

- (a) human sexual activity a reasonable person would conclude constitutes sexual behaviour unrelated to biological reproduction;

- (b) human sexual organs in a sexual context;
- (c) sexual attraction or arousal;
- (d) techniques or practices of a sexual nature;

### **Section 3. Prohibition on discussion of intimate personal matters**

(1) No educational establishment shall, on school premises or activities on external premises organised by or controlled by the same—

- (a) provide instruction, guidance, or discussion concerning intimate personal matters;
- (b) facilitate clubs, groups, or assemblies focused on sexuality or subjective individual perceptions of biological sex;
- (c) display materials promoting discussion of intimate personal matters;
- (d) maintain library materials accessible to pupils containing sexual material;
- (e) celebrate, acknowledge, or promote awareness of matters relating to sexuality.

(3) This prohibition extends to any activity badged as—

- (a) relationships education;
- (b) personal development;
- (c) wellbeing support;
- (d) emotional development;

or any similar designation which may circumvent the restrictions in subsection (1).

### **Section 4. Prohibition on solicitation of personal information**

(1) No school employee shall—

- (a) solicit from a child their sexual feelings, attractions, or experiences;

- (b) request disclosure of a child's perception of their biological sex;
- (c) encourage a child to explore or express their sexuality;
- (d) invite confidential disclosure about intimate personal matters.

(2) Any school employee who contravenes subsection (1) commits an offence.

### **Section 5. Mandatory reporting of inappropriate conduct**

(1) Any school employee who becomes aware of another employee engaging conduct on school premises or otherwise which may constitute grooming shall immediately report such conduct to—

- (a) the designated safeguarding lead;
- (b) the local authority designated officer;
- (c) the police where criminal conduct is suspected.

(2) Failure to report under subsection (1) constitutes an offence.

### **Section 6. Permitted instruction**

Nothing in this Part shall prevent—

- (a) instruction concerning biological reproduction strictly limited to anatomical and physiological facts within the natural sciences curriculum for pupils aged fourteen years or above;
- (b) response to a direct safeguarding disclosure initiated by a child regarding abuse they are experiencing, provided such response is limited to—
  - (i) acknowledging the disclosure;
  - (ii) explaining that such conduct is unlawful;
  - (iii) immediately referring the matter to appropriate authorities.

**Section 7. Safeguarding exception**

(1) Where a school employee has reasonable grounds to believe a child is or may be at risk of experiencing sexual abuse, they may—

- (a) engage in direct questioning to establish whether abuse is occurring;
- (b) provide factual information such conduct is unlawful;
- (c) facilitate immediate intervention by police or social services.

(2) Any interaction under subsection (1) must—

- (a) be witnessed by another school employee where practicable;
- (b) be documented contemporaneously;
- (c) be reported to parents unless doing so would place the child at risk of significant harm;
- (d) not extend beyond immediate safeguarding needs.

**Section 8. Parental primacy**

(1) Parents shall retain absolute authority over their child's education regarding intimate personal matters.

(2) No educational establishment or school employee shall—

- (a) undermine, usurp, or interfere with parental authority on personal intimate matters of their child;
- (b) encourage a child to withhold information from parents;
- (c) provide guidance contradicting parental instruction.

**Section 9. Prohibition on circumvention**

(1) Any attempt to circumvent the prohibitions in this Part through—

- (a) extracurricular activities;

- (b) external speakers or organisations;
- (c) digital platforms or resources;
- (d) coded or euphemistic language;

constitutes an offence.

## **Section 10. Offences and penalties**

(1) A school employee who contravenes sections 3, 4, 5, 8, or 9 commits an offence.

(2) A person guilty of an offence under this Part is liable—

- (a) on summary conviction, to imprisonment for a term not exceeding twelve months or to a fine not exceeding the statutory maximum, or both;
- (b) on conviction on indictment, to imprisonment for a term not exceeding two years or to an unlimited fine, or both.

(3) Where an offence under this Part is committed with intent to facilitate sexual contact with a child, the maximum term of imprisonment on indictment shall be seven years.

## **Section 11. Institutional liability**

Where an offence under this Part is committed by a school employee, the governing body of the educational establishment shall also be liable unless they can demonstrate—

- (a) robust policies were in place to prevent such conduct;
- (b) regular training was provided to staff;
- (c) immediate action was taken upon discovery.

## **PART II - TRANSPOSITION OF SEX CHARACTERISTICS**

### **Section 12. Definitions**

(1) For the purposes of this Part—

"disorders of sexual development" means congenital conditions affecting chromosomal, gonadal, or anatomical sex development, including but not limited to conditions affecting individuals with atypical chromosomal composition whose reproductive anatomy is organised to produce ova, and individuals with atypical chromosomal composition whose reproductive anatomy is organised to produce spermatozoa;

"chromosomal variants" means chromosomal configurations other than XX or XY, including but not limited to XXY, XO, or other numerical or structural chromosomal abnormalities, where such variants are correlated with but do not determine the organisation of reproductive anatomy for gamete production;

"attempted sex transposition" means any effort to alter an individual's biological sex or sex characteristics to resemble those of the opposite biological sex;

"attempted sex transposition procedure" means any surgical, hormonal, or other medical intervention undertaken for the purpose of attempted sex transposition;

"empirically verifiable medical condition" means a recognised pathological condition unrelated to the psychological belief that one possesses a biological sex different from one's actual biological sex, and includes precocious puberty, delayed puberty due to hypogonadism, hormone-dependent cancers, and other endocrine disorders recognised by objective diagnostic criteria.

**Section 12A. Chromosomal Testing and Classification**

- (1) Where determination of biological sex cannot be established through observation of reproductive anatomy, chromosomal analysis shall be conducted to identify the presence of XX or XY chromosomes.
- (2) Individuals with XX chromosomes shall be classified as female where their reproductive anatomy is organised or would typically be organised to produce ova, regardless of any disorders of sexual development affecting such anatomy.
- (3) Individuals with XY chromosomes shall be classified as male where their reproductive anatomy is organised or would typically be organised to produce spermatozoa, regardless of any disorders of sexual development affecting such anatomy.
- (4) Individuals with chromosomal variants other than XX or XY shall be classified according to the organisation of their reproductive anatomy for gamete production, or where such organisation cannot be determined, according to the gamete type their anatomy would typically be organised to produce based on gonadal development.
- (5) The presence of chromosomal variants shall not constitute a novel biological sex category and shall not be recognised as such for any official purpose.
- (6) Disorders of sexual development and chromosomal variants shall be treated as medical conditions requiring appropriate clinical management, but do not alter the fundamental binary classification of biological sex based on reproductive anatomy organisation for gamete production.
- (7) Medical professionals shall maintain records of chromosomal testing results for individuals with disorders of sexual development or chromosomal variants, and such records shall be used to determine biological sex classification for all official purposes under this Part.

**Section 12B. Scientific Basis and Empirical Foundation**

(1) The classification system established in this Part is based upon the fundamental biological principle sexual reproduction in mammals requires two distinct gamete types, and that all mammalian reproductive anatomy develops along one of two organisational pathways corresponding to the production of either large gametes (ova) or small gametes (spermatozoa).

(2) The binary classification of biological sex reflects the empirically observable fact:

(a) mammalian reproductive development follows one of two developmental pathways, initiated by the presence or absence of the SRY gene typically located on the Y chromosome;

(b) no mammalian reproductive anatomy is organised to produce both gamete types simultaneously;

(c) no mammalian reproductive anatomy is organised to produce a third or novel gamete type;

(d) disorders of sexual development represent deviations from typical development along one of these two pathways, rather than evidence of additional biological sex categories.

(3) Classification under this Part shall be determined by objective, measurable biological characteristics, specifically:

(a) chromosomal composition as determined by karyotype analysis;

(b) gonadal development and structure as observed through medical examination;

(c) reproductive tract development and organisation as observed through medical examination;

(d) gamete production capacity or anatomical organisation for gamete production.



(4) Subjective reports of psychological state, claims of social identity, or personal assertions shall not constitute evidence relevant to biological sex classification under this Part.

(5) Statistical analyses demonstrating correlation between psychological states and biological characteristics shall not establish causation and shall not be used to redefine biological sex categories.

### **Section 12C. Rejection of Non-Empirical Classification Systems**

(1) Government departments, agencies, and public bodies shall not adopt classification systems that:

- (a) rely upon self-reported perception rather than objective biological characteristics;
- (b) treat statistical variation in psychological or behavioural traits as evidence of additional sex categories;
- (c) conflate social roles, preferences, or behaviours with biological sex;
- (d) propose biological sex exists on a continuum rather than as a binary classification with rare developmental disorders.

(2) The existence of disorders of sexual development shall not invalidate the binary nature of biological sex classification, as such disorders represent:

- (a) deviations from typical development along one of two established pathways;
- (b) medical conditions requiring clinical management rather than evidence of intermediate sex categories;
- (c) chromosomal or developmental abnormalities affecting the normal expression of one of two biological sex types.

**Section 12D. Methodological Standards for Evidence**

(1) Any research cited in legal proceedings or policy development relating to biological sex classification must meet the following methodological requirements:

- (a) use of objective, measurable biological variables rather than self-reported psychological states;
- (b) distinction between correlation and causation in statistical analyses;
- (c) replication of findings across multiple independent research groups;
- (d) sample sizes adequate for statistical significance with appropriate confidence intervals.

(2) Research that fails to meet the standards in subsection (1) shall not be admissible as evidence in legal proceedings under this Part.

(3) Academic speculation which contradicts established principles of mammalian reproductive biology shall not form the basis for policy or legal decisions under this Part.

**Section 13. Recognition of Biological Sex**

(1) Government departments, agencies, and public bodies shall recognise only biological sex as defined in this Act for all official purposes.

(2) No government department, agency, or public body may—

- a) create documentation recognising any category other than male or female;
- (b) issue identity documents stating a biological sex other than determined under section 12(1);
- (c) maintain records using any sex classification system other than male and female as defined in this Part.

(3) The Gender Recognition Act 2004 is hereby repealed in its entirety.

(4) All gender recognition certificates issued under the Gender Recognition Act 2004 are hereby revoked and shall have no legal effect.

#### **Section 14. Prohibition on Regulatory Guidance**

(1) No non-departmental public body, executive agency, or arm's length body may issue regulations, guidance, or recommendations relating to attempted sex transposition procedures or the recognition of any sex classification other than biological sex as defined in this Part.

#### **Section 15. National Health Service Prohibition**

(1) No funding from the National Health Service in England, NHS Scotland, NHS Wales, or the Health and Social Care service in Northern Ireland shall be allocated for—

- (a) attempted sex transposition procedures;
- (b) the establishment or operation of clinics specialising in attempted sex transposition;
- (c) research into attempted sex transposition procedures or techniques.

(2) NHS facilities shall not be used for the provision of attempted sex transposition procedures.

#### **Section 16. Protection of Children**

(1) It shall be an offence for any person to—

- (a) advocate for or recommend attempted sex transposition procedures to any child;
- (b) arrange or make efforts to arrange attempted sex transposition procedures for any child;
- (c) take or conspire to take any child outside the United Kingdom for the purpose of obtaining attempted sex transposition procedures.

(2) A person guilty of an offence under subsection (1) shall be liable—

(a) on summary conviction, to imprisonment for a term not exceeding twelve months or a fine not exceeding the statutory maximum, or both;

(b) on conviction on indictment, to imprisonment for a term not exceeding seven years or a fine, or both.

(3) Educational institutions shall not provide instruction or speculation stating or implying —

(a) biological sex is changeable through medical intervention;

(b) medical intervention authoritatively resolves psychological distress relating to biological sex;

(c) individuals can be born with a biological sex inconsistent with their psychological state.

### **Section 17. Prohibited Medications for Sex Transposition**

(1) The medications specified in Schedule 3 to this Act are prohibited when prescribed, administered, or used for the purpose of attempted sex transposition.

(2) The prohibition in subsection (1) shall not apply to medications prescribed for empirically-verifiable medical conditions, provided:

(a) the condition is diagnosed according to recognised diagnostic criteria by a qualified medical practitioner;

(b) the prescription is not related to the psychological belief that the patient possesses a biological sex different from their actual biological sex;

(c) the treatment protocol follows established medical guidelines for the diagnosed condition.

(3) For children, the medications listed in Schedule 3 may only be prescribed for the conditions specified in Schedule 5 to this Act.

(4) No child shall receive testosterone or oestrogen supplementation except in cases of documented hypogonadism confirmed by:

- (a) laboratory evidence of hormone deficiency appropriate to chronological age;
- (b) absence of normal pubertal development by age 14 in females or age 15 in males;
- (c) exclusion of constitutional delay of growth and puberty.

(5) The Secretary of State may by regulations add medications to the list in subsection (1) where such medications are developed or identified as being used for sex transposition purposes.

#### **Section 17A. Comprehensive Prohibition on Access to Sex Transposition Medications**

(1) It shall be an offence for any person to administer any medication listed in section 17(1) to any child for any purpose related to attempted sex transposition, regardless of the location of administration or the professional status of the person administering such medication.

(2) A person guilty of an offence under subsection (1) shall be liable—

- (a) on summary conviction, to imprisonment for a term not exceeding twelve months or a fine not exceeding the statutory maximum, or both;
- (b) on conviction on indictment, to imprisonment for a term not exceeding ten years or a fine, or both.

(3) It shall be an offence for any person to import into the United Kingdom any substance listed in section 17(1) where a reasonable person would conclude such substance is intended for attempted sex transposition purposes, regardless of:

- (a) the labelling, description, or declared purpose of such substance;
- (b) the country of origin or route of importation;

- (c) whether such importation is for personal use or distribution.
- (4) It shall be an offence for any person to acquire, whether by purchase, gift, barter, or any other means of transfer, any substance listed in section 17(1) where a reasonable person would conclude such substance is intended for attempted sex transposition purposes.
- (5) A person guilty of an offence under subsection (3) or (4) shall be liable—
  - (a) on summary conviction, to imprisonment for a term not exceeding six months or a fine not exceeding the statutory maximum, or both;
  - (b) on conviction on indictment, to imprisonment for a term not exceeding five years or a fine, or both.
- (6) The prohibitions in this section shall not apply to medications acquired or imported for legitimate medical conditions as defined in section 17(1) and prescribed in accordance with section 17(2) and (3).

### **Section 17B. Prohibition on Advocacy by Charitable Organizations**

- (1) No charitable organisation, whether registered in the United Kingdom or operating within the United Kingdom, shall:
  - (a) advocate for the use of medications listed in section 17(1) for attempted sex transposition purposes;
  - (b) promote the efficacy of attempted sex transposition procedures or medications;
  - (c) provide information materials describing attempted sex transposition procedures or medications as beneficial, necessary, or effective treatments;
  - (d) fund research into the development or application of attempted sex transposition procedures or medications;
  - (e) provide financial assistance to individuals seeking attempted sex transposition procedures or medications.

(2) Charitable organisations which engage in activities prohibited under subsection (1) shall be subject to:

- (a) immediate suspension of charitable status by the Charity Commission;
- (b) forfeiture of all charitable tax benefits;
- (c) investigation and potential prosecution under this Part.

(3) Directors, trustees, and officers of charitable organisations who authorise or facilitate activities prohibited under subsection (1) shall be personally liable for prosecution under this Part.

### **Section 18. Prohibited Medical Interventions**

(1) The surgical procedures specified in Schedule 4 to this Act are prohibited when performed for the purpose of attempted sex transposition.

(2) The Secretary of State may by regulations add procedures to the list in subsection (1).

(3) This section does not apply to procedures undertaken for empirically-verifiable medical conditions where:

- (a) the condition constitutes objective pathology unrelated to the psychological belief that one possesses a biological sex different from one's actual biological sex;
- (b) the procedure is medically necessary for the treatment of malignancy, trauma, or congenital abnormalities;
- (c) the procedure follows established surgical protocols for recognised medical conditions.

### **Section 19. Prohibition on Development of New Interventions**

(1) No person shall develop, research, or promote new medications or surgical procedures designed to facilitate attempted sex transposition.

(2) Research institutions and pharmaceutical companies shall not receive public funding for research into attempted sex transposition interventions.

## **Section 20. Prison Accommodation and Staffing**

(1) Male prisoners shall be housed only in male prison facilities and female prisoners shall be housed only in female prison facilities, with classification based solely on biological sex.

(2) Prison staff assigned to direct supervision of prisoners shall be of the same biological sex as the prisoners under their supervision unless to do so would place them in immediate physical danger.

(3) Any sexual contact between prison staff and prisoners is hereby designated a criminal offence, punishable by imprisonment for a term not exceeding five years.

## **Section 21. Single-Sex Facilities**

(1) No individual shall enter facilities designated for the opposite sex where individuals would reasonably expect intimate bodily privacy without lawful authority, including but not limited to:

- (a) changing rooms and locker facilities;
- (b) toilet and washing facilities;
- (c) accommodation facilities including dormitories, hospital wards, and refuges.

(2) Facilities specified in subsection (1) shall be designated according to the biological sex of intended occupiers.

(3) A person who enters facilities in contravention of subsection (1) commits an offence and shall be liable on summary conviction to a fine not exceeding level 4 on the standard scale.



(4) It is a defence for a person charged with an offence under this section to prove that—

- (a) they acted on suspicion that the commission of imminent crime would occur in order to prevent it;
- (b) they possessed lawful authority to enter.

## **Section 22. Medical Professional Restrictions**

(1) Medical professionals shall not falsely assert psychological distress relating to biological sex constitutes a life-threatening condition requiring attempted sex transposition procedures as treatment.

(2) Medical professionals shall not represent correlation between psychological distress and risk of self-harm as constituting medical evidence attempted sex transposition procedures prevent such outcomes.

## **Section 23. Enforcement and Detection**

(1) HM Revenue and Customs shall have authority to:

- (a) inspect shipments suspected of containing substances listed in section 17(1);
- (b) detain and analyse substances suspected of being imported for attempted sex transposition purposes;
- (c) coordinate with international customs agencies to prevent importation of prohibited substances.

(2) The Secretary of State shall maintain and update lists of chemical compositions, brand names, and alternative formulations of substances listed in section 17(1) to assist in detection and enforcement.

(3) Online platforms, postal services, and courier companies shall report to authorities any suspected attempts to import, distribute, or transfer substances listed in section 17(1) for sex transposition purposes.

(4) Financial institutions shall report transactions suspected of being related to the acquisition of prohibited substances or procedures to the Secretary of State for investigation.

#### **Section 24. No Exception for Overseas Acquisition**

(1) It shall be an offence for any person ordinarily resident in the United Kingdom to acquire substances listed in section 17(1) while outside the United Kingdom where such substances are intended for use within the United Kingdom for attempted sex transposition purposes.

(2) It shall be an offence for any person to assist, facilitate, or advise on the overseas acquisition of substances listed in section 17(1) for use within the United Kingdom for attempted sex transposition purposes.

(3) A person guilty of an offence under this section shall be liable on conviction on indictment to imprisonment for a term not exceeding seven years or a fine, or both.

## **PART III - ALIEN RELIGIOUS CUSTOMS**

### **Section 25. Prohibition of parallel Islamic religious legal systems**

(1) For the purposes of this section, "Sharia" means the religious law forming part of the Islamic tradition, including but not limited to interpretations of divine law derived from the religious precepts of Islam, particularly the Quran and the Hadith.

(2) No person shall establish, operate, maintain, or participate in any Sharia council, Sharia court, Sharia tribunal, or any other adjudicatory body that—

- (a) applies principles, rules, or precedents derived from Islamic jurisprudence (fiqh);
- (b) purports to exercise judicial or quasi-judicial authority based upon the Quran, Hadith, or Islamic legal tradition;
- (c) determines matters of family law, inheritance, marriage, divorce, or any other civil or criminal matter according to Islamic law; or
- (d) claims authority to make binding decisions affecting legal rights or obligations based upon any legal system other than the law of England and Wales, Scotland, or Northern Ireland.

(3) The prohibition in subsection (2) extends to any body that—

- (a) styles itself as providing "Islamic mediation" or "religious arbitration" where such mediation or arbitration purports to determine legal rights;
- (b) issues certificates, declarations, or pronouncements that affect marital status, parental rights, or property rights;
- (c) imposes religious penalties, sanctions, or remedies that affect civil legal status.

(4) Any decision, ruling, award, fatwa, or determination made by a prohibited body shall be void and of no legal effect in any court or tribunal in the United Kingdom.

(6) No person may rely upon any religious law, customary law, or foreign legal system as a defence to any criminal charge or as grounds for mitigation of sentence.

(7) Any person who contravenes subsection (2) commits an offence and is liable—

(a) on summary conviction, to imprisonment for a term not exceeding twelve months or a fine not exceeding £50,000, or both;

(b) on conviction on indictment, to imprisonment for a term not exceeding seven years or a fine, or both.

## **Section 26. Prohibition of non-medical genital modification of minors**

(1) For the purposes of this section—

"genital tissue" means any part of the external or internal reproductive organs, including but not limited to the prepuce, frenulum, glans, labia, clitoris, or any portion thereof;

"medically necessary" means treatment that a registered medical practitioner determines, following clinical examination and assessment, is required to address a specific diagnosed medical condition that poses a risk to the physical health of the patient if left untreated;

"pathological condition" means a disease, injury, or abnormality verified through clinical examination, diagnostic testing, or histological analysis.

(2) No person shall perform, cause to be performed, or facilitate the performance of any surgical procedure involving the removal, alteration, or modification of genital tissue upon any person under the age of sixteen years, except where such procedure is—

(a) medically necessary to treat a diagnosed pathological condition;

(b) required to correct a congenital malformation; or

(c) performed as emergency treatment to preserve life or prevent serious bodily harm.

(3) The consent of a parent, guardian, or the minor themselves shall not constitute a defence to proceedings under this section.

(4) Any person who contravenes subsection (2) commits an offence and is liable—

a) on summary conviction, to imprisonment for a term not exceeding twelve months or a fine not exceeding £50,000, or both;

(b) on conviction on indictment, to imprisonment for a term not exceeding ten years or a fine, or both.

(5) This section shall not apply to procedures performed upon persons who have attained the age of sixteen years and have provided informed written consent.

## **Section 27. Prohibition of Islamic dress coverings and domestic coercion**

(1) No person shall wear in any place, whether public or private, including within any dwelling, any Islamic dress covering specified in Schedule 6 to this Act.

(2) Subsection (1) shall not apply where the covering is—

(a) worn as part of a dramatic performance, film production, or artistic exhibition; or

(b) worn for the purposes of fancy dress or costume at a private social gathering on private premises.

(3) It shall be an offence for any person to coerce, threaten, intimidate, use force, or exercise undue influence to compel another person to wear any garment specified in subsection (1), whether in public or private premises.

(4) For the purposes of subsection (3)—

"coerce" includes the use of physical force, threats of physical harm, economic pressure, emotional manipulation, or withdrawal of financial support;

"intimidate" includes conduct a reasonable person would conclude causes fear, apprehension, or distress;

"undue influence" includes the exploitation of a relationship of trust, confidence, or authority to overcome the free will of another person;

(5) Evidence that a person habitually wears garments specified in subsection (1) within a domestic setting may constitute evidence of domestic coercion for the purposes of subsection (3), and a court may draw such inferences as appear proper in the circumstances.

(6) Any person who contravenes subsection (1) commits an offence and is liable on summary conviction to a fine not exceeding £5,000 for a first offence, and imprisonment for a term not exceeding six months or a fine not exceeding £10,000, or both, for any subsequent offence.

(7) Any person who contravenes subsection (3) commits an offence and is liable—

(a) on summary conviction, to imprisonment for a term not exceeding twelve months or a fine not exceeding £20,000, or both;

(b) on conviction on indictment, to imprisonment for a term not exceeding five years or a fine, or both.

(8) A constable may require any person reasonably suspected of committing an offence under subsection (1) to remove any prohibited covering, and failure to comply with such requirement without lawful excuse constitutes a separate offence punishable by imprisonment for a term not exceeding six months or a fine not exceeding £5,000, or both.

(9) A constable may enter any premises without warrant where there are reasonable grounds to suspect that an offence under subsection (3) is being

committed, and may arrest without warrant any person reasonably suspected of committing such an offence.

## **Section 28. Prohibition of recognition of polygamous marriages**

(1) No polygamous marriage, whether potentially or actually polygamous, shall be recognised as valid in any court, tribunal, or administrative body within the United Kingdom, regardless of where such marriage was contracted or the law under which it was performed.

(2) For the purposes of this section—

"polygamous marriage" means any marriage in which a party has, or has the capacity under the applicable law to have, more than one spouse simultaneously;

"potentially polygamous marriage" means a marriage celebrated under a law which permits polygamy, even if only two parties are married at the time of celebration;

"actually polygamous marriage" means a marriage where one party has multiple spouses simultaneously.

(3) No person shall be entitled to any legal rights, benefits, privileges, or recognition in the United Kingdom on the basis of a polygamous marriage, including but not limited to—

- a) immigration or settlement rights;
- (b) social security or welfare benefits; (c) tax allowances or benefits;
- (d) inheritance rights;
- (e) next of kin status;
- (f) medical decision-making authority;

(g) pension rights; or

(h) property rights arising from the marriage relationship.

(4) Any existing recognition of polygamous marriages for any legal purpose is hereby revoked, and no such recognition shall be granted herein.

(5) This section shall not affect the validity of any other legal relationships or obligations that may exist independently of the marriage relationship.

## **Section 29. Enforcement and application**

(1) The provisions of this Part shall apply to all persons within the jurisdiction of the United Kingdom, regardless of nationality, citizenship status, or religious belief.

(2) Proceedings for offences under this Part may be instituted by the Director of Public Prosecutions or any person authorised by the Director.

(3) No prosecution under sections 25, 26, or 27(3) may be commenced without the consent of the Attorney General.

(4) Local authorities shall have a duty to investigate reports of offences under section 27(3) and to provide support services to victims of domestic coercion related to the wearing of Islamic dress coverings.



## PART IV - REPUTATIONAL DESTRUCTION

### Section 30. False Accusations of Sexual Offences

(1) A person commits an offence if—

- (a) they make an accusation that another person has committed a sexual offence;
- (b) they have personal knowledge of the person accused or have had direct contact with them;
- (c) they know the accusation to be false or are reckless as to whether it is false;
- (d) they act with malicious intent or for personal gain; and
- (e) the accusation is likely to cause the accused person to be lowered in the estimation of right-thinking members of society generally.

(2) A person commits an aggravated offence under this section if, in addition to the matters specified in subsection (1)—

- (a) they act with intent to cause the accused person to lose employment, professional standing, or commercial advantage; or
- (b) they continue to maintain the accusation after becoming aware that it is false.

(3) It is a defence for a person charged with an offence under this section to prove that—

- (a) they had reasonable grounds for believing the accusation to be true at the time it was made;
- (b) they reported the matter to appropriate authorities in good faith; and
- (c) upon realising the accusation was false or likely to be false, they took immediate steps to withdraw it.

(4) For the purposes of this section, personal knowledge includes—

- (a) having met or interacted with the person accused on at least one occasion;
- (b) having been in a relationship of any kind with the person accused;
- (c) having observed the person accused's conduct directly.

(5) A person guilty of an offence under subsection (1) is liable on conviction on indictment to imprisonment for a term not exceeding 2 years, or a fine, or both.

(6) A person guilty of an offence under subsection (2) is liable on conviction on indictment to imprisonment for a term not exceeding 5 years, or a fine, or both.

### **Section 31. Electronic Deception for Personal Gain**

(1) A person commits an offence if—

- (a) they create or maintain a false electronic persona;
- (b) they use that persona to engage with another person over a period of at least 7 days;
- (c) they act with intent to obtain financial advantage, intimate content, personal information, or other benefit for themselves or another;
- (d) they act with malicious intent toward the victim or for personal gain; and
- (e) a reasonable person in the victim's position would have acted differently had they known the true identity or circumstances of the accused.

(2) A person commits an aggravated offence under this section if the conduct specified in subsection (1) involves—

- (a) the impersonation of a real person without their consent;
- (b) targeting a person whom they know to be particularly vulnerable due to age, mental capacity, or personal circumstances; or
- (c) causing financial loss exceeding £1,000 to the victim.

(3) For the purposes of this section, a false electronic persona means the deliberate misrepresentation of—

- (a) one's identity, age, gender, or physical appearance;
- (b) one's intentions, relationship status, or availability;
- (c) one's financial circumstances, employment, or qualifications;
- (d) one's location or personal circumstances.

(4) It is a defence for a person charged with an offence under this section to prove that—

- (a) the deception was for legitimate entertainment purposes without malice and this would have been apparent to a reasonable person; or
- (b) they reasonably believed the other person was aware of and had consented to the use of a fictitious persona.

(5) A person guilty of an offence under subsection (1) is liable on conviction on indictment to imprisonment for a term not exceeding 3 years, or a fine, or both.

(6) A person guilty of an offence under subsection (2) is liable on conviction on indictment to imprisonment for a term not exceeding 5 years, or a fine, or both.

## **Section 32. Malicious Disclosure of Contact Information**

(1) A person commits an offence if—

- (a) they compile, publish, or distribute sensitive information relating to another person which they would otherwise have an expectation of privacy;
- (b) they act with malicious intent or for personal gain;
- (c) they intend to facilitate harassment, intimidation, or unwanted contact with that person; and
- (d) a reasonable person would not ordinarily have cause to seek out or make use of such information.

(2) For the purposes of this section, contact information includes—

- (a) home addresses, telephone numbers, or email addresses;
- (b) workplace addresses or professional contact details;
- (c) information about family members, associates, or personal relationships;
- (d) information which, when compiled or presented together, enables others to locate or harass the person.

(3) It is a defence for a person charged with an offence under this section to prove that—

- (a) they reasonably believed the disclosure was necessary for the prevention or detection of crime;
- (b) the information was already widely published in the same form and context;
- (c) they had the express consent of the person concerned; or
- (d) they were required by law or professional duty to disclose the information.

(4) A person guilty of an offence under this section is liable on conviction on indictment to imprisonment for a term not exceeding 2 years, or a fine, or both.

### **Section 33. Abuse of Public Office in Characterisation of Children**

(1) A public official commits an offence if—

- (a) in the course of their official duties they characterise a person under the age of 16 years in sexual terms or attribute sexual agency to that person;
- (b) they act with malicious intent or reckless disregard for the welfare of the child;
- (c) a reasonable person would consider such characterisation inappropriate and harmful to the child's reputation or welfare; and

(d) the characterisation is likely to cause the child to be lowered in the estimation of right-thinking members of society.

(2) It is a defence for a person charged with an offence under this section to prove that—

(a) the characterisation was made in the accurate reporting of evidence or testimony in legal proceedings;

(b) they were quoting statements made by others in their professional capacity as a journalist; or

(c) the characterisation was necessary and proportionate for the investigation or prosecution of an offence.

(3) A person guilty of an offence under this section is liable on conviction on indictment to imprisonment for a term not exceeding 3 years, or a fine, or both.

(4) A person guilty of a second or subsequent offence under this section is liable on conviction on indictment to imprisonment for a term not exceeding 5 years, or a fine, or both.

### **Section 34. Malicious Interference with Employment or Voluntary Activities**

(1) A person commits an offence if—

(a) they engage in conduct directed at a third party;

(b) they act with malicious intent to cause another person to lose employment, professional standing, or voluntary position;

(c) they make false statements or compile misleading information about that person's character or conduct;

(d) they know such statements or information to be false or are reckless as to their truth; and

(e) their conduct is likely to cause that person to be lowered in the estimation of right-thinking members of society in their professional or voluntary capacity.

(2) For the purposes of this section, conduct includes—

(a) making complaints to employers, professional bodies, or regulatory authorities;

(b) compiling or distributing information with intent to damage professional reputation;

(c) encouraging boycotts or other action against the person's professional interests;

(d) making false allegations of misconduct or incompetence.

(3) It is a defence for a person charged with an offence under this section to prove that—

(a) they reasonably believed the information was true and disclosure was in the public interest;

(b) they were fulfilling a legal or professional duty to report misconduct;

(c) they were acting for the prevention or detection of crime; or

(d) they were responding proportionately to unlawful conduct by the person concerned.

(4) A person guilty of an offence under this section is liable on conviction on indictment to imprisonment for a term not exceeding 3 years, or a fine, or both.

## **Section 35. Strategic Litigation Against Public Participation**

(1) A court may dismiss proceedings at an early stage if—

(a) a reasonable person would consider the proceedings appear to lack merit;

(b) a reasonable person would consider the claimant's primary purpose appears to be to harass, intimidate, or silence the defendant rather than to obtain a remedy for genuine harm;

(c) a reasonable person would consider the proceedings involve disproportionate costs relative to any legitimate interest; and

(d) a reasonable person would consider the proceedings to be an abuse of the legal process.

(2) Where proceedings are dismissed under subsection (1)—

(a) the claimant shall be liable for the defendant's costs;

(b) the court may make such further orders as it considers appropriate to prevent repetition of such conduct;

(c) the court may refer the matter to the appropriate professional body if the claimant was represented by a legal practitioner.

(3) A person who institutes proceedings knowing them to fall within subsection (1) commits an offence and is liable on conviction on indictment to imprisonment for a term not exceeding 2 years, or a fine, or both.

### **Section 36. Malicious Impersonation by Electronic Means**

(1) A person commits an offence if—

(a) they create or distribute electronic content purporting to depict another person;

(b) they act with malicious intent or for personal gain;

(c) the content would cause a reasonable person to believe it authentically depicts the person in question;

(d) they intend to cause that person injury to reputation or financial loss; and

(e) they know the person depicted has not consented to the creation or distribution of such content.

(2) For the purposes of this section, electronic content includes—

- (a) images, videos, or audio recordings created or manipulated using digital technology;
- (b) written communications purporting to be from the person;
- (c) social media profiles or accounts using the person's identity;
- (d) any other electronic material that represents or purports to represent the person.

(3) It is a defence for a person charged with an offence under this section to prove that—

- (a) the content was clearly identified as fiction, parody, or satire to a reasonable observer;
- (b) they had the express consent of the person depicted; or
- (c) the content was created for legitimate journalistic, educational, or artistic purposes.

(4) A person guilty of an offence under this section is liable on conviction on indictment to imprisonment for a term not exceeding 3 years, or a fine, or both.

### **Section 37. Procurement of Economic Disadvantage**

(1) A person commits an offence if—

- (a) they act with malicious intent to cause another person economic disadvantage;
- (b) they make false representations to third parties about that person's creditworthiness, character, or conduct;
- (c) they know such representations to be false or are reckless as to their truth; and
- (d) their conduct results in or is likely to result in financial loss to that person.



(2) For the purposes of this section, economic disadvantage includes—

- (a) loss of employment or professional opportunities;
- (b) damage to business relationships or commercial interests;
- (c) loss of credit or financial standing;
- (d) exclusion from economic or social benefits.

(3) It is a defence for a person charged with an offence under this section to prove that—

- (a) they reasonably believed the representations were true;
- (b) they were acting to prevent or detect crime; or
- (c) they were fulfilling a legal or professional duty.

(4) A person guilty of an offence under this section is liable on conviction on indictment to imprisonment for a term not exceeding 4 years, or a fine, or both.

## PART V - ANIMAL CRUELTY

### Section 38. Definitions

For the purposes of this Part:

"confinement system" means any cage, crate, stall, pen, or enclosure which restricts an animal's natural movement or behaviour

"laying hen" means any female domestic fowl (*Gallus gallus domesticus*) kept for the production of eggs

"breeding sow" means any female domestic pig (*Sus scrofa domesticus*) used for breeding purposes

"farrowing crate" means any individual confinement system which prevents a sow from turning around freely

"battery cage" means any wire or barred enclosure which confines animals individually or in small groups with insufficient space to express natural behaviours

"veal calf" means any bovine animal under eight months of age

"farmed rabbit" means any domestic rabbit (*Oryctolagus cuniculus domesticus*) kept for commercial purposes

"veterinary certificate" means a certificate issued by a veterinary surgeon registered with the Royal College of Veterinary Surgeons stating the medical necessity for confinement

"vertebrate animal" means any animal possessing a backbone or spinal column

### **Section 39. Prohibition of All Caged Systems for Laying Hens**

(1) No person shall keep, cause to be kept, or permit to be kept, any laying hen in any confinement system which:

- (a) prevents the hen from stretching both wings simultaneously to their full extent without interference
- (b) provides less than one square metre of usable floor area per hen
- (c) lacks adequate perching space of at least fifteen centimetres per hen at a height of not less than fifteen centimetres above floor level
- (d) fails to provide a secluded nesting area measuring not less than thirty centimetres by thirty centimetres per five hens
- (e) does not provide access to friable litter material suitable for dust-bathing behaviour covering not less than one-third of the usable floor area

(2) Subsection (1) shall not apply where:

- (a) a laying hen requires individual housing under veterinary certificate for medical treatment for a period not exceeding fourteen days
- (b) a laying hen is temporarily separated for breeding purposes for a period not exceeding seven days
- (c) confinement occurs during transportation in accordance with existing animal transport legislation

(3) This section overrides any provision in secondary legislation to the contrary.

### **Section 40. Prohibition of Farrowing Crates**

(1) No person shall confine any breeding sow in a farrowing crate or any confinement system which prevents the sow from:

- (a) turning around freely without difficulty
- (b) standing up and lying down without restriction

(c) accessing nesting material for nest-building behaviour

(d) having visual and physical contact with her offspring

(2) Subsection (1) shall not apply where:

(a) a breeding sow requires individual confinement under veterinary certificate for medical treatment for a period not exceeding seven days

(b) temporary restraint is necessary for specific veterinary procedures not exceeding two hours in any twenty-four hour period

(c) a sow exhibits aggressive behaviour threatening the safety of piglets, as certified by a veterinary surgeon, for a period not exceeding forty-eight hours

(3) This section overrides any provision in secondary legislation to the contrary.

#### **Section 41. Prohibition of Individual Confinement of Calves**

(1) No person shall confine any calf in an individual stall, pen, or confinement system after the age of fourteen days.

(2) All calves over fourteen days of age shall be housed in groups of not fewer than two animals, with adequate space for natural movement and social behaviour.

(3) Subsections (1) and (2) shall not apply where:

(a) the calf requires isolation under veterinary certificate for medical treatment

(b) individual housing provides direct visual and tactile contact with other calves through perforated walls or barriers

(c) temporary separation is necessary for specific veterinary procedures not exceeding twenty-four hours

(4) This section overrides any provision in secondary legislation to the contrary.

## **Section 42. Prohibition of Battery Cage Systems for Rabbits**

(1) No person shall keep any farmed rabbit in a battery cage or confinement system which:

- (a) provides less than 0.8 square metres of floor area per adult rabbit
- (b) has a height of less than sixty centimetres at any point
- (c) lacks access to an elevated platform for normal locomotion and observation
- (d) fails to provide environmental enrichment including manipulable materials and hiding areas
- (e) prevents normal social contact with other rabbits of compatible age and temperament

(2) Subsection (1) shall not apply where:

- (a) individual housing is required under veterinary certificate for medical treatment for a period not exceeding ten days
- (b) temporary separation is necessary for breeding purposes for a period not exceeding forty-eight hours
- (c) a rabbit exhibits aggressive behaviour certified by a veterinary surgeon requiring isolation for a period not exceeding seventy-two hours

(3) This section overrides any provision in secondary legislation to the contrary.

## **Section 43. Prohibition of Non-Stun Slaughter**

(1) No person shall kill any vertebrate animal by any method without first rendering the animal immediately and completely unconscious by means of:

- (a) mechanical stunning using a penetrating captive bolt device
- (b) electrical stunning of sufficient amperage and duration to ensure immediate unconsciousness

(c) controlled atmosphere stunning using gas mixtures scientifically proven to cause immediate unconsciousness

(d) any other method approved by the Secretary of State following peer-reviewed scientific assessment demonstrating immediate and complete unconsciousness

(2) No person shall establish, operate, manage, work at, invest in, finance, lease, rent, own, or permit the use of any premises, facility, building, land, or location for the purpose of killing vertebrate animals without stunning as required by subsection (1).

(3) No person shall transport, supply, offer for supply, facilitate the supply of, purchase, or handle any vertebrate animal to any premises, facility, or location where animals are killed without stunning as required by subsection (1).

(4) No person shall manufacture, supply, install, maintain, or operate any equipment, tools, or facilities designed for or capable of killing vertebrate animals without stunning as required by subsection (1).

(5) Subsections (1), (2), (3), and (4) shall apply without exception to all circumstances including but not limited to:

(a) any purpose whatsoever including commercial, domestic, personal, ceremonial, ritual, traditional, cultural, customary, religious, or belief-based purposes

(b) any location including domestic premises, farms, abattoirs, religious buildings, private property, or any other place

(c) any animal regardless of species, age, size, ownership, intended use, or destination

(d) any claimed right, practice, belief, tradition, custom, interpretation, or exemption under any statute, regulation, treaty, or legal instrument

(6) No person may invoke, claim, or rely upon any exemption, derogation, exception, defence, justification, or mitigation for killing a vertebrate animal without stunning based upon:

- (a) traditional, cultural, customary, ceremonial, ritual, religious, or belief-based practices of any kind
- (b) personal, domestic, or household purposes
- (c) location of the killing or ownership of premises or animals
- (d) any interpretation of any other legal provision
- (e) any claimed emergency circumstances except as specified in subsection (7)

(7) Subsections (1) through (6) shall not apply only where:

- (a) a qualified veterinary surgeon certifies in writing that stunning is immediately medically contraindicated for the specific condition being treated and that immediate killing without stunning is necessary to prevent demonstrably greater animal suffering, provided that such certification is reviewed and approved by a second independent veterinary surgeon within 24 hours
- (b) immediate killing without stunning is the only available means to prevent imminent and serious physical injury or death to human beings and stunning equipment cannot be deployed within the time necessary to prevent such harm

(8) This section overrides any provision in primary or secondary legislation to the contrary.

#### **Section 44. Prohibition of Badger Culling**

(1) No person shall kill, attempt to kill, or cause to be killed any badger (*Meles meles*).

(2) Subsection (1) shall not apply only where:

- (a) preventing imminent serious physical harm to human beings where no other method is available

(b) immediate veterinary euthanasia certified as necessary to prevent animal suffering

(3) Any action under subsection (2) shall:

(a) be reported to the appropriate authority within 48 hours

(b) be subject to investigation to verify necessity

(c) require written justification for the method used

(4) This section overrides any provision in primary or secondary legislation to the contrary.

#### **Section 45. Prohibition of Surgical Procedures Without Anaesthesia**

(1) No person shall perform or cause to be performed any surgical procedure on an animal without the provision of appropriate anaesthesia and post-operative analgesia, including:

(a) castration of any animal

(b) tail docking, beak trimming, or dehorning of any animal

(c) ear cropping, declawing, or other procedures causing pain or distress

(2) Subsection (1) shall not apply where:

(a) the procedure is performed by or under the direct supervision of a veterinary surgeon

(b) appropriate pain relief is administered both during and after the procedure

(c) the procedure is certified as immediately necessary to prevent demonstrably greater animal suffering

(3) This section overrides any provision in secondary legislation to the contrary.



**Section 46. Prohibition of Live Baiting in Falconry**

(1) No person shall use live animals as bait for the training or exercise of birds of prey.

(2) Subsection (1) shall not apply to:

(a) hunting of wild quarry in its natural habitat using traditional falconry methods without artificial aids or baiting

(b) pest control activities conducted by licensed operators using birds of prey against naturally occurring pest species

(3) For the purposes of this section, 'live baiting' includes:

(a) the use of tethered, confined, or restrained live animals as targets for birds of prey

(b) the deliberate release of domesticated, captive-bred, or contained animals for immediate pursuit by raptors

(c) any organised activity where live animals are provided specifically for the training, exercise, or entertainment involving birds of prey

(4) This section overrides any provision in secondary legislation to the contrary.

**Section 47. Transparency in Animal Research**

(1) Section 24 of the Animals (Scientific Procedures) Act 1986 is hereby repealed.

(2) The Secretary of State shall publish annually:

(a) statistical information regarding the numbers and types of animals used in scientific procedures

(b) non-technical summaries of all research projects conducted under licence

(c) information regarding alternatives to animal testing being developed or implemented

(d) details of any enforcement action taken under animal research regulations

(e) funding allocated to development of alternatives to animal testing

#### **Section 48. Exemptions for Small-Scale Farming Operations**

(1) Sections 39, 40, 41, and 42 shall not apply to agricultural holdings with fewer than thirty animals of the relevant species, provided that:

(a) adequate space for natural movement and behaviour is maintained

(b) animals have access to outdoor areas or environmental enrichment appropriate to the species

(c) welfare standards equivalent to or exceeding those required by this Act are demonstrated through independent assessment conducted annually

(2) Traditional husbandry systems may be exempted from specific provisions of this Part where:

(a) the system can demonstrate superior animal welfare outcomes through peer-reviewed scientific assessment

(b) the exemption is granted by the Secretary of State following consultation with independent animal welfare experts

(c) regular monitoring and review of welfare standards is conducted by qualified assessors

#### **Section 49. Enforcement and Penalties**

(1) Any person who contravenes any provision of this Part shall be guilty of an offence and liable:

(a) on summary conviction, to imprisonment for a term not exceeding twelve months, or to a fine not exceeding £50,000, or to both

(b) on conviction on indictment, to imprisonment for a term not exceeding five years, or to an unlimited fine, or to both

(2) Where an offence under this Part committed by a body corporate is proved to have been committed with the consent or connivance of any director, manager, secretary or other similar officer of the body corporate, that person as well as the body corporate shall be guilty of the offence.

(3) Any person convicted of an offence under this Part may be disqualified from:

(a) keeping animals for commercial purposes for a period not exceeding ten years

(b) operating any establishment requiring a licence under animal welfare legislation

(c) holding any position of responsibility in relation to animal welfare or food production

## **PART VI - HUMAN MERCY KILLING**

### **Section 50. Definitions for this Part**

(1) In this Part—

"human mercy killing" means any act by which a person intentionally ends the life of another person with the intention of relieving that person's suffering, and includes—

- (a) any assistance, encouragement, or procurement of another person's suicide;
- (b) the direct administration of substances or means intended to cause death;
- (c) any procedure, device, or intervention designed or intended to accelerate death.

(2) For the purposes of this Part, "human mercy killing" does not include—

- (a) the withholding or withdrawal of life-sustaining treatment in accordance with established medical principles where such treatment is judged to be futile, disproportionate, or not in the patient's best interests;
- (b) the provision of palliative care, including pain relief and symptom management, where the primary intention is the relief of suffering and not the causation of death;
- (c) treatment decisions made in accordance with valid advance directives or best interest determinations under the Mental Capacity Act 2005.

### **Section 51. Prohibition on human mercy killing**

(1) No person shall engage in, facilitate, encourage, assist, or procure human mercy killing as defined in section 50.

- (2) No person shall provide equipment, substances, information, or premises specifically for the purpose of enabling human mercy killing.
- (3) No registered medical practitioner, nurse, or other healthcare professional shall participate in human mercy killing in any capacity.
- (4) It shall be no defence to a charge under this section that—
  - (a) the deceased consented to their death;
  - (b) the deceased requested assistance to die;
  - (c) the accused believed they were acting compassionately or in the deceased's best interests;
  - (d) the deceased was terminally ill or suffering from any medical condition.

## **Section 52. Good faith defences for medical practitioners**

- (1) It shall be a defence to a charge under section 51 for a registered medical practitioner to prove that—
  - (a) they were providing legitimate palliative care or pain management;
  - (b) their primary intention was the relief of pain or suffering and not the causation of death;
  - (c) they acted in accordance with established medical principles and guidelines;
  - (d) the treatment provided was proportionate to the patient's condition and needs; and
  - (e) they reasonably believed their actions fell within the scope of lawful medical practice.
- (2) The defence under subsection (1) shall not apply where—

- (a) the practitioner's primary intention was to cause or accelerate death;
  - (b) the dosage or manner of treatment was manifestly excessive for legitimate therapeutic purposes;
  - (c) the practitioner deliberately departed from established medical protocols without proper clinical justification.
- (3) In determining whether the defence applies, the court shall have regard to—
- (a) contemporary medical guidelines and best practice;
  - (b) the practitioner's training and experience;
  - (c) the specific circumstances of the patient's condition;
  - (d) expert medical evidence as to appropriate treatment standards.

### **Section 53. Defence for overseas travel assistance**

- (1) It shall be a defence to a charge under section 51(1) or (2) for a person to prove that—
- (a) they provided assistance to another person solely for the purpose of enabling that person to travel to a jurisdiction where certain end-of-life procedures are lawful;
  - (b) they did not participate in, encourage, or facilitate any act of human mercy killing within England and Wales;
  - (c) their assistance was limited to practical travel arrangements, emotional support, or the provision of information;
  - (d) they acted in good faith and without financial gain beyond reasonable expenses; and
  - (e) the person they assisted was not vulnerable as defined in section 55(1).
- (2) The defence under subsection (1) shall not apply where—
- (a) the assistance included the provision of means, substances, or equipment specifically intended for causing death;

(b) the accused actively encouraged or pressured the other person to seek human mercy killing;

(c) the accused received substantial financial benefit from the arrangement;

(d) the accused targeted or exploited vulnerable persons.

(3) For the purposes of this section, "assistance" includes—

(a) booking travel or accommodation;

(b) providing transportation to airports or transport hubs;

(c) accompanying the person for emotional support;

(d) providing factual information about legal procedures in other jurisdictions;

(e) helping with administrative arrangements.

(4) This defence does not extend to any act that would constitute human mercy killing if performed in England and Wales, regardless of where it takes place.

## **Section 54. Penalties**

(1) A person who contravenes section 51(1) or (2) commits an offence and is liable—

(a) on conviction on indictment, to imprisonment for life;

(b) on summary conviction, to imprisonment for a term not exceeding 12 months or a fine not exceeding the statutory maximum, or both.

(2) A registered healthcare professional who contravenes section 51(3) commits an offence and is liable—

(a) on conviction on indictment, to imprisonment for a term not exceeding 14 years;

(b) on summary conviction, to imprisonment for a term not exceeding 12 months or a fine not exceeding the statutory maximum, or both.

(3) A registered healthcare professional convicted under this section shall be struck off the relevant professional register and permanently disqualified from practising.

### **Section 55. Duty to preserve life and professional obligations**

(1) Every registered medical practitioner has a fundamental duty to preserve human life and shall not engage in any act or omission intended to cause or accelerate the death of a patient.

(2) This duty applies notwithstanding any request, direction, or consent from a patient, patient's family, or any other person.

(3) No person may require, direct, or pressure any healthcare professional to engage in human mercy killing, and no healthcare professional may be subject to detriment for refusing to participate in such acts.

(4) Professional regulatory bodies shall ensure that their codes of conduct explicitly prohibit human mercy killing and require adherence to the duty to preserve life.

### **Section 56. Prohibition on state-sanctioned human mercy killing programmes**

(1) No Minister of the Crown, government department, public body, or devolved administration may establish, fund, regulate, or facilitate any programme, service, or system for human mercy killing.

(2) No public funds may be used directly or indirectly to support human mercy killing activities.

(3) No legislation may be enacted that would authorise, regulate, or facilitate human mercy killing, including but not limited to any scheme similar to Medical Assistance in Dying as practised in other jurisdictions.



**Section 57. Enhanced protection for vulnerable persons**

(1) This Part provides enhanced protection for persons who may be vulnerable by reason of—

- (a) age, illness, disability, or mental disorder;
- (b) economic circumstances or social isolation;
- (c) dependence on others for care or support.

(2) Any person who targets vulnerable persons for human mercy killing shall be liable to the maximum penalties under this Part.

(3) Courts shall treat the vulnerability of a victim as an aggravating factor in sentencing.

**Section 58. Duty to promote palliative care**

(1) The Secretary of State shall ensure adequate provision of palliative care services throughout England and Wales, including—

- (a) pain management and symptom control;
- (b) psychological and spiritual support for patients and families;
- (c) appropriate training for healthcare professionals in palliative medicine.

(2) NHS England and NHS Wales shall prioritise the development and funding of comprehensive palliative care services as an alternative to human mercy killing.

(3) The Secretary of State shall report annually to Parliament on the provision and development of palliative care services.

**Section 59. Repeal of contrary legislation**

(1) The Terminally Ill Adults (End of Life) Act 2025 is hereby repealed in its entirety.

(2) All secondary legislation made under the Terminally Ill Adults (End of Life) Act 2025 is hereby revoked.

(3) The amendments made by the Terminally Ill Adults (End of Life) Act 2025 to the Suicide Act 1961 and the Coroners and Justice Act 2009 are hereby reversed, and those Acts are restored to their form immediately before the commencement of the Terminally Ill Adults (End of Life) Act 2025.

**Section 60. Savings and transitional provisions**

(1) Nothing in this Part affects the lawful provision of palliative care or end-of-life care that does not constitute human mercy killing.

(2) Any proceedings commenced under the Terminally Ill Adults (End of Life) Act 2025 before the commencement of this Part shall be discontinued.

(3) The Voluntary Assisted Dying Commissioner established under the repealed Act shall be dissolved and any functions, property, or staff transferred to the Secretary of State.

## **PART VII - PORNOGRAPHY**

### **Section 61. General interpretation**

(1) In this Part, unless the context otherwise requires—

"artificial sexual content" means any visual depiction of sexual activity created through computer-generated imagery, artificial intelligence, digital manipulation, deepfake technology, or any other technological means that does not record actual sexual activity between real persons, but which depicts identifiable persons or characters appearing to engage in sexual activity;

"child" has the meaning given in section 65 of the Serious Crime Act 2015;

"distribute" means to sell, hire, exchange, loan, give, supply, transmit electronically or digitally, broadcast, stream, make available for download whether for consideration or gratuitously, display publicly, transmit by satellite, cable, terrestrial broadcast, or any wireless means, make accessible through any technological means now known or hereafter invented, and "distribution" shall be construed accordingly;

"fetish material" means visual depictions of activities or objects that are not part of mainstream sexual practices, including but not limited to depictions focusing on power, domination, submission, restraint, pain, humiliation, degradation, fetish objects, animals, cartoon depictions, bodily secretions other than those naturally occurring during conventional sexual activity, non-conventional sexual practices, or activities involving non-sexual objects or scenarios for sexual gratification purposes;

"material" includes any film, videotape, digital recording, photograph, negative, undeveloped film, data stored electronically from which an image can be produced, live transmission, virtual reality content, augmented reality overlays, holographic projections, and any other method of recording, generating, or transmitting visual images now known or hereafter invented;

"obscene" shall have the meaning given in section 1 of the Obscene Publications Act 1959;

"pornographic performance" means any sexual activity between one or more persons which is recorded by any means whatsoever, including activity which is performed, authentic, spontaneous, simulated, or accidental, where such recording is made with the knowledge or reasonable expectation that it will be or may be viewed by persons other than the participants, and includes any preparatory or subsequent acts integral to such recording;

"produce" means to create, manufacture, generate, cause to be created or generated, finance the creation of, exercise editorial control over the creation of, direct the creation of, commission the creation of, or provide essential equipment or facilities for the creation of any material, and includes the generation of artificial sexual content;

"reasonable person" shall have the meaning given in section 2A of the Obscene Publications Act 1959;

"sexual activity" means any activity involving the genitalia, anus, or female breast below the areola for the purpose of sexual gratification, including penetrative acts, oral-genital contact, masturbation, and any other conduct of a sexual nature, and includes simulated versions of such activities.

## **Section 62. Categories of sexual material**

(1) For the purposes of this Part, sexual material shall be categorised according to its primary purpose and content, having regard to the dominant characteristics of the work rather than incidental elements.

(2) Sexual material shall be categorised according to the criteria specified in Schedule 7 to this Act, having regard to the dominant characteristics of the work rather than incidental elements.

(3) For the avoidance of doubt, material shall be categorised according to its most explicit content, and artificial sexual content shall be treated identically to recorded sexual activity for the purposes of categorisation.

### **Section 63. Production of hardcore and extreme pornography**

(1) Any person who produces hardcore pornography or extreme pornography shall be guilty of an offence.

(2) Any person who:

- (a) commissions another to produce such material; or
- (b) finances such production whether directly or indirectly; or
- (c) provides premises or facilities knowing they are to be used for such production; or
- (d) recruits or procures performers for such production; or
- (e) exercises editorial control over such production; or
- (f) provides essential technical services or equipment for such production,

shall be guilty of an offence.

(3) Where any pornographic material is produced in circumstances where any participant:

- (a) lacks the capacity to consent by reason of mental disorder; or
- (b) lacks the capacity to consent by reason of intoxication by any substance; or
- (c) lacks the capacity to consent by reason of coercion,

any person involved in such production who knows or ought reasonably to know of such lack of capacity shall be guilty of rape or sexual assault as the case may be under the Sexual Offences Act 2003, and it shall be no defence that payment was made to the participant or that the production was for commercial purposes.

(4) A person guilty of an offence under subsection (1) or (2) relating to extreme pornography shall be liable:

(a) on conviction on indictment to imprisonment for a term not exceeding fourteen years or to a fine or to both; or

(b) on summary conviction to imprisonment for a term not exceeding twelve months or to a fine not exceeding the statutory maximum or to both.

(5) A person guilty of an offence under subsection (1) or (2) relating to hardcore pornography which is not extreme pornography shall be liable:

(a) on conviction on indictment to imprisonment for a term not exceeding seven years or to a fine or to both; or

(b) on summary conviction to imprisonment for a term not exceeding twelve months or to a fine not exceeding the statutory maximum or to both.

## **Section 64. Distribution of hardcore and extreme pornography**

(1) Any person who distributes, or possesses with intent to distribute, hardcore pornography or extreme pornography shall be guilty of an offence.

(2) For the purposes of this section, distribution includes making material available through:

(a) any electronic platform, website, application, peer-to-peer network, blockchain system, or service; and

(b) such distribution applies regardless of whether such platform is operated within or outside England and Wales; and

(c) such distribution applies regardless of whether payment, subscription, cryptocurrency, digital assets, or other consideration is required for access, provided that such material is accessible from within England and Wales.

(3) Any person who:

- (a) advertises hardcore pornography or extreme pornography; or
- (b) provides hyperlinks or directions to sources of such material; or
- (c) operates any index or directory of such material; or
- (d) embeds such material within other websites or applications,

shall be guilty of an offence.

(4) Any person who operates technical infrastructure including: (a) servers; or (b) content delivery networks; or (c) data storage facilities, primarily for the purpose of distributing hardcore pornography or extreme pornography shall be guilty of an offence, where "primarily" means that more than fifty per cent of the data storage capacity or network bandwidth is utilised for such material.

(5) A person guilty of an offence under this section relating to extreme pornography shall be liable:

- (a) on conviction on indictment to imprisonment for a term not exceeding ten years or to a fine or to both; or
- (b) on summary conviction to imprisonment for a term not exceeding twelve months or to a fine not exceeding the statutory maximum or to both.

(6) A person guilty of an offence under this section relating to hardcore pornography which is not extreme pornography shall be liable:

- (a) on conviction on indictment to imprisonment for a term not exceeding five years or to a fine or to both; or
- (b) on summary conviction to imprisonment for a term not exceeding six months or to a fine not exceeding the statutory maximum or to both.

## **Section 65. Pornographic performance as prostitution**

(1) The recording of sexual activity between persons, whether by videotape, digital recording, live streaming, virtual reality capture, or any other means now

known or hereafter invented, where such recording is made available or is intended to be made available to persons other than the participants, shall constitute prostitution for all purposes under the law of England and Wales.

(2) Any person who:

- (a) engages in sexual activity which is recorded for distribution to third parties, whether or not for payment or other consideration, shall be deemed to be engaged in prostitution; and
- (b) pays another to engage in sexual activity for the purpose of recording; or
- (c) organises or facilitates such recording; or
- (d) derives financial or other material benefit from the distribution of such recording,

shall be deemed to be living on the earnings of prostitution contrary to section 30 of the Sexual Offences Act 1956.

(3) The provisions of subsections (1) and (2) shall apply regardless of whether:

- (a) the sexual acts recorded were authentic or simulated; or
- (b) the recording was made with or without the knowledge of all participants; or
- (c) the participants were described as actors, performers, models, or content creators; or
- (d) the production was licensed or regulated under any scheme; or
- (e) the recording was originally intended for private use; or
- (f) the participants are married to each other.

(4) For the avoidance of doubt, this section applies to:

- (a) live streaming of sexual activity; and



- (b) interactive sexual performances conducted through electronic means; and
- (c) any form of remote sexual services provided for consideration.

## **Section 66. Platform services enabling prostitution**

(1) Any person who operates, maintains, or controls an electronic platform, website, application, or service which enables individuals to create accounts for the purpose of distributing sexual images or recordings of themselves in exchange for payment, cryptocurrency, digital assets, gifts, or other consideration shall be guilty of an offence.

(2) For the purposes of this section, such platforms include but are not limited to services which:

- (a) allow users to post sexual content behind payment barriers; or
- (b) offer subscription services for sexual content; or
- (c) accept gratuities or digital gifts in exchange for sexual content; or
- (d) facilitate direct payments between content creators and consumers for sexual material; or
- (e) enable live interactive sexual performances for consideration.

(3) It shall be no defence that:

- (a) the platform operator does not directly handle payments; or
- (b) payments are processed through third parties or cryptocurrency systems; or
- (c) the platform has other non-sexual uses; or
- (d) content creators retain legal control over their material; or
- (e) the platform operates under terms of service prohibiting certain content; or

(f) the platform is operated from outside England and Wales if it accepts users from within England and Wales.

(4) A person guilty of an offence under this section shall be liable on conviction on indictment to imprisonment for a term not exceeding twelve years or to a fine or to both.

## **Section 67. Digital rights management obligations**

(1) All hardcore pornography and extreme pornography distributed electronically which is accessible from England and Wales must incorporate digital rights management technology preventing:

- (a) unauthorised copying; and
- (b) downloading; and
- (c) screen recording; and
- (d) redistribution; and
- (e) sharing of such material.

(2) Such digital rights management must:

- (a) bind content to authenticated user accounts verified through official identification documents; and
- (b) implement viewing restrictions including time limitations and device restrictions; and
- (c) maintain comprehensive logs of access attempts and successful viewings; and
- (d) detect and prevent screen recording or circumvention attempts; and
- (e) report suspected breaches to the National Crime Agency.

(3) Any person who:

(a) circumvents or attempts to circumvent digital rights management applied under this section; or

(b) develops, distributes, or possesses tools designed to circumvent such management; or

(c) redistributes protected material in breach of such management,

shall be guilty of an offence and liable on conviction on indictment to imprisonment for a term not exceeding five years or to a fine or to both.

(4) The Secretary of State may for the purposes of this Section by regulations prescribe:

(a) technical standards for digital rights management systems; and

(b) certification requirements for such systems; and

(c) procedures for reporting and investigating breaches.

## **Section 68. Mandatory payment requirements**

(1) Any person who operates an electronic platform which hosts, streams, distributes, or advertises hardcore pornography or extreme pornography, commits an offence if such material is accessible without payment from any location within England and Wales, regardless of where such platform is operated or hosted.

(2) For the purposes of this section, "payment" means a monetary transaction requiring the use of a payment method that involves age verification by a financial institution, including:

(a) credit cards; or

(b) debit cards; or

(c) bank transfers; or

(d) premium rate telephone services; or

(e) other payment systems that inherently require the user to be at least eighteen years of age to obtain and use.

(3) This section applies to all material covered by subsection (1) including:

(a) preview content; and

(b) thumbnail images; and

(c) advertising materials; and

(d) any other visual content derived from or related to such material, regardless of duration or explicitness.

(4) Any person who operates advertising services, networks, or platforms that display advertisements for hardcore pornography or extreme pornography commits an offence if such advertisements are accessible without payment from any location within England and Wales.

(5) It shall be no defence that:

(a) payment requirements are implemented through third-party services; or

(b) alternative payment methods are provided; or

(c) content is offered through subscription models; or

(d) the platform operates from outside England and Wales.

(6) A person guilty of an offence under this section shall be liable:

(a) on conviction on indictment to imprisonment for a term not exceeding five years or to a fine or to both; or

(b) on summary conviction to imprisonment for a term not exceeding twelve months or to a fine not exceeding the statutory maximum or to both.

## **Section 68A. Broadcast and satellite transmission requirements**

(1) Any person who transmits, broadcasts, or makes available hardcore pornography or extreme pornography by means of satellite transmission, cable transmission, terrestrial broadcast, wireless transmission, or any other method of signal transmission commits an offence if such transmission is capable of being received within England and Wales without payment being required.

(2) For the purposes of this section, transmission includes:

- (a) direct satellite broadcasting; and
- (b) satellite uplink services; and
- (c) cable distribution; and
- (d) terrestrial broadcasting; and
- (e) internet protocol television services; and
- (f) streaming over wireless networks including satellite internet services; and
- (g) any other method of conveying audiovisual signals whether terrestrial or space-based.

(3) Any person who operates, controls, or provides services for:

- (a) satellite transponders; or
- (b) cable networks; or
- (c) broadcast infrastructure; or
- (d) wireless transmission systems,

commits an offence if such infrastructure is used to transmit material covered by subsection (1) without payment barriers to receivers in England and Wales.

(4) This section applies regardless of whether:

- (a) the transmission originates from within or outside England and Wales; or

(b) the satellite or infrastructure is located within or outside the jurisdiction; or

(c) the service is licensed by Ofcom or any other regulatory authority; or

(d) the transmission is encrypted or unencrypted.

(5) Any person who:

(a) advertises; or

(b) promotes; or

(c) provides programme guide information for,

channels or services transmitting material covered by subsection (1) commits an offence if such advertisements or information are accessible without payment from England and Wales.

(6) It shall be no defence that:

(a) transmission is conducted through third-party satellite operators; or

(b) signals originate from outside England and Wales; or

(c) the service is licensed in another jurisdiction; or

(d) receivers require special equipment; or

(e) the transmission utilises novel or emerging technologies.

(7) A person guilty of an offence under this section shall be liable:

(a) on conviction on indictment to imprisonment for a term not exceeding seven years or to a fine or to both; or

(b) on summary conviction to imprisonment for a term not exceeding twelve months or to a fine not exceeding the statutory maximum or to both.

## **Section 69. Allowing child access to pornographic material**

(1) A person who has attained the age of eighteen years commits an offence if, having care, custody, supervision, control, or authority over a child, that person through any act or omission permits, enables, or fails to prevent that child from accessing hardcore pornography or extreme pornography.

(2) For the purposes of this section, a person has care, custody, supervision, control, or authority over a child if that person is:

- (a) a parent or person with parental responsibility; or
- (b) a member of the same household as the child; or
- (c) a teacher or person engaged in the provision of education to the child; or
- (d) a person providing childcare services whether professionally or informally; or
- (e) any person responsible for the child's welfare in any capacity; or
- (f) any adult person present when such access occurs who has the practical ability to prevent such access.

(3) The offence under subsection (1) is one of strict liability, but it shall be a defence for a person charged to prove on the balance of probabilities that:

- (a) all reasonable precautions were taken and due diligence was exercised to prevent such access; and
- (b) such precautions included the implementation of appropriate technical safeguards; and
- (c) such precautions included adequate supervision of the child's internet usage; and
- (d) immediate intervention was taken upon becoming aware of attempted or actual access.

(4) A person guilty of an offence under this section shall be liable:

- (a) on conviction on indictment to imprisonment for a term not exceeding six years or to a fine or to both; or
- (b) on summary conviction to imprisonment for a term not exceeding twelve months or to a fine not exceeding the statutory maximum or to both.

## **Section 70. Corporate liability for child access**

(1) Any person who operates an electronic platform commits an offence if a child accesses hardcore pornography or extreme pornography through its service and the operator has failed to implement adequate safeguards to prevent such access.

(2) Adequate safeguards for the purposes of this section include:

- (a) effective payment requirements as specified in section 68; and
- (b) robust parental control tools provided without charge; and
- (c) comprehensive user guidance on implementing such tools; and
- (d) default application of content restrictions on new accounts; and
- (e) regular monitoring of payment requirement effectiveness; and
- (f) proactive identification and removal of methods used to circumvent payment requirements.

(3) A corporate body guilty of an offence under this section shall be liable to a fine not exceeding the greater of fifty million pounds or fifteen per cent of worldwide annual revenue for the preceding financial year.

## **Section 71. Investigative powers**

(1) A constable may, for the purposes of enforcing this Part:

- (a) require the production of any records relating to content hosting, user access, payment processing, or technical systems; and
- (b) seize any equipment reasonably believed to be used in the commission of offences under this Part; and



(c) require any person to provide passwords or access credentials for electronic devices or accounts; and

(d) enter and search premises under the authority of a warrant issued by a justice of the peace.

(2) The National Crime Agency shall have concurrent powers of investigation and prosecution in relation to offences under this Part and may establish specialist units for the investigation of online sexual exploitation.

(3) Where an offence under this Part is committed by a body corporate, and it is proved that the offence was committed with the consent or connivance of, or was attributable to any neglect on the part of, any director, manager, secretary, or other similar officer of the body corporate, or any person who was purporting to act in any such capacity, that person as well as the body corporate shall be guilty of the offence and liable to be proceeded against and punished accordingly.

## **Section 72. Jurisdiction and extraterritorial application**

(1) Proceedings for an offence under this Part may be taken at any place in England and Wales, and the offence may for all incidental purposes be treated as having been committed at any such place.

(2) Where an offence under this Part is committed outside England and Wales, proceedings may nevertheless be instituted if:

(a) the defendant is a British citizen; or

(b) the material in question is accessible from within England and Wales;  
or

(c) the platform or service derives revenue from users within England and Wales; or

(d) any act in furtherance of the offence occurs within England and Wales.

(3) In proceedings for offences under this Part, evidence that material was accessible from a computer or device located in England and Wales shall be

sufficient proof that the material was distributed within England and Wales, regardless of the location of servers or other technical infrastructure.

### **Section 73. Defences and exceptions**

(1) It shall be a defence to charges under sections 63 to 66 for a person to prove that the material in question constitutes legitimate educational material or artistic material as defined in section 62, provided that such classification is supported by credible evidence of educational or artistic purpose and recognition.

(2) It shall be a defence to charges under this Part for a person to prove that they took all reasonable steps to ascertain whether material constituted prohibited content and reasonably concluded that it did not, provided that such conclusion was based on objective assessment of the material's content and characteristics.

(3) Nothing in this Part shall apply to material possessed or distributed by:

- (a) law enforcement agencies for the purposes of investigation, prosecution, or prevention of crime; or
- (b) legal practitioners in connection with legal proceedings.

(4) The defences in this section place the burden of proof on the defendant to establish the defence on the balance of probabilities.

### **Section 74. Regulations and orders**

(1) The Secretary of State may by regulations made by statutory instrument make provision for the further implementation of this Part, including:

- (a) prescribing technical standards for payment systems, digital rights management, and content classification; and
- (b) establishing procedures for the reporting and investigation of offences; and
- (c) creating additional categories of prohibited material; and

(d) specifying acceptable payment methods for the purposes of section 68; and

(e) setting standards for corporate compliance programmes.

(2) Any statutory instrument containing regulations under this section shall be subject to annulment in pursuance of a resolution of either House of Parliament, save that regulations creating new criminal offences or increasing penalties shall require the approval of both Houses of Parliament.

### **Section 75. Consequential amendments and repeals**

(1) The Obscene Publications Act 1959 is amended such that any material classified as hardcore pornography or extreme pornography under this Part shall automatically be deemed obscene for the purposes of that Act.

(2) The following provisions are hereby repealed:

(a) section 63 of the Criminal Justice and Immigration Act 2008 relating to extreme pornographic images; and

(b) sections 177 to 180 of the Online Safety Act 2023 relating to age verification for pornographic content; and

(c) any other provision which conflicts with or duplicates the provisions of this Part.

(3) Any licence, permission, or authorisation granted under previous legislation for activities which would constitute offences under this Part shall cease to have effect six months after the commencement of this Part, providing that persons holding such licences may apply to the Secretary of State for transitional arrangements during this period.

### **Section 76. Reserved**

This section reserved for future annotations.



## **PART VIII - MALIGNANT SCHOLARSHIP**

### **Section 77. Definitions**

For the purposes of this Part:

"Academic fraud" means the deliberate misrepresentation of partisan advocacy, political propaganda, or materially false information as objective scholarly research or academic findings, where such misrepresentation is made with intent to deceive or with reckless disregard for truth.

"Academic institution" means any university, college, research institute, think tank, policy institute, foundation, or other body which presents itself to the public as engaged in scholarly research, academic study, or the advancement of knowledge, and which confers academic credentials, publishes academic materials, or receives public funding for research purposes.

"Academic misrepresentation" means the false presentation of material as conforming to academic standards of objectivity, methodological rigour, or scholarly inquiry when the presenter knows or should reasonably know that such material fails to meet such standards.

"Epistemological fraud" means the systematic abuse of public trust in academic authority through the deliberate presentation of false, misleading, or partisan material as credible academic research for the purpose of influencing public opinion, policy, or belief.

"Fraudulent scholarship" means material presented as academic research which: (a) contains material misstatements of fact made with knowledge of their falsity or with reckless disregard for their truth; (b) employs methodology known to be inadequate or inappropriate for the conclusions drawn; (c) deliberately omits material evidence that contradicts the conclusions presented; and (d) a reasonable person when in possession of an understanding of the facts would conclude is published with intent to deceive the public regarding its true nature or reliability.

"Material misstatement" means a false statement of fact which a reasonable person would consider important in evaluating the credibility or significance of academic claims, and which is capable of objective verification.

"National character misrepresentation" means the systematic presentation of false or misleading academic materials which attribute inherent moral, intellectual, or behavioural characteristics to the British people or any constituent peoples of the United Kingdom, where such attribution lacks adequate empirical foundation and is reasonably likely to promote false beliefs about such peoples.

"Public reliance" means the reasonable expectation by members of the public that materials presented with academic authority conform to accepted standards of scholarly objectivity and methodological rigour.

**"Systematic misrepresentation"** means a pattern of academic fraud involving three or more related publications or coordinated activity between multiple academic institutions or authors within a period of five years.

## **Section 78. Academic Fraud Offences**

(1) No academic institution shall engage in academic fraud by knowingly presenting partisan advocacy, political propaganda, or materially false information as objective scholarly research where such presentation is reasonably likely to deceive the public regarding the true nature or reliability of such material.

(2) No academic institution shall commit epistemological fraud by systematically abusing public trust in academic authority through the deliberate misrepresentation of the scholarly credentials, methodological rigour, or factual accuracy of published materials.

(3) For the purposes of this section, an academic institution acts with the requisite knowledge where:

(a) the institution has actual knowledge of the fraudulent nature of the material;

(b) the institution deliberately avoids inquiry into the true nature of the material; or

(c) the fraudulent nature of the material would be apparent to any reasonable academic institution exercising ordinary care in editorial oversight.

(4) Academic fraud occurs regardless of whether the fraudulent material also contains elements of legitimate scholarship, provided that the material as a whole constitutes a misrepresentation of its true character or reliability.

(5) It shall be evidence of intent to deceive where:

(a) material political advocacy is presented using the formal structures and language of academic research;

(b) sources are cited in a manner calculated to suggest greater reliability or objectivity than actually exists;

(c) methodology is described in terms that misrepresent its appropriateness for the conclusions drawn;

(d) material evidence contradicting the conclusions is deliberately omitted without disclosure; or

(e) coordination exists between academic institutions and political advocacy groups in the development or promotion of the material.

## **Section 79. Historical and Cultural Misrepresentation**

(1) No academic institution shall publish materials which systematically misrepresent the historical record concerning the United Kingdom through:

(a) attribution of exclusive or primary responsibility for historical phenomena to the United Kingdom where such attribution contradicts established historical evidence;

(b) selective presentation of historical evidence calculated to create false impressions about the United Kingdom's role in historical events;

(c) misrepresentation of the chronology, causation, or context of historical events in which the United Kingdom participated; or

(d) failure to acknowledge the United Kingdom's documented contributions to the resolution of historical problems or advancement of human welfare.

(2) It shall constitute historical misrepresentation where academic materials present as factual claims which:

(a) attribute the invention, origination, or unique responsibility for widespread historical practices to the United Kingdom when historical evidence demonstrates such practices were common across multiple societies;

(b) fail to acknowledge documented evidence of the United Kingdom's role in ending or ameliorating harmful practices;

(c) misrepresent the motivations, intentions, or consequences of British actions by selective citation of evidence; or

(d) apply anachronistic moral standards in a manner calculated to distort historical understanding rather than enhance it.

(3) No academic institution shall engage in national character misrepresentation by publishing materials which:

(a) attribute collective moral, intellectual, or behavioural characteristics to peoples of the United Kingdom based upon insufficient empirical evidence;

(b) present cultural or historical patterns as evidence of inherent characteristics;

(c) generalise from particular historical events or individuals to entire populations; or

(d) employ language or analysis calculated to promote prejudice or hostility toward the peoples of the United Kingdom.



(4) Academic institutions found liable under this section shall be subject to civil penalties reflecting the degree of misrepresentation and its impact upon public understanding.

### **Section 80. Fraudulent Use of Public Funding**

(1) No academic institution shall utilise public funding for the production of fraudulent scholarship as defined in Section 77, where such utilisation constitutes a misrepresentation to the funding body regarding the true nature or purpose of the funded activity.

(2) Academic institutions which have obtained public funding through misrepresentation of the scholarly nature of proposed research shall be liable for:

- (a) immediate repayment of all funds so obtained, together with interest at the statutory rate;
- (b) civil penalties equal to three times the amount of funding misused; and
- (c) disqualification from receiving public funding for periods determined by the severity of the misrepresentation.

(3) For the purposes of this section, misrepresentation occurs where an academic institution:

- (a) describes partisan advocacy as objective research in funding applications;
- (b) conceals the political nature or intended use of proposed research;
- (c) misrepresents the methodology to be employed or the standards to be applied;
- (d) fails to disclose conflicts of interest or external influences on the research; or
- (e) presents predetermined conclusions as outcomes of genuine inquiry.

### **Section 81. Civil Enforcement and Remedies**

(1) Any person who suffers material injury as a result of conduct prohibited by this Part may bring proceedings for:

- (a) injunctive relief to prevent further publication or distribution of fraudulent materials;
- (b) monetary damages sufficient to compensate for the material injury suffered;
- (c) an order requiring public correction, retraction, or clarification of false statements; and
- (d) reasonable costs and expenses incurred in bringing the proceedings.

(2) The Attorney General may bring proceedings on behalf of the Crown for:

- (a) any remedy available under subsection (1);
- (b) civil penalties not exceeding £2,000,000 for each violation;
- (c) orders disqualifying offending academic institutions from receiving public funding; and
- (d) such other relief as the court considers just and appropriate.

(3) For aggravated academic fraud involving systematic misrepresentation of national history or character, minimum civil penalties shall be £1,000,000 per violation.

(4) Material injury includes but is not limited to:

- (a) demonstrable loss of reputation or standing;
- (b) economic loss directly attributable to the fraudulent materials;
- (c) loss of public confidence in legitimate institutions; and
- (d) costs necessarily incurred in correcting false impressions created by fraudulent materials.

## **Section 82. Defences and Public Interest**

(1) It shall be a complete defence to proceedings under this Part that the material complained of:

- (a) contains no material misstatements of fact;
- (b) employs methodology appropriate to the conclusions drawn;
- (c) presents evidence in a balanced manner with adequate disclosure of limitations; and
- (d) clearly distinguishes between established facts and interpretive judgements.

(2) It shall be a defence that publication was made in the public interest where:

- (a) the material exposes genuine wrongdoing or misconduct by public officials or institutions;
- (b) the publication serves a legitimate public purpose in revealing information of genuine public concern;
- (c) the material, whilst critical, is based upon credible evidence and employs appropriate scholarly methodology; and
- (d) the public benefit of disclosure outweighs any injury caused.

(3) The public interest defence shall not apply where:

- (a) the material contains deliberate falsifications or fabrications;
- (b) evidence contradicting the claims has been deliberately suppressed;
- (c) the material is published primarily for partisan political purposes rather than genuine scholarly inquiry; or
- (d) the manner of publication demonstrates intent to mislead rather than inform.

(4) In determining whether the public interest defence applies, the court shall consider:

- (a) the factual accuracy and methodological rigour of the material;

- (b) the balance and completeness of evidence presented;
- (c) the scholarly qualifications and objectivity of the authors; (d) the legitimate public concern addressed by the publication; and
- (e) whether less harmful means of addressing the public concern were reasonably available.

(5) The burden of proving any defence under this section lies upon the party asserting such defence.

### **Section 83. Exemptions**

Nothing in this Part shall be construed to prohibit:

- (a) legitimate historical scholarship employing accepted academic methodology;
- (b) political commentary or opinion clearly presented as such;
- (c) artistic, literary, or creative expression not presented as factual academic research;
- (d) genuine scholarly debate concerning contentious historical or contemporary subjects;
- (e) criticism of government policy or public institutions based upon credible evidence; or
- (f) academic materials which, whilst containing errors, were published in good faith according to accepted scholarly standards.

### **Section 84. Enforcement and Implementation**

(1) The Attorney General shall have responsibility for enforcement of this Part and may establish such procedures as are necessary for the investigation of complaints and prosecution of violations.

(2) Academic institutions shall maintain records of editorial processes, peer review procedures, funding sources, and external relationships for all published

materials, which shall be available for inspection during investigations under this Part.

(3) Any court of competent jurisdiction may hear proceedings under this Part and shall apply the principles established herein without resort to secondary legislation or ministerial guidance.

(4) The courts shall interpret the provisions of this Part with reference to established legal principles concerning fraud, misrepresentation, and breach of trust, giving due weight to the particular nature of academic authority and public reliance thereon.

### **Section 85. Transitional Provisions**

(2) Academic institutions shall have six months from commencement to establish compliance procedures and review existing editorial policies.

(3) No proceedings under this Part may be commenced more than six years after publication of the allegedly fraudulent material.

## PART IX - CONSANGUINITY

### Section 86. Amendment of Marriage Act 1949

(1) The Marriage Act 1949 is amended as follows.

(2) In section 1 (restrictions on marriage of persons under sixteen), after subsection (3) insert—

"(4) A marriage shall be void where the parties are related by consanguinity such that their coefficient of relationship equals or exceeds five per centum."

(3) After section 1 insert—

#### **"1A Prohibition of consanguineous marriages**

(1) For the purposes of section 1(4), 'coefficient of relationship' means the probability that two individuals share identical alleles by descent from a common ancestor, expressed as a percentage.

(2) Without prejudice to the generality of section 1(4), marriages between the following persons are specifically prohibited—

(a) first cousins, being persons who are the children of siblings sharing two grandparents in common;

(b) half-uncle or half-aunt with half-niece or half-nephew, being persons where one is the sibling of a biological parent of the other, sharing one grandparent in common;

(c) first cousins once removed, being persons where one is the child of a first cousin of the other;

(d) any persons related by closer consanguinity than those specified in paragraphs (a) to (c).

**Section 1B Prohibition of cross-generational step-relationships**

(1) A marriage shall be void where one party has at any time stood in relation to the other as—

(a) step-parent, step-grandparent, or step-great-grandparent; or

(b) step-child, step-grandchild, or step-great-grandchild.

(2) For the purposes of subsection (1), 'step-relationship' means a relationship created through the marriage of a biological parent to a person who is not the biological parent of the individual concerned.

(3) The prohibition in subsection (1) applies regardless of—

(a) the age at which the step-relationship was established;

(b) whether the step-relationship continues to subsist;

(c) the duration for which the step-relationship subsisted.

**1C Genetic testing requirements**

(1) Where doubt exists as to whether persons giving notice of marriage are related within the prohibited degrees under section 1A, the superintendent registrar may require genetic testing to determine the coefficient of relationship.

(2) Genetic testing under subsection (1) shall be conducted by a laboratory approved by the Secretary of State.

(3) The cost of genetic testing shall be borne by the persons giving notice of marriage."

(4) In Schedule 1 (kindred and affinity), after paragraph 30 insert—

"31. Relationships prohibited under sections 1A and 1B shall be in addition to those specified in paragraphs 1 to 30 of this Schedule."

### **Section 87. Amendment of Civil Partnership Act 2004**

(1) The Civil Partnership Act 2004 is amended as follows.

(2) In section 3 (prohibited degrees: consanguinity), after subsection (2) insert—

"(3) Two people may not register as civil partners where they are related by consanguinity such that their coefficient of relationship equals or exceeds five per centum, as defined in section 1A of the Marriage Act 1949."

(3) After section 3 insert—

#### **"3A Prohibited degrees: cross-generational step-relationships**

Two people may not register as civil partners where the provisions of section 1B of the Marriage Act 1949 would prohibit their marriage."

### **Section 88. Criminal offences**

(1) In section 75 of the Sexual Offences Act 2003 (sex with an adult relative: penetration), after subsection (7) insert—

"(8) A person commits an offence who knowingly enters into a marriage or civil partnership prohibited under sections 1A or 1B of the Marriage Act 1949.

(9) A person commits an offence who, being authorised to solemnise marriages or register civil partnerships, knowingly solemnises a marriage or registers a civil partnership prohibited under sections 1A or 1B of the Marriage Act 1949.



(10) An offence under subsection (8) or (9) is punishable on conviction on indictment by imprisonment for a term not exceeding two years."

## PART X - IMPOSED PATERNITY

### Section 89. Interpretation

(1) In this Part—

"reproductive material" means— (a) human sperm, whether ejaculated, extracted, or otherwise obtained from the male reproductive system; (b) human ova, whether matured, extracted, or otherwise obtained from the female reproductive system; (c) human embryos created by the fertilisation of an ovum by sperm outside the human body; (d) any combination of the foregoing;

"contraceptive device" means any barrier, chemical, mechanical, or medical device designed to prevent conception during sexual intercourse, including but not limited to— (a) male condoms; (b) female condoms; (c) diaphragms; (d) cervical caps; (e) spermicidal preparations;

"contraceptive method" includes— (a) withdrawal before ejaculation; (b) rhythm or calendar-based methods; (c) any method of preventing conception agreed between sexual partners;

"medical professional" means any person registered with the General Medical Council, the Nursing and Midwifery Council, or any other statutory health professional regulatory body;

"assisted reproductive procedure" means any medical procedure involving the handling, preparation, treatment, or use of reproductive material for the purpose of achieving pregnancy;

"biological father" means the male whose sperm fertilised the ovum resulting in conception, as may be determined by deoxyribonucleic acid analysis or other scientifically accepted paternity testing methods.

**Section 90. Unauthorised retention and use of reproductive material**

(1) A person commits an offence if—

- (a) without the consent of another person ("the donor"), the person obtains, retains, or uses reproductive material of the donor;
- (b) the person knows that the donor has not consented to such obtaining, retention, or use; and
- (c) the person intends to use, or permits the use of, such reproductive material for the purpose of causing pregnancy.

(2) For the purposes of subsection (1), reproductive material is obtained, retained, or used without consent where—

- (a) no consent has been given;
- (b) consent was given for a specific purpose which does not include the actual use made of the material;
- (c) consent has been withdrawn and the person knew or ought reasonably to have known of such withdrawal; or
- (d) consent was obtained by deception as to the intended use of the material.

(3) It is immaterial for the purposes of this section—

- (a) whether the reproductive material was originally provided voluntarily during lawful sexual activity;
- (b) where the reproductive material was obtained or from what location;
- (c) whether the person who obtained the material was a participant in the sexual activity during which the material was provided.

(4) A person guilty of an offence under this section is liable—

- (a) on summary conviction, to imprisonment for a term not exceeding 12 months, or a fine not exceeding £10,000, or both;

- (b) on conviction on indictment, to imprisonment for a term not exceeding 5 years.

### **Section 91. Contraceptive sabotage**

(1) A person commits an offence if—

- (a) the person intentionally damages, destroys, or renders ineffective any contraceptive device or preparation before or during sexual intercourse;
- (b) the person knows that another person ("the victim") is relying upon the effectiveness of such contraceptive device or preparation;
- (c) the person intends that such damage, destruction, or rendering ineffective will result in the failure of contraception; and
- (d) the person does not inform the victim of such damage, destruction, or rendering ineffective before sexual intercourse commences or continues.

(2) For the purposes of subsection (1), a contraceptive device or preparation is damaged, destroyed, or rendered ineffective where—

- (a) it is physically altered in any manner which reduces its contraceptive effectiveness;
- (b) it is subjected to conditions which the person knows or ought to know will reduce its contraceptive effectiveness;
- (c) it is replaced with an ineffective substitute;
- (d) it is removed or displaced without the knowledge of the person relying upon it.

(3) A person commits an offence if—

- (a) the person makes a false representation to another person regarding the use, presence, or effectiveness of any contraceptive device, preparation, or method;
- (b) the person knows the representation to be false or is reckless as to its truth;

(c) the other person relies upon such representation in consenting to sexual intercourse; and

(d) the person intends that the false representation will result in sexual intercourse without effective contraception.

(4) A person guilty of an offence under this section is liable—

(a) on summary conviction, to imprisonment for a term not exceeding 12 months, or a fine not exceeding £10,000, or both;

(b) on conviction on indictment, to imprisonment for a term not exceeding 7 years.

## **Section 92. Reproductive misrepresentation**

(1) A person commits an offence if—

(a) the person makes a false representation of material fact concerning their reproductive status, capacity, or medical history to another person;

(b) the person knows the representation to be false or is reckless as to its truth;

(c) the representation is made with intent to deceive the other person regarding the likelihood or possibility of pregnancy resulting from sexual intercourse;

(d) the other person, in reliance upon such representation, engages in sexual intercourse or reproductive decision-making; and

(e) pregnancy results from such sexual intercourse or reproductive decision-making.

(2) For the purposes of subsection (1), a false representation of material fact includes but is not limited to—

(a) a false statement regarding fertility or infertility;

(b) a false statement regarding the use of hormonal or long-acting contraceptive methods;

- (c) a false statement regarding sterilisation procedures;
- (d) a false statement regarding reproductive medical conditions affecting fertility;
- (e) concealment of the cessation of contraceptive use where there was a duty to disclose such cessation.

(3) A person guilty of an offence under this section is liable— (a) on summary conviction, to imprisonment for a term not exceeding 6 months, or a fine not exceeding £5,000, or both; (b) on conviction on indictment, to imprisonment for a term not exceeding 2 years.

### **Section 93. Paternity fraud**

(1) A person commits an offence if—

- (a) the person knowingly makes a false representation to another person that a child is the biological child of that other person;
- (b) the person knows that the other person is not the biological father of the child;
- (c) the representation is made with intent to cause the other person to believe they are the biological father;
- (d) the representation is made for the purpose of obtaining financial support, parental involvement, or other benefit from the other person; and
- (e) the other person, in reliance upon such representation, provides financial support or assumes parental obligations.

(2) A person commits an offence if—

- (a) the person knowingly makes a false statement regarding the identity of a child's biological father in any official document, legal proceeding, or to any public authority;
- (b) the person knows the statement to be false; and

(c) the false statement is made with intent to deceive regarding the child's parentage.

(3) It is a defence to an offence under this section if the person proves that—

(a) they reasonably believed the representation or statement to be true based on the information available to them at the time; or

(b) the false representation or statement was made to protect the child or another person from serious harm.

(4) A person guilty of an offence under this section is liable—

(a) on summary conviction, to imprisonment for a term not exceeding 12 months, or a fine not exceeding £10,000, or both;

(b) on conviction on indictment, to imprisonment for a term not exceeding 5 years.

## **Section 94. Fertility fraud**

(1) A medical professional commits an offence if, in the course of providing assisted reproductive procedures, the medical professional—

(a) uses reproductive material other than that which the patient has consented to receive;

(b) uses their own reproductive material without the specific written consent of the patient to such use;

(c) makes false representations regarding the source, characteristics, or medical history of reproductive material to be used; or

(d) performs procedures involving reproductive material without the informed consent of all parties whose material is being used.

(2) A person commits an offence if—

(a) the person provides assisted reproductive procedures without holding the appropriate licence required under the Human Fertilisation and Embryology Act 1990;

- (b) the person holds themselves out as qualified to provide such procedures when they are not so qualified; or
- (c) the person operates facilities for the storage or use of reproductive material without appropriate licensing.

(3) A person guilty of an offence under subsection (1) is liable—

- (a) on summary conviction, to imprisonment for a term not exceeding 12 months, or a fine not exceeding £20,000, or both;
- (b) on conviction on indictment, to imprisonment for a term not exceeding 14 years.

(4) A person guilty of an offence under subsection (2) is liable—

- (a) on summary conviction, to imprisonment for a term not exceeding 6 months, or a fine not exceeding £10,000, or both;
- (b) on conviction on indictment, to imprisonment for a term not exceeding 2 years.

## **Section 95. Improper use of assisted reproductive technology**

(1) A person commits an offence if—

- (a) the person performs or causes to be performed any procedure involving the artificial introduction of reproductive material into another person;
- (b) such procedure is performed outside a facility licensed under the Human Fertilisation and Embryology Act 1990; and
- (c) the person knows or ought to know that such facility is required to be licensed.

(2) A person commits an offence if—

- (a) the person provides, offers to provide, or advertises the provision of reproductive material or reproductive services;
- (b) such provision or offer is made for financial gain;



(c) the person is not licensed to provide such material or services under the Human Fertilisation and Embryology Act 1990; and

(d) the person knows or ought to know that such licence is required.

(3) A person guilty of an offence under this section is liable—

(a) on summary conviction, to imprisonment for a term not exceeding 6 months, or a fine not exceeding £10,000, or both;

(b) on conviction on indictment, to imprisonment for a term not exceeding 3 years.

### **Section 96. Professional consequences**

(1) Where a medical professional is convicted of an offence under section 69, the court may direct that particulars of the conviction be communicated to the appropriate professional regulatory body.

(2) The professional regulatory body shall consider whether the conviction renders the medical professional unfit to practise and may take such action as it considers appropriate, including removal from the professional register.

### **Section 97. Limitation periods**

(1) Notwithstanding any other enactment, proceedings for an offence under this Part may be commenced—

(a) within 6 years of the date on which evidence sufficient in the opinion of the prosecutor to justify proceedings came to the knowledge of the prosecutor; and

(b) within 20 years of the date of the commission of the offence, whichever period expires the earlier.

(2) For the purposes of subsection (1)(a), a certificate signed by or on behalf of the prosecutor stating the date on which such evidence came to the prosecutor's knowledge shall be conclusive evidence of that fact.

**Section 98. Defences and exceptions**

(1) It is a defence to any offence under this Part if the person proves that their actions were—

- (a) necessary to preserve life or prevent serious injury to any person;
- (b) required by law or under the order of a court of competent jurisdiction;  
or
- (c) undertaken with the genuine belief that they had lawful authority to act as they did.

(2) Nothing in this Part shall apply to—

- (a) actions undertaken by medical professionals in the course of emergency medical treatment where consent cannot practicably be obtained;
- (b) procedures authorised under the Human Fertilisation and Embryology Act 1990 and undertaken in accordance with that Act;
- (c) actions undertaken by law enforcement agencies in the course of their official duties.

## **PART XI - ADOPTION & SURROGACY**

### **Section 99. Definitions**

For the purposes of this Part:

"Parental responsibility" means the collection of duties, rights, powers, responsibilities, and authority which by natural law parents have in respect of their biological children.

"Parenthood transfer arrangement" means any procedure, process, order, or mechanism whereby parental responsibility is assigned, transferred, or vested in persons who are not the natural parents of a child, other than through adoption proceedings under the Adoption and Children Act 2002.

"Surrogacy arrangement" means any agreement, understanding, or arrangement, whether formal or informal, written or oral, commercial or altruistic, whereby a woman agrees to become pregnant and bear a child with the intention, purpose, or understanding that she will relinquish that child to other persons who are not the biological father for the purpose of those persons raising the child as their own.

### **Section 100. Repeal of Surrogacy and Parenthood Transfer Legislation**

(1) The following provisions are hereby repealed in their entirety:

- (a) The Surrogacy Arrangements Act 1985;
- (b) Section 54 of the Human Fertilisation and Embryology Act 2008 (parental orders in favour of gamete donors);
- (c) Section 54A of the Human Fertilisation and Embryology Act 2008 (parental orders: supplementary provision);
- (d) Any provision in any Act which permits the making of parental orders or similar arrangements for the transfer of parental responsibility from natural parents to commissioning parties in surrogacy arrangements.

(2) The following statutory instruments are hereby revoked:

(a) The Human Fertilisation and Embryology (Parental Orders) Regulations 2010 (SI 2010/985);

(b) The Human Fertilisation and Embryology (Parental Orders) (Consequential, Transitional and Saving Provisions) Order 2010 (SI 2010/986);

(c) Any other statutory instrument made under the repealed provisions.

(3) No Minister of the Crown shall have power to make regulations, orders, or other secondary legislation for the purpose of facilitating, enabling, or giving effect to surrogacy arrangements or parenthood transfer arrangements.

### **Section 101. Absolute Prohibition of Surrogacy**

(1) No person shall enter into, arrange, facilitate, advertise, negotiate, or give effect to any surrogacy arrangement.

(2) Any surrogacy arrangement shall be void ab initio and of no legal effect whatsoever in any court or tribunal within the jurisdiction.

(3) No consideration, payment, fee, or benefit of any kind, whether monetary or otherwise, given or received in connection with any surrogacy arrangement shall create any legal obligation, entitlement, or enforceable right.

(4) The prohibition in subsection (1) applies to:

(a) any surrogacy arrangement entered into within the jurisdiction of England and Wales;

(b) any surrogacy arrangement entered into outside the jurisdiction where any party thereto is habitually resident within England and Wales;

(c) any surrogacy arrangement entered into outside the jurisdiction where it is intended that any resulting child shall be brought into England and Wales.

(5) No court within the jurisdiction shall recognise, enforce, or give effect to any foreign judgment, order, decree, or determination which purports to establish, transfer, or recognise parental rights arising from or connected with a surrogacy arrangement.

### **Section 102. Prohibition of Parenthood Transfer Arrangements**

(1) No court shall make any order which has the effect of transferring parental responsibility from natural parents to any other person save through adoption proceedings conducted under the Adoption and Children Act 2002.

(2) No person shall enter into, facilitate, or give effect to any parenthood transfer arrangement.

(3) Any parenthood transfer arrangement shall be void ab initio and of no legal effect whatsoever.

(4) The prohibitions in this section apply regardless of:

- (a) the method by which the child was conceived;
- (b) whether the child was conceived through artificial reproductive technologies;
- (c) the genetic relationship between the child and any party to the arrangement;
- (d) whether consideration was given or received.

### **Section 103. Criminal Offences**

(1) A person commits an offence if he enters into a surrogacy arrangement as an intended or commissioning parent.

(2) A person commits an offence if she enters into a surrogacy arrangement as a surrogate mother.

(3) A person commits an offence if he facilitates, arranges, negotiates, brokers, or acts as an intermediary in respect of any surrogacy arrangement.

(4) A person commits an offence if he provides professional services including legal, medical, counselling, or administrative services with the knowledge that such services are intended to give effect to, facilitate, or enable a surrogacy arrangement or parenthood transfer arrangement.

(5) A person commits an offence if he operates, manages, or is employed by any agency, clinic, organisation, or establishment for the purpose of facilitating surrogacy arrangements or parenthood transfer arrangements.

(6) A person commits an offence if he publishes, distributes, displays, or causes to be published any advertisement, notice, circular, or communication by any means including electronic media which:

(a) offers surrogacy services or arrangements;

(b) seeks women willing to enter into surrogacy arrangements;

(c) promotes, encourages, or solicits surrogacy arrangements or parenthood transfer arrangements.

(7) A person guilty of an offence under this section shall be liable:

(a) on summary conviction, to imprisonment for a term not exceeding twelve months or to a fine not exceeding the statutory maximum, or to both;

(b) on conviction on indictment, to imprisonment for a term not exceeding five years or to a fine, or to both.

(8) Where a body corporate commits an offence under this section, any director, manager, secretary, company secretary, or other similar officer of the body corporate who consented to or connived at the commission of the offence shall be guilty of the same offence and liable to be proceeded against and punished accordingly.

**Section 104. Legal Status of Children Born Through Surrogacy**

(1) Any child born as a result of a surrogacy arrangement shall be deemed in law to be the child of the biological mother who bore that child.

(2) The biological mother shall possess full and exclusive parental responsibility for any child born pursuant to a surrogacy arrangement from the moment of birth.

(3) No payment, transfer, assignment, or purported transfer of custody, care, or parental responsibility effected pursuant to any surrogacy arrangement or parenthood transfer arrangement shall affect the legal status established under subsections (1) and (2).

(4) Where intended or commissioning parents have obtained physical custody of a child born through a surrogacy arrangement, the biological mother may apply to the court for the immediate return of the child.

(5) Upon an application under subsection (4), the court shall order the immediate return of the child to the biological mother unless satisfied on clear and compelling evidence that such return would expose the child to a substantial risk of significant physical harm.

(6) The biological mother may consent in writing to arrangements for the care of a child born through a surrogacy arrangement, but any such consent may be revoked by her at any time without notice and without the need to provide reasons.

**Section 105. Nullification of Existing Parental Orders and Transfer Arrangements**

(1) Any parental order made under section 54 of the Human Fertilisation and Embryology Act 2008 prior to the commencement of this Part shall cease to have effect six months after such commencement.

(2) Any other order, arrangement, or determination which has the effect of transferring parental responsibility from natural parents to other persons through parenthood transfer arrangements shall cease to have effect six months after the commencement of this Part.

(3) Upon the cessation of any order or arrangement under subsections (1) or (2), parental responsibility shall vest in the natural parents of the child.

(4) Any person affected by the cessation of an order or arrangement under subsections (1) or (2) may, within the six-month period, apply to the court for:

(a) interim arrangements for the continued care of the child pending resolution of permanent arrangements;

(b) contact arrangements with the child.

(5) No application under subsection (4)(a) shall result in any order extending beyond twelve months from the cessation of the relevant order or arrangement.

(6) Where natural parents cannot be identified or located, or where both natural parents are deceased, the provisions of the Children Act 1989 relating to children in need of care shall apply.

### **Section 106. Duties of Public Authorities and Professional Bodies**

(1) No public authority, including any local authority, health authority, NHS trust, or government department, shall facilitate, approve, fund, or provide resources for any surrogacy arrangement or parenthood transfer arrangement.

(2) The Human Fertilisation and Embryology Authority shall not license any clinic, practitioner, or facility for activities which facilitate or enable surrogacy arrangements or parenthood transfer arrangements.

(3) Professional regulatory bodies including the General Medical Council, Nursing and Midwifery Council, and Solicitors Regulation Authority shall treat



participation in surrogacy arrangements or parenthood transfer arrangements as professional misconduct warranting disciplinary proceedings.

(4) The Secretary of State shall issue statutory guidance to all relevant public authorities and professional bodies on the implementation and enforcement of this Part within three months of its commencement.

(5) No Minister of the Crown shall exercise any power to make secondary legislation which would have the effect of permitting, facilitating, or enabling surrogacy arrangements or parenthood transfer arrangements.

### **Section 107. Repeal of Same-Sex Adoption Provisions**

(1) The following provisions are hereby repealed:

(a) Section 144(4) of the Adoption and Children Act 2002 insofar as it permits adoption by civil partners;

(b) Section 144(4A) of the Adoption and Children Act 2002 insofar as it permits adoption by couples of the same sex;

(c) Section 79(2) to (4) of the Civil Partnership Act 2004 (adoption by civil partners).

(2) The following statutory instruments are hereby revoked:

(a) The Equality Act (Sexual Orientation) Regulations 2007 (SI 2007/1263) insofar as they apply to adoption agencies and adoption services;

(b) Any regulations made under the Civil Partnership Act 2004 which extend adoption rights to civil partners.

(3) Any provision in the Marriage (Same Sex Couples) Act 2013 which extends adoption rights to same-sex married couples is hereby repealed.

**Section 108. Restoration of Traditional Adoption Requirements**

(1) Section 144 of the Adoption and Children Act 2002 is amended by the substitution for subsections (4) to (7) of: "(4) An adoption order may not be made on the application of more than one person unless the application is made by a married couple. (5) For the purposes of subsection (4), a married couple means a man and woman who are married to each other. (6) An adoption order may not be made on an application under subsection (4) unless both applicants have attained the age of 21 years. (7) An adoption order may not be made in any other case unless the applicant has attained the age of 21 years."

(2) Section 50 of the Adoption and Children Act 2002 is amended by the insertion after subsection (2) of: "(2A) Where a placement order is made, the local authority may only place the child for adoption with prospective adopters who are eligible to apply for an adoption order under section 144."

**Section 109. Nullification of Same-Sex Adoption Orders**

(1) Any adoption order made in favour of civil partners or same-sex couples prior to the commencement of this section shall remain valid and shall not be affected by the provisions of this Part.

(2) No new adoption applications may be made by civil partners, same-sex couples, or same-sex married couples after the commencement of this Part.

**Section 110. Duties of Adoption Agencies**

(1) Adoption agencies shall not approve as prospective adopters any persons other than:

- (a) married couples consisting of one man and one woman; or
- (b) single persons in accordance with the existing provisions of the Adoption and Children Act 2002.

(2) No adoption agency shall be required to provide services to, or assess applications from, civil partners or same-sex couples.

(3) No enforcement action shall be taken against any adoption agency for declining to provide services in accordance with subsection (2).

## **PART XII - FOETICIDE & TERMINATION OF PREGNANCY**

### **Section 111. Override of existing case law and statutory definitions**

(1) Notwithstanding any decision of any court including the House of Lords, Court of Appeal, High Court, or any other judicial authority, and notwithstanding any provision in any existing statute, the following definitions shall apply for the purposes of this Act only and shall not extend to other legislation unless expressly provided by subsequent primary legislation:

"Unlawful killing of a human person" includes any deliberate act causing the death of a human person as defined in this Act, whether before or after birth, except where expressly authorised by this Act.

(2) The definitions in subsection (1) apply exclusively within the scope of this Act and do not alter the meaning of "person" or related terms in any other legislation, including but not limited to the Homicide Act 1957, the Criminal Justice Act 2003, or the Children Act 1989, unless expressly amended by subsequent primary legislation.

(3) For the avoidance of doubt, these definitions apply exclusively to human organisms and do not extend to non-human species, laboratory cell cultures, artificial biological constructs, or in vitro embryos created for research purposes under separate statutory licensing regimes.

### **Section 112. Medical and procedural definitions**

(1) For the purposes of this Part:

"Spontaneous pregnancy loss" means the natural termination of pregnancy without external intervention where foetal death has occurred through natural biological processes prior to any medical intervention, including embryonic demise, missed miscarriage, inevitable miscarriage, incomplete miscarriage, and stillbirth.

"Medical management of pregnancy loss" means clinical intervention to complete or assist a spontaneous pregnancy loss where a registered medical practitioner has certified that foetal death has occurred through natural biological processes prior to any intervention and that intervention is solely intended to complete the natural process or prevent maternal complications.

"Lawful termination of pregnancy under this Act" means the deliberate ending of pregnancy through medical intervention under the express authorisation of this Act where the human person is alive at the commencement of the procedure.

"Termination of pregnancy" means the deliberate ending of gestation through medical intervention with intent to cause the death of a living human person, whether pharmaceutical or surgical.

"Abortion" means termination of pregnancy as defined in this section, excluding spontaneous pregnancy loss and emergency contraception administered before implantation.

"Miscarriage" means spontaneous pregnancy loss as defined in this section.

"Foeticide" means unlawful killing of a human person before birth contrary to this Act.

"Termination medications" means any pharmaceutical substance, preparation, or compound designed to, or having the primary effect of, ending human gestation, disrupting implantation after fertilisation has occurred, or causing expulsion of a living human embryo or foetus, as specified in Schedule 3 to this Act, when prescribed or administered with intent to terminate pregnancy. This definition excludes such substances when prescribed for other legitimate medical purposes including management of spontaneous pregnancy loss, treatment of cancer, rheumatoid arthritis, gastric ulcers, or post-partum haemorrhage.

"Emergency contraception" means pharmaceutical intervention administered within seventy-two hours of intercourse and before biochemical or clinical

evidence of pregnancy, designed to prevent fertilisation or implantation, where no pregnancy test has confirmed conception.

"Gestational age" means the period elapsed since the first day of the last menstrual period calculated according to the method producing the most accurate estimate, whether clinical dating, ultrasound measurement, or other recognised obstetric methodology, with preference given to ultrasound dating where clinical dating is uncertain by more than one week.

"Medical practitioner" means a person registered with the General Medical Council under the Medical Act 1983, holding a licence to practise, and in good standing without current fitness to practise restrictions.

"Consultant" means a medical practitioner appointed to a consultant post in the National Health Service, holding equivalent private practice qualifications recognised by the relevant medical royal college, or holding foreign qualifications recognised as equivalent by the General Medical Council for the purposes of specialist practice in the United Kingdom.

"Initial consultation" means the first face-to-face meeting between a pregnant woman and a medical practitioner where termination of pregnancy is discussed as a potential option, regardless of subsequent consultations or referrals.

### **Section 113. Offences against human persons before birth**

(1) Any person who intentionally or recklessly kills a human person before birth, knowing or being reckless as to whether such person exists, commits the offence of foetal homicide, punishable by imprisonment for life.

(2) Any person who attempts to kill a human person before birth with intent to cause death commits the offence of attempted foetal homicide, punishable by imprisonment not exceeding twenty-five years.

(3) Any person who intentionally or recklessly administers any poison, noxious substance, pharmaceutical preparation, or uses any instrument or other means with intent to cause the death of a human person before birth commits an offence punishable by imprisonment for life.

(4) Any person who supplies, procures, manufactures, distributes, imports, or knowingly facilitates access to any poison, noxious substance, pharmaceutical preparation, or instrument, knowing that it is intended to cause the death of a human person before birth, commits an offence punishable by imprisonment not exceeding twenty years and an unlimited fine.

(5) These offences shall not apply where the death results from:

- (a) lawful termination of pregnancy expressly authorised under Part 12 of this Act;
- (b) medical management of spontaneous pregnancy loss under section 114 of this Act;
- (c) emergency contraception administered under section 114 of this Act;
- (d) treatment of ectopic pregnancy under section 114 of this Act;
- (e) medical treatment for maternal conditions under section 114(7) where foetal death is an unintended consequence of necessary maternal treatment.

(6) For the purposes of this section, intention may be direct or oblique, and recklessness includes conscious disregard of a substantial and unjustifiable risk that the conduct will cause death of a human person.

(7) Where any person administers termination medication to another person without their knowledge or informed consent, such conduct shall constitute attempted foetal homicide under subsection (2) and attempted grievous bodily harm to the pregnant woman, and shall be referred to the Crown Prosecution

Service for consideration as attempted murder of the human person and attempted grievous bodily harm to the woman, with prosecution proceeding under the charges carrying the highest maximum penalty.

#### **Section 114. Exceptions and clarifications**

(1) Nothing in this Act shall criminalise, require reporting of, or create liability for spontaneous pregnancy loss where no external intervention has been applied with intent to cause the death of the human person.

(2) Medical management of spontaneous pregnancy loss using procedures or medications otherwise restricted by this Act shall be lawful when:

- (a) performed by a registered medical practitioner with appropriate obstetric qualifications as defined in Schedule 12;
- (b) the practitioner certifies in writing that spontaneous pregnancy loss has commenced and foetal death has occurred through natural biological processes without external intervention, supported by appropriate clinical evidence including ultrasound confirmation where technically feasible;
- (c) the intervention is intended solely to complete the natural process, prevent maternal complications arising from retained products of conception, or treat maternal complications arising from spontaneous pregnancy loss;
- (d) appropriate documentation is maintained recording the clinical justification, evidence of prior foetal demise, and confirmation that no intervention was applied with intent to cause foetal death;
- (e) the case is reported to the Chief Medical Officer within seven days for statistical monitoring purposes only, with anonymised data collection that cannot identify individual patients.



(3) Emergency contraception administered before implantation has occurred shall not constitute termination of pregnancy under this Act, provided it is administered within seventy-two hours of intercourse, before clinical or biochemical evidence of pregnancy, and where no pregnancy test has confirmed conception.

(4) Treatment of ectopic pregnancy, including pharmaceutical intervention with methotrexate or surgical intervention, shall be lawful when performed by a registered medical practitioner who certifies that the pregnancy is not viable due to implantation outside the uterine cavity and poses risk to maternal health.

(5) The creation, storage, research use, and destruction of human embryos under statutory licence shall be governed by existing primary legislation regulating assisted reproduction, provided such activities occur within fourteen days of fertilisation, do not involve implantation or transfer to a human or animal uterus, and are conducted under appropriate ethical oversight and licensing arrangements.

(6) Nothing in this Act shall affect contraceptive methods that prevent fertilisation, including barrier methods, hormonal contraceptives that prevent ovulation, and intrauterine devices that prevent fertilisation.

(7) Medical treatment for conditions affecting pregnant women that may incidentally result in foetal death shall be lawful when the primary intention is treatment of the maternal condition and not termination of pregnancy, provided the treatment follows established medical protocols and the practitioner certifies that no reasonable alternative exists and that the benefit to the mother outweighs the risk to the foetus.

### **Section 115. Corporate and institutional liability**

(1) Where an offence under section 113 is committed by a body corporate and is proved to have been committed with the consent or connivance of, or to be attributable to gross negligence on the part of, any director, manager, secretary, or

other similar officer of the body corporate, that person as well as the body corporate shall be guilty of the offence.

(2) Healthcare institutions, pharmaceutical companies, and other commercial entities may be held liable for offences under this Act where they systematically fail to implement adequate safeguarding systems to prevent unlawful activities or where they facilitate such activities through institutional policies, practices, or deliberate indifference to obvious risks.

(3) Corporate liability requires proof of organisational failure going beyond individual employee misconduct, demonstrating systemic failures in governance, training, supervision, or compliance that contributed to the offending behaviour.

(4) No liability shall attach to commercial entities for isolated employee misconduct where adequate systems of training, supervision, and compliance were in place and operating effectively.

### **Section 116. Permitted grounds for termination of pregnancy**

(1) Termination of pregnancy shall be lawful only when two registered medical practitioners, at least one being a consultant in obstetrics and gynaecology with not less than five years post-qualification experience in that specialty, certify in writing and in good faith that:

(a) the continuation of pregnancy poses grave and imminent risk of death to the pregnant woman within twenty-four hours by reason of a physical condition specified in Schedule 8 to this Act, where the risk of death is greater than if the pregnancy were terminated, no alternative treatment exists that would preserve both lives, and delay in treatment would result in death of the pregnant woman; or

(b) genetic testing, specialised medical imaging, or multidisciplinary specialist assessment has definitively confirmed that the foetus has a condition specified in Schedule 9 to this Act that is incompatible with

survival beyond twenty-eight days of birth and involves severe suffering that cannot be palliated; or

(c) the pregnancy resulted from rape or incest as defined in the Sexual Offences Act 2003, formal complaint has been made to police evidenced by a crime reference number, conviction, or formal caution, the pregnancy has not exceeded ten weeks gestation measured from the first day of the last menstrual period or eight weeks gestation measured by ultrasound crown-rump length whichever is more restrictive, and an official police referral has been provided to the medical practitioner.

(2) For the purposes of subsection (1)(c):

(a) "official police referral" means written confirmation from a police force that a formal complaint of rape or incest has been recorded, providing the crime reference number and confirming the identity of the complainant, the nature of the allegation, and that initial investigation has commenced;

(b) police referral must be provided within fourteen days of the formal complaint being made;

(c) the fourteen-day period runs from the date the formal complaint is recorded by police, not from the date of the alleged offence;

(d) "discovery thereof" in relation to the offence means the date when the complainant first became aware that a criminal offence had been committed against them;

(e) medical practitioners may not proceed with termination without receiving valid police referral documentation.

(3) In emergency circumstances where immediate intervention is required to prevent the imminent death of the pregnant woman within six hours, one consultant in obstetrics and gynaecology may authorise termination provided that:

(a) delay would result in death of the pregnant woman within six hours based on objective clinical assessment using recognised clinical criteria;

(b) no alternative life-saving treatment exists that would preserve both lives after consideration of all reasonable options including transfer to specialist centres;

(c) a second medical opinion has been obtained where practically possible within the timeframe, including telephone consultation with another consultant where physical presence is impossible;

(d) detailed contemporaneous records are made of the clinical justification and decision-making process, including the specific medical criteria used to assess imminent death;

(e) immediate notification is given to the Chief Medical Officer by telephone or electronic means within one hour of the decision;

(f) a comprehensive written report is submitted to the Chief Medical Officer within twenty-four hours explaining the medical necessity and confirming compliance with all applicable procedural requirements.

(4) Any person who knowingly provides false, misleading, or incomplete information to police regarding circumstances under subsection (1)(c) commits an offence punishable by imprisonment not exceeding seven years and a fine not exceeding one hundred thousand pounds, with a defence available for persons who held an honest and reasonable belief in the truth of the information provided.

(5) Any medical practitioner who proceeds with termination under subsection (1)(c) knowing that the police referral is false, incomplete, fraudulent, or relates to circumstances that do not constitute rape or incest under the Sexual Offences Act 2003 commits an offence punishable by imprisonment not exceeding ten years.

(6) Medical practitioners who fail to obtain valid police referral documentation before proceeding with termination under subsection (1)(c)

commit an offence punishable by imprisonment not exceeding five years, regardless of whether the underlying circumstances were genuine.

### **Section 117. Medical practitioner requirements and professional responsibilities**

(1) The two registered medical practitioners required under section 6(1) must include:

(a) at least one consultant in obstetrics and gynaecology holding a Certificate of Completion of Training recognised by the Royal College of Obstetricians and Gynaecologists or equivalent international qualification recognised by the General Medical Council, with not less than five years post-qualification experience specifically in obstetrics and gynaecology; and

(b) one additional registered medical practitioner who is either a consultant in a relevant medical specialty or a medical practitioner with not less than ten years post-qualification experience, at least five years of which must be in obstetrics, gynaecology, maternal-foetal medicine, or directly related specialties.

(2) Neither practitioner may be:

(a) administrative staff or medical managers whose primary function is non-clinical administration;

(b) locum practitioners with less than twelve months documented experience at the institution;

(c) persons whose primary role is the completion of certification documentation;

(d) medical practitioners subject to current fitness to practise restrictions or investigations;

- (e) medical practitioners with financial interests in the termination procedure or associated services;

- (f) medical practitioners who are related to the patient or have personal relationships that might compromise professional judgment.

(3) No registered nurse, midwife, physician associate, or other healthcare professional may perform any surgical termination procedure. Medical abortion procedures may only be supervised by nursing staff under the direct personal supervision of a consultant in obstetrics and gynaecology who remains physically present throughout drug administration and immediate post-administration monitoring.

(4) Any medical practitioner who knowingly makes false, misleading, or inaccurate declarations regarding:

- (a) gestational age calculation or pregnancy dating methodology;

- (b) maternal medical conditions, risk assessments, or clinical findings;

- (c) foetal conditions, diagnostic findings, or prognosis;

- (d) compliance with procedural requirements under this Act;

- (e) patient capacity, consent, or circumstances surrounding conception;

- (f) professional qualifications, experience, or competency;

- (g) availability of alternative treatments or second opinions;

commits an offence punishable by imprisonment not exceeding ten years and shall be automatically reported to the General Medical Council for expedited fitness to practise proceedings.

(5) Any medical practitioner who negligently performs a termination procedure resulting in:

- (a) serious physical injury to the patient requiring emergency medical intervention;
- (b) incomplete termination requiring repeat procedures;
- (c) injury to a surviving human person;
- (d) failure to follow established clinical protocols without reasonable justification;

commits an offence punishable by imprisonment not exceeding seven years and shall be automatically reported to the General Medical Council for fitness to practise proceedings.

(6) Medical practitioners performing termination procedures shall bear personal professional responsibility for ensuring compliance with all aspects of this Act and may not delegate legal responsibility to other healthcare professionals, administrative staff, or institutional policies.

(7) A defence of good faith reliance on established medical guidelines shall be available where a practitioner can demonstrate reasonable belief that their conduct was authorised, provided they followed recognised clinical protocols published by the Royal College of Obstetricians and Gynaecologists and exercised reasonable professional judgment in novel circumstances not explicitly covered by this Act.

### **Section 118. Enhanced safeguarding and monitoring provisions**

(1) Any woman presenting for a second termination within a period of three years must be offered comprehensive assessment and support services to identify potential domestic violence, sexual abuse, coercion, or exploitation, conducted by appropriately trained professionals with specialist expertise in safeguarding vulnerable adults.

(2) Any woman seeking a third or subsequent termination within a five-year period must undergo mandatory assessment by qualified social workers with

specialist training in adult safeguarding and appropriately trained healthcare professionals before any termination may proceed under this Act.

(3) Medical practitioners must report cases falling under subsections (1) and (2) to the Chief Medical Officer and relevant local safeguarding authorities within seven days of the initial consultation, providing statistical information that maintains patient confidentiality unless specific safeguarding concerns require disclosure under existing statutory duties.

(4) Local authorities shall provide adequate funding and resources for assessments required under this section within reasonable timeframes not exceeding fourteen days, and failure to provide assessment services within this timeframe shall not prevent lawful termination from proceeding where other requirements of this Act are satisfied.

(5) Where assessments identify ongoing safeguarding concerns indicating domestic violence, sexual exploitation, or coercion, appropriate support services must be offered and referral may be made to relevant authorities with the woman's informed consent or where statutory safeguarding duties require disclosure under the Children Act 1989 or safeguarding legislation.

(6) Assessment requirements under this section may be waived in emergency circumstances under section 6(3) where delay would endanger the woman's life, but post-procedure assessment must be arranged where practical and safe to do so.

(7) For the purposes of this section, safeguarding concerns requiring disclosure include situations where there is reasonable cause to suspect that the pregnant woman is subject to domestic violence, sexual exploitation, human trafficking, or other forms of abuse that contributed to the circumstances leading to repeat terminations.



**Section 119. Authorised medical procedures and pharmaceutical controls**

- (1) Terminations may be performed only using procedures specified in Schedule 11 to this Act, only by practitioners meeting the qualifications specified in Schedule 12, and only using medications specified in Schedule 10 when prescribed for termination purposes.
- (2) Only medications specified in Schedule 10 may be prescribed or administered for termination procedures, and such medications may be prescribed only by consultants in obstetrics and gynaecology for use in facilities approved under this Act.
- (3) No person may employ experimental, untested, unlicensed, or non-authorised methods for termination of pregnancy, or modify established protocols without explicit authorisation from the Chief Medical Officer based on peer-reviewed evidence of safety and efficacy.
- (4) Any person who performs termination using unauthorised procedures, medications not specified in Schedule 10, or modified protocols without authorisation commits an offence punishable by imprisonment not exceeding fifteen years and an unlimited fine.
- (5) All termination procedures must be performed in facilities approved by the Secretary of State under regulations made under this Act, with appropriate surgical facilities, anaesthetic services, blood banking arrangements, and emergency resuscitation equipment immediately available on site.
- (6) Home administration of termination medications is prohibited without exception. All termination medications must be administered under direct medical supervision in approved clinical facilities with comprehensive monitoring capabilities and immediate access to emergency treatment for complications.
- (7) Existing facilities approved under the Abortion Act 1967 shall be deemed approved under this Act for a transitional period of eighteen months from

commencement, provided they meet basic safety requirements as determined by interim inspection, but must obtain full approval under new regulations within this period or cease providing services.

### **Section 120. Multiple pregnancy provisions and selective procedures**

(1) In cases of multiple pregnancy where one or more fetuses have conditions specified in Schedule 9 but others do not, selective termination may be performed only on those fetuses definitively confirmed to have qualifying conditions through appropriate diagnostic testing.

(2) Where one fetus in a multiple pregnancy poses grave and imminent risk to the life of another fetus or threatens the survival of all fetuses in the pregnancy, selective termination of the threatening fetus may be performed under the provisions of section 6(1)(a) where the risk to the co-twin or remaining fetuses is greater than if selective intervention were not performed.

(3) All decisions regarding selective termination in multiple pregnancies must be made by a multidisciplinary team including at least two consultants with recognised expertise in maternal-foetal medicine, following detailed ultrasound assessment, genetic counselling where appropriate, and comprehensive discussion of risks and alternatives.

(4) The certification requirements under section 6(1) shall apply separately to each fetus where selective termination is contemplated, with specific written justification required for each individual case and clear documentation of the medical necessity for selective intervention.

(5) Written informed consent must be obtained specifically for selective termination procedures, with detailed counselling regarding risks to remaining fetuses, potential complications including loss of the entire pregnancy, and alternative management options including expectant management or delivery.

(6) Selective termination procedures may only be performed in specialist centres with appropriate expertise, equipment for complex foetal procedures, and immediate access to emergency obstetric and neonatal services.

(7) Where selective termination is performed for twin-to-twin transfusion syndrome or similar conditions threatening co-twins, the procedure must be performed by consultants with subspecialist training in foetal medicine and documented experience in such procedures.

### **Section 121. Survival protocols and neonatal care requirements**

(1) Where a human person survives a termination procedure with any signs of life including cardiac activity, respiratory effort, voluntary movement, or neurological response, immediate and comprehensive neonatal care must be provided according to the same standards that would be applied to any infant of equivalent gestational age born in other circumstances.

(2) Signs of life for the purposes of subsection (1) include but are not limited to:

- (a) cardiac activity detected by auscultation, electronic monitoring, or echocardiography;
- (b) spontaneous respiratory movements or response to ventilatory support;
- (c) voluntary muscle movements or response to stimulation;
- (d) neurological responses including pupillary reactions or primitive reflexes;
- (e) any other evidence of continued biological function.

(3) Any person who fails to provide appropriate medical care to a surviving human person, or who takes any action intended to cause or hasten death of a surviving human person, commits the offence of murder or attempted murder under general criminal law.

(4) Where a termination procedure results in survival with severe injury to the human person, full medical treatment must be provided according to established neonatal intensive care protocols, the incident must be reported to the Chief Medical Officer within six hours, and an independent clinical investigation must be conducted by persons not involved in the original procedure.

(5) Medical practitioners performing terminations bear civil and criminal liability for injuries caused to surviving human persons through negligent procedure, inadequate pre-procedure assessment, failure to have appropriate resuscitation equipment available, or failure to provide timely post-procedure care.

(6) All facilities performing termination procedures must have written protocols for the management of surviving human persons, including immediate transfer arrangements to level 3 neonatal intensive care units where the facility does not provide such services, and regular training for all staff in neonatal resuscitation procedures.

(7) The surviving human person shall have all rights and entitlements under the law from the moment of survival, including rights to medical treatment, legal representation where appropriate, and protection under child welfare legislation.

(8) Where survival occurs at previable gestational ages, palliative care may be provided in consultation with parents and neonatal specialists, but active measures to cause death remain prohibited, and comfort care must be provided according to established clinical guidelines for extremely preterm infants published by the British Association of Perinatal Medicine.

(9) Healthcare institutions must maintain comprehensive records of all cases where survival occurs, including detailed documentation of resuscitation efforts, treatment provided, and outcomes achieved, for submission to the Chief Medical Officer and use in developing improved protocols for future cases.

**Section 122. Comprehensive information provision and consent procedures**

(1) Before any termination, the pregnant woman must be provided with comprehensive written information, available in appropriate languages and accessible formats for persons with disabilities, regarding:

- (a) the specific physical risks and potential short-term and long-term complications of the proposed procedure, including risks of haemorrhage, infection, incomplete termination, damage to reproductive organs, and impacts on future fertility, based on current clinical evidence;
- (b) documented psychological and emotional risks associated with termination, including rates of depression, anxiety, post-traumatic stress, and other mental health complications based on peer-reviewed research, presented in balanced manner alongside similar risks of continuing pregnancy;
- (c) available alternatives to termination including adoption services, financial support programmes, childcare assistance, housing support, and other resources for continuing the pregnancy, with specific contact information and eligibility criteria;
- (d) the developmental stage of the human person and current scientific understanding regarding capacity for pain sensation, neurological development, and viability, based on peer-reviewed research;
- (e) the legal status of the human person under this Act and the nature of the procedure as ending a human life;
- (f) available counselling and support services during and after the procedure, including specialist bereavement counselling;
- (g) the irreversible nature of the termination procedure;

(h) statistical information regarding survival rates and outcomes for similar medical conditions or circumstances;

(i) contact information for organisations providing ongoing support for women who have undergone termination.

(2) The biological father of the human person must be informed of the proposed termination where his identity is known and he can reasonably be located, except where:

(a) the pregnancy resulted from rape or incest as defined in the Sexual Offences Act 2003;

(b) notification would create documented risk of domestic violence supported by evidence from police records, social services assessments, specialist domestic violence services, or clinical assessment by appropriately trained healthcare professionals;

(c) the woman is under sixteen years of age and the father is over eighteen years of age, suggesting potential criminal activity;

(d) a court order specifically prohibits contact or notification for reasons of safety or welfare.

(3) Written informed consent must be obtained and recorded on standardised forms approved by the Chief Medical Officer, with specific confirmation that the woman has:

(a) received, read, and understood all information specified in subsection (1);

(b) had adequate opportunity to ask questions and receive satisfactory answers from qualified medical personnel;

(c) been informed of her right to withdraw consent at any time before the procedure commences;

(d) confirmed that she is acting freely without coercion, threats, or undue pressure from any source;

(e) understood the legal and moral implications of the procedure under this Act;

(f) been offered counselling and made an informed decision regarding such services;

(g) had sufficient time to consider the decision without pressure to proceed immediately.

(4) The consent process must be conducted by a medical practitioner who is not performing the termination procedure and who has appropriate training in capacity assessment, counselling techniques, and identification of coercion or exploitation.

(5) For women under eighteen years of age, additional written consent must be obtained from a parent or legal guardian with parental responsibility, or alternatively, authorisation must be obtained from the High Court following application supported by evidence that:

(a) the young woman has sufficient understanding and intelligence to fully comprehend the nature and consequences of the procedure, assessed using established capacity assessment tools;

(b) the decision is in her best interests considering all relevant factors including her physical and mental health, social circumstances, and future welfare;

(c) appropriate support arrangements are in place for the period following the procedure.

(6) Women lacking capacity under the Mental Capacity Act 2005 may not undergo termination procedures except where authorised by the Court of Protection following detailed best interests assessment, appointment of appropriate legal representation, and consideration of all relevant factors including the woman's previously expressed wishes and values, the views of family members and carers, and clinical recommendations.

(7) In emergency circumstances under section 6(3), modified consent procedures may apply where immediate intervention is necessary to save the woman's life, but full consent procedures must be completed retrospectively where the woman survives and regains capacity, with appropriate counselling and support provided.

(8) Where a woman lacks capacity to consent due to learning disabilities, mental health conditions, or other factors, no termination may proceed without Court of Protection authorisation, except in emergency circumstances under section 6(3) where delay would result in death of the woman.

### **Section 123. Mandatory waiting periods and counselling requirements**

(1) A mandatory waiting period of seven days must elapse between the initial consultation where termination is first discussed and the performance of any termination procedure, except in emergency circumstances under section 6(3) where maternal life is immediately threatened.

(2) During the waiting period, the woman must be offered at least two counselling sessions with appropriately qualified counsellors who are independent of the medical team performing the procedure and have no financial interest in the decision made.

(3) Counselling must address:

(a) the psychological implications of continuing or terminating the pregnancy, presented in balanced manner;



- (b) available alternatives and support services with specific contact information;
- (c) coping strategies for managing the emotional impact of any decision made;
- (d) long-term psychological support resources and follow-up arrangements;
- (e) the irreversible nature of termination and potential for future regret or psychological complications;
- (f) the impact on family relationships and support networks;
- (g) religious or spiritual considerations where relevant to the woman's beliefs.

(4) The woman may decline counselling but must confirm this decision in writing after receiving full information about the counselling services available, and declined counselling shall not invalidate informed consent provided all other requirements are met.

(5) Where termination is sought under section 6(1)(b) for foetal abnormality, genetic counselling must be provided by a certified genetic counsellor registered with an appropriate professional body, covering:

- (a) the nature and implications of the diagnosed condition with detailed explanation of prognosis;
- (b) accuracy and limitations of diagnostic testing, including false positive and false negative rates;
- (c) available treatments and interventions for the condition, including surgical options and supportive care;

(d) quality of life considerations and support services for families affected by genetic conditions;

(e) implications for future pregnancies and family planning, including recurrence risks;

(f) the experience of families living with similar conditions, where appropriate.

(6) Documentation must record whether counselling and genetic counselling were offered, accepted, declined, or completed, and must include summaries of any relevant findings, recommendations, or ongoing support needs identified.

(7) Where counselling identifies mental health concerns, domestic violence, or other safeguarding issues, appropriate referrals must be made with the woman's consent or where statutory duties require disclosure under safeguarding legislation.

(8) Counselling services must be provided by persons with appropriate qualifications in counselling or psychology, with specific training in pregnancy counselling and understanding of the psychological impacts of pregnancy loss.

#### **Section 124. Enhanced conscientious objection protections**

(1) Subject to subsection (2), no person shall be under any duty, whether by contract, employment requirement, statutory obligation, or any other legal requirement, to participate in any treatment authorised by this Act to which they have a conscientious objection, provided that in any legal proceedings the burden of proof of conscientious objection shall rest on the person claiming to rely on it.

(2) Nothing in subsection (1) shall affect any duty to participate in treatment which is immediately necessary to save the life or prevent grave permanent injury to the physical health of a pregnant woman where no alternative practitioner with

appropriate expertise is immediately available within a reasonable timeframe that would not compromise the woman's safety.

(3) In any proceedings before a court in Scotland, a statement on oath by any person to the effect that they have a conscientious objection to participating in any treatment authorised by this Act shall be sufficient evidence for the purpose of discharging the burden of proof imposed upon them by subsection (1).

(4) No person with conscientious objection shall be required to:

- (a) undergo training in termination procedures or techniques;
- (b) attend termination procedures for educational or assessment purposes;
- (c) participate in research relating to termination procedures;
- (d) provide referrals for termination services;
- (e) counsel patients regarding termination options;
- (f) participate in discussions or meetings where termination procedures are planned or reviewed; as a condition of employment, professional development, educational advancement, or maintaining professional registration.

(5) Any person who subjects another to economic coercion, including dismissal from employment, denial of promotion, unfavourable work assignments, reduction in remuneration, or exclusion from training opportunities, on grounds of conscientious objection to participation in treatment under this Act commits an offence punishable by imprisonment not exceeding five years and an unlimited fine.

(6) Healthcare institutions may declare institutional conscientious objection to performing termination procedures, provided they:

- (a) establish clear written policies regarding their objection and communicate these to patients and referring practitioners;
- (b) inform patients of their position at the earliest opportunity in any consultation;
- (c) provide accurate information about alternative providers without obstruction or delay;
- (d) do not obstruct patients from accessing lawful services elsewhere or impose additional barriers;
- (e) make reasonable arrangements for emergency care where maternal life is threatened under section 6(3);
- (f) maintain competency to provide emergency care for pregnancy complications.

(7) The right of conscientious objection extends to all healthcare workers whose role would involve participation in the termination process, including but not limited to pharmacists regarding dispensing of termination medications, administrative staff regarding processing of referrals or appointments, laboratory technicians regarding related testing, theatre staff regarding surgical procedures, and counsellors regarding termination-related counselling.

(8) Conscientious objection must be declared in writing and registered with employers and relevant professional bodies, with updates required if circumstances change, and employers must make reasonable adjustments to accommodate objecting staff while maintaining service provision.

(9) For the purposes of this section, "immediately available" means arrival within thirty minutes for urban areas and sixty minutes for rural areas, or such other timeframe as would not compromise maternal safety in emergency circumstances.

**Section 125. Protection from coercion, exploitation, and intimidation**

(1) Any person who coerces, intimidates, threatens, manipulates, or attempts to coerce another person to undergo termination of pregnancy commits an offence punishable by imprisonment not exceeding ten years and an unlimited fine.

(2) Any person who coerces, leads, manipulates, or exploits a person with serious mental health problems, learning disabilities, diminished capacity, or vulnerability to undergo termination when that person lacks capacity to make an informed decision commits an offence punishable by imprisonment not exceeding fifteen years and an unlimited fine.

(3) Any person who falsely claims authority under a power of attorney, deputyship order, family relationship, or professional capacity to consent to termination on behalf of another commits an offence punishable by imprisonment not exceeding ten years and an unlimited fine.

(4) Any person who coerces, intimidates, threatens, or attempts to coerce a minor to undergo termination against the minor's expressed wishes or without proper legal authority commits an offence punishable by imprisonment not exceeding fifteen years and an unlimited fine.

(5) Coercion and economic coercion for the purposes of this section include but are not limited to:

- (a) threats to withdraw financial support, housing, or essential services;
- (b) threats to terminate employment or educational opportunities;
- (c) threats to report immigration status or other vulnerabilities to authorities;
- (d) threats of physical violence or harm to the woman or her family members;

- (e) emotional manipulation or psychological pressure including isolation or control;
- (f) withholding information about alternatives or support services;
- (g) isolation from family, friends, or support networks;
- (h) exploitation of financial dependency or vulnerability;
- (i) abuse of professional position or authority.

(6) No person shall prevent, obstruct, or interfere with another person conducting religious ceremonies, memorial services, or spiritual observances in connection with termination of pregnancy, provided such activities:

- (a) are conducted lawfully and with appropriate permissions from healthcare institutions;
- (b) do not compromise clinical safety;
- (c) do not cause undue delay in emergency medical care;
- (d) respect the rights and wishes of patients and families;
- (e) comply with infection control and health and safety requirements.

(7) Healthcare institutions must establish comprehensive written policies and procedures for:

- (a) identifying and responding to potential coercion, exploitation, or abuse;
- (b) training all staff to recognise signs of domestic violence, financial abuse, trafficking, or other forms of exploitation;
- (c) providing appropriate support services and referral pathways;

- (d) maintaining confidentiality while meeting safeguarding obligations;
- (e) documenting concerns and interventions in accordance with data protection requirements;
- (f) escalating serious safeguarding concerns to appropriate authorities.

(8) Where healthcare professionals identify potential coercion or exploitation, they must:

- (a) ensure the woman has private consultation time without the presence of accompanying persons;
- (b) provide information about support services and emergency contacts;
- (c) document concerns appropriately while maintaining patient confidentiality;
- (d) make referrals to appropriate authorities where statutory safeguarding duties apply or with the woman's informed consent;
- (e) provide ongoing support and follow-up where safe and appropriate to do so.

## **Section 126. Comprehensive medical liability framework**

(1) Medical practitioners shall bear strict civil liability for adverse outcomes resulting from termination procedures, regardless of whether such procedures were performed lawfully under this Act, including but not limited to:

- (a) gynaecological damage affecting future fertility, reproductive function, or sexual health;
- (b) incomplete termination requiring further medical intervention or causing ongoing complications;

- (c) haemorrhage requiring emergency medical treatment, blood transfusion, or surgical intervention;
- (d) perforation of the uterine wall or damage to surrounding organs including bowel, bladder, or major blood vessels;
- (e) cervical trauma, incompetence, or stenosis affecting future pregnancies;
- (f) infection requiring antibiotic treatment, hospitalisation, or causing sepsis;
- (g) adverse reactions to anaesthesia, medications, or surgical interventions;
- (h) psychological trauma, psychiatric complications, or post-traumatic stress requiring treatment;
- (i) any long-term physical or mental health consequences attributable to the procedure;
- (j) wrongful death of the pregnant woman arising from the procedure.

(2) Civil liability under subsection (1) applies regardless of whether:

- (a) proper procedural standards were followed according to established guidelines;
- (b) adequate pre-procedure assessment was conducted;
- (c) informed consent was properly obtained according to this Act;
- (d) post-procedure care met established standards;
- (e) the adverse outcome was foreseeable or preventable using available medical knowledge.



(3) No limitation period shall apply to civil claims arising from termination procedures performed under this Act, and claims may be commenced at any time by the injured party or their legal representatives.

(4) Medical practitioners must maintain comprehensive professional indemnity insurance with minimum coverage of ten million pounds for claims arising from termination procedures, and insurance policies may not exclude coverage for procedures performed under this Act.

(5) Healthcare institutions providing termination services must maintain institutional liability coverage with minimum coverage of fifty million pounds and establish comprehensive clinical governance procedures to monitor outcomes, investigate adverse events, and implement preventive measures.

(6) Any surviving human person who suffers injury during termination procedures shall be entitled to lifelong compensation for medical care, special educational needs, disability support services, loss of earnings capacity, and pain and suffering, with no limitation on damages awarded.

(7) Legal representatives of any human person unlawfully killed before birth may pursue wrongful death claims against responsible parties, including damages for loss of life, funeral expenses, and compensation for the grief and suffering of parents and family members.

(8) Medical practitioners bear personal liability for adverse outcomes and may not rely on institutional policies or protocols to limit their individual responsibility for patient safety and compliance with this Act.

### **Section 127. Strict pharmaceutical controls and enforcement**

(1) All termination medications specified in Schedule 10 must be prescribed only by consultants in obstetrics and gynaecology and administered under their direct personal supervision in approved clinical facilities with immediate access to emergency medical treatment and blood transfusion services.

(2) Any person who supplies, sells, procures, imports, exports, manufactures, distributes, advertises, or facilitates access to abortifacient medications without valid medical prescription and appropriate clinical supervision commits an offence punishable by imprisonment not exceeding fifteen years and an unlimited fine.

(3) Any person or commercial entity who develops, manufactures, markets, distributes, imports, exports, or facilitates the distribution of any medication or substance designed to cause termination of pregnancy without approval from the Secretary of State commits an offence punishable by imprisonment not exceeding twenty years and an unlimited fine.

(4) Any person who administers abortifacient medication to another person without their knowledge, informed consent, or lawful authority commits an offence punishable by imprisonment for life, and such conduct shall be prosecuted as attempted murder of the human person and attempted grievous bodily harm to the pregnant woman under the more serious available charges.

(5) Medical practitioners who authorise, prescribe, or facilitate home use of abortifacient medications or who permit self-administration of such medications outside approved clinical facilities bear strict civil and criminal liability for any medical consequences, including haemorrhage, incomplete termination, infection, psychological harm, or death resulting from such use.

(6) Registered medical practitioners, nurses, midwives, pharmacists, and other healthcare professionals who supply, dispense, or administer abortifacient medications contrary to the provisions of this Act commit an offence punishable by imprisonment not exceeding ten years and shall be automatically reported to their respective professional regulatory bodies for expedited fitness to practise proceedings.

(7) Possession of abortifacient medications without valid prescription constitutes an offence punishable by imprisonment not exceeding five years and a fine not

exceeding fifty thousand pounds, with enhanced penalties for possession with intent to supply.

(8) Online pharmacies, overseas suppliers, mail order services, and any person facilitating access to abortifacient medications through internet platforms, social media, or other electronic or postal means commit offences under this section regardless of their physical location if the medications are intended for use in England and Wales.

(9) The importation, exportation, or transit through the United Kingdom of abortifacient medications without appropriate licensing constitutes an offence under this section and relevant medicines legislation, with penalties applying cumulatively.

(10) No person may advertise, promote, or provide information about accessing abortifacient medications except healthcare professionals providing lawful medical care under this Act or authorised educational materials approved by the Chief Medical Officer.

(11) Financial institutions must report suspicious transactions related to termination medications to the National Crime Agency under money laundering regulations, and law enforcement agencies may apply for restraining orders and asset forfeiture under the Proceeds of Crime Act 2002.

### **Section 128. Commercial prohibitions and asset forfeiture**

(1) Any person who trades, sells, purchases, stores for commercial purposes, or otherwise commercialises foetal tissues, organs, genetic material, or remains obtained from termination procedures commits an offence punishable by imprisonment not exceeding fifteen years and an unlimited fine.

(2) The prohibition in subsection (1) extends to any commercial transaction, storage arrangement, research contract, or other financial benefit involving foetal remains, including derivatives, cell lines, or genetic material obtained therefrom.

(3) Healthcare institutions and clinical waste management companies must maintain detailed records of the disposal of foetal remains, provide appropriate dignified disposal arrangements in accordance with human tissue legislation, and must not permit any commercial use of such materials under any circumstances.

(4) Law enforcement agencies shall have comprehensive powers to investigate suspected breaches of pharmaceutical controls and commercial prohibitions, including:

- (a) search and seizure powers under warrant for premises, vehicles, and electronic devices;

- (b) surveillance capabilities subject to appropriate judicial authorisation under the Regulation of Investigatory Powers Act 2000;

- (c) powers to require production of documents and financial records;

- (d) cooperation agreements with international law enforcement agencies including Interpol and Europol;

- (e) asset freezing and forfeiture powers under the Proceeds of Crime Act 2002.

(5) Assets derived from offences under this Act shall be subject to confiscation proceedings under the Proceeds of Crime Act 2002, with confiscated assets used to fund victim compensation schemes and enforcement activities.

(6) Courts may make serious crime prevention orders under the Serious Crime Act 2007 to prevent future offending by persons convicted under this Act.

## **Section 129. Comprehensive reporting and data collection**

(1) Every medical practitioner who performs, supervises, or assists in a termination of pregnancy shall, within twenty-four hours, provide to the Chief Medical Officer a detailed report containing:

- (a) the specific grounds relied upon under section 6 with comprehensive medical justification and supporting documentation;
- (b) copies of all supporting medical evidence including diagnostic test results, imaging studies, genetic reports, specialist assessments, and pathology findings;
- (c) detailed confirmation of compliance with all procedural requirements including waiting periods, counselling provision, and consent processes;
- (d) comprehensive information provided to the patient and documented evidence of informed consent;
- (e) the identity, qualifications, and professional registration numbers of all medical practitioners involved;
- (f) gestational age determination methodology, measurements obtained, and rationale for dating used;
- (g) specific procedures and medications used with dosages, timing, and administration details;
- (h) immediate and short-term outcomes including complications, additional interventions required, and patient condition;
- (i) post-procedure follow-up arrangements and subsequent medical care provided;
- (j) in cases under section 6(1)(c), copies of police referral documentation including crime reference numbers and confirmation of investigation status;
- (k) details of any surviving human person and care provided;
- (l) confirmation of father notification where required;

(m) details of counselling provided or declined;

(n) safeguarding concerns identified and actions taken.

(2) The Chief Medical Officer shall maintain a comprehensive confidential register of all terminations, with individual case records retained for a minimum of thirty years to enable long-term outcome studies and quality assurance, with appropriate data protection safeguards under the Data Protection Act 2018.

(3) The Chief Medical Officer shall publish detailed annual statistical reports to Parliament including:

(a) total numbers of terminations by grounds, gestational age categories, geographical region, and facility type;

(b) maternal age distribution, parity, and repeat termination rates with trend analysis;

(c) foetal abnormality categories, diagnostic methods used, and accuracy of diagnoses where follow-up data available;

(d) procedural methods used, complication rates, and outcomes data;

(e) compliance with statutory requirements and enforcement actions taken;

(f) recommendations for policy development, legislative amendments, and service improvements;

(g) international comparisons where relevant data exists;

(h) resource requirements and capacity planning projections;

(i) analysis of safeguarding concerns and support service utilisation.

(4) All data collected under this section shall be processed in accordance with the Data Protection Act 2018 and General Data Protection Regulation, with access

restricted to authorised medical personnel, designated government officials, and approved researchers only.

(5) Anonymised aggregate data may be shared with approved academic researchers and public health agencies for legitimate medical research purposes following ethical approval, data sharing agreements, and implementation of appropriate technical and organisational safeguards.

(6) Publication of statistical data must ensure anonymisation with minimum cell sizes of five cases to prevent identification of individuals, and any data risking identification of patients or practitioners must be suppressed.

### **Section 130. Powers and duties of the Chief Medical Officer**

(1) The Chief Medical Officer may, by statutory instrument subject to affirmative resolution by both Houses of Parliament, amend Schedules 8 to 12 to add, remove, or modify medical conditions, medications, procedures, or practitioner qualifications, provided that:

- (a) any addition or modification is supported by high-quality peer-reviewed medical evidence from recognised international journals and professional bodies;
- (b) the decision is based solely on medical and scientific criteria, with no consideration of political, social, economic, or other non-medical factors;
- (c) comprehensive consultation is undertaken with relevant medical royal colleges, specialist societies, patient advocacy groups, parliamentary select committees, and international experts;
- (d) a detailed impact assessment is conducted examining clinical, ethical, legal, resource, and practical implications;

(e) proposed changes are subject to public consultation for a minimum of twelve weeks with opportunity for written submissions from all stakeholders;

(f) independent expert panels review all evidence and provide recommendations before any decision is made.

(2) No Secretary of State, Minister of the Crown, government official, political adviser, or other non-medical person may direct, instruct, influence, or attempt to influence the Chief Medical Officer regarding amendments to the Schedules, except to:

(a) request consideration of new evidence that has emerged;

(b) ensure proper consultation procedures are followed;

(c) provide administrative support for the consultation process;

(d) clarify legal or procedural requirements under this Act.

(3) The Chief Medical Officer must establish and maintain clinical advisory panels including recognised experts in maternal-foetal medicine, neonatology, medical genetics, psychiatry, medical ethics, health economics, and other relevant specialties to provide independent advice on Schedule amendments and other matters arising under this Act.

(4) Any amendment to the Schedules must be laid before Parliament with detailed explanatory memoranda explaining the rationale, evidence base, consultation outcomes, and expected impact, and may be annulled by resolution of either House within ninety days of laying.

(5) The Chief Medical Officer may make emergency amendments to the Schedules in cases of urgent medical necessity where delay would pose significant risk to public health, subject to:



- (a) consultation with relevant expert advisers within available timeframes;
- (b) immediate notification to Parliament with detailed justification;
- (c) automatic expiry after six months unless confirmed by affirmative resolution;
- (d) comprehensive review and public consultation before any permanent adoption.

(6) The Chief Medical Officer must maintain and regularly update comprehensive guidance documents for medical practitioners, healthcare institutions, and other stakeholders, ensuring clarity regarding legal requirements, best practice standards, and compliance procedures.

(7) The Chief Medical Officer shall establish procedures for practitioners to seek confidential advice on complex or novel cases, including a telephone consultation service available twenty-four hours for urgent queries regarding compliance with this Act.

### **Section 131. Inspection, enforcement and regulatory oversight**

(1) The Chief Medical Officer may appoint inspectors with appropriate medical qualifications and enforcement training, who shall have comprehensive powers to:

- (a) enter and inspect any premises where termination procedures are performed or where termination medications are stored, prescribed, or administered;
- (b) examine all records, documentation, equipment, and facilities relevant to compliance with this Act;
- (c) interview staff, patients with consent, and other relevant persons;
- (d) observe procedures and clinical practices with patient consent;

- (e) require production of documents, records, and other evidence;
- (f) take samples and photographs for evidential purposes;
- (g) seize documents and equipment where necessary for investigation of suspected offences.

(2) Inspectors must provide reasonable notice of routine inspections except where immediate inspection is necessary to prevent destruction of evidence, protect public safety, or investigate suspected serious breaches of this Act.

(3) Where inspectors identify breaches of this Act or regulatory requirements, they may:

- (a) issue improvement notices requiring specific actions within specified timeframes;
- (b) impose conditions on continued operation of facilities

### **Section 132. Professional sanctions and regulatory coordination**

(1) Medical practitioners who breach any provision of this Act shall be automatically reported to the General Medical Council for expedited fitness to practise proceedings, regardless of whether criminal charges are pursued or disciplinary action is taken by employers.

(2) The General Medical Council must establish dedicated procedures for cases arising under this Act, with decisions required within nine months of referral except where criminal proceedings must conclude first, in which case fitness to practise proceedings must commence within three months of criminal case conclusion.

(3) Breaches of this Act shall constitute serious professional misconduct warranting consideration of suspension or erasure from the medical register, particularly where:

(a) patient safety has been compromised through negligent or reckless conduct;

(b) fraudulent activity has occurred including false certification or record-keeping;

(c) unlawful procedures have been performed;

(d) systematic failures in compliance with statutory requirements are identified.

(4) Other healthcare professionals including nurses, midwives, pharmacists, and allied health professionals who breach this Act shall be automatically reported to their respective regulatory bodies for expedited disciplinary action with similar timescales and standards applied.

(5) Healthcare institutions found to have systematic failures in compliance with this Act may have their authorisations suspended or revoked, and senior managers may face personal liability for institutional failures where they have been negligent in their supervisory duties or have failed to implement adequate systems.

(6) Professional regulatory bodies must maintain public registers of practitioners sanctioned under this Act and provide regular reports to the Chief Medical Officer on disciplinary outcomes and trends.

### **Section 133. Criminal prosecution and sentencing framework**

(1) The Crown Prosecution Service must establish specialist prosecution units with dedicated prosecutors trained in the medical, legal, and ethical complexities involved in cases under this Act.

(2) Prosecution decisions must consider:

(a) the public interest in upholding protection of human life before birth;

- (b) the degree of culpability and mens rea involved;
- (c) the harm caused or risked to the human person and pregnant woman;
- (d) the professional sanctions already imposed or likely to be imposed;
- (e) the deterrent effect on other potential offenders;
- (f) the interests of justice and proportionality.

(3) Courts must treat offences against human persons before birth as equivalent in seriousness to similar offences against born persons when determining sentences, with custody being the normal expectation for: (a) deliberate unlawful killing of human persons before birth; (b) systematic breaches involving multiple cases or financial motivation; (c) cases involving exploitation or coercion of vulnerable women; (d) professional breaches involving abuse of position or public trust.

(4) Financial penalties imposed under this Act shall reflect the serious nature of offences against human life and may include: (a) unlimited fines for individuals and corporate defendants; (b) confiscation of assets derived from illegal activities under the Proceeds of Crime Act 2002; (c) compensation orders for victims and their families; (d) costs of investigation and prosecution.

(5) Corporate defendants may face additional sanctions including: (a) director disqualification under the Company Directors Disqualification Act 1986; (b) remedial orders requiring comprehensive compliance programmes; (c) publicity orders requiring publication of convictions and sanctions; (d) exclusion from public contracts and NHS commissioning arrangements.

(6) Sentencing guidelines must be developed specifically for offences under this Act, taking account of aggravating and mitigating factors relevant to the protection of human life before birth.

**Section 134. Civil liability and compensation framework**

(1) Any woman who suffers physical, psychological, or other harm as a result of unlawful termination, negligent performance of lawful termination, or failure to comply with procedural safeguards under this Act shall be entitled to comprehensive compensation including: (a) all medical expenses for treatment of complications and ongoing care; (b) lost earnings and reduced earning capacity; (c) pain, suffering, and loss of amenity; (d) psychological treatment and support services; (e) care and assistance costs; (f) travel and accommodation expenses for specialist treatment.

(2) Any surviving human person who suffers injury during termination procedures shall be entitled to lifelong compensation covering: (a) all medical care and treatment throughout life; (b) special educational needs and support services; (c) disability support and care services; (d) loss of earnings capacity and financial support; (e) pain, suffering, and loss of amenity; (f) equipment, adaptations, and assistance costs; (g) family support and respite care services.

(3) Legal representatives of any human person unlawfully killed before birth may pursue wrongful death claims against responsible parties, including: (a) compensation for loss of life and future earnings potential; (b) funeral and memorial expenses; (c) damages for the grief, suffering, and psychiatric injury of parents and family members; (d) loss of dependency and support that would have been provided; (e) exemplary damages where conduct was particularly egregious.

(4) Compensation claims may be pursued against: (a) individual practitioners whose actions or omissions contributed to the harm; (b) healthcare institutions whose systemic failures enabled or contributed to the harm; (c) pharmaceutical companies whose products were used unlawfully or negligently; (d) any other person whose breach of this Act contributed to the harm suffered.

(5) No insurance policy, indemnity arrangement, or contractual provision may exclude or limit liability for breaches of this Act, and any such exclusion or limitation shall be void and unenforceable as contrary to public policy.

(6) A compensation scheme shall be established to provide immediate interim payments to victims while civil proceedings are ongoing, funded by levies on healthcare institutions and insurance providers, with administration by an independent body appointed by the Secretary of State.

### **Section 135. Comprehensive legislative repeals and consequential amendments**

(1) The following legislation is hereby repealed in its entirety:

(a) The Abortion Act 1967; (b) Section 37 of the Human Fertilisation and Embryology Act 1990 (amendment of Abortion Act 1967); (c) The Abortion (Amendment) Regulations 2020 (SI 2020/1545); (d) The Abortion (Statutory Conditions) Order 1991 (SI 1991/499); (e) The Abortion (Amendment) Regulations 1991 (SI 1991/500); (f) Section 9 of the Public Order Act 2023 (interference with access to or provision of abortion services); (g) All other subordinate legislation made under the Abortion Act 1967; (h) All temporary approvals, guidance documents, and administrative arrangements relating to home administration of abortion medications or emergency COVID-19 provisions.

(2) All subordinate legislation, guidance documents, clinical protocols, and administrative arrangements made under or pursuant to the repealed Acts shall cease to have effect upon commencement of this Act, save where expressly preserved by regulations made under this Act.

(3) The 150-metre safe access zones established under the repealed Public Order Act 2023, section 9, shall cease to have effect upon commencement of this Act, and peaceful assembly, protest, religious observance, and free expression within

such former restricted areas shall be lawful subject to general public order laws and criminal offences.

### **Section 136. Consequential amendments to existing criminal justice legislation**

(1) The Criminal Justice Act 2003 is amended as follows: After section 269, insert: "269A Mandatory life sentences for foetal homicide (1) Where a person is convicted of an offence under section 3(1) or 3(3) of the Human Life Protection Act 2025, the court must impose a sentence of imprisonment for life. (2) The court must order that the early release provisions shall not apply until the person has served a minimum term determined under Schedule 21 to this Act, treating the offence as equivalent to murder for sentencing purposes. (3) In determining the minimum term, the court must have regard to the principles and starting points set out in Schedule 21 as if the victim were a born person."

(2) The Proceeds of Crime Act 2002 is amended as follows: In Schedule 2 (lifestyle offences), after paragraph 10, insert: "10A An offence under section 3, 17, or 18 of the Human Life Protection Act 2025. 10B An offence under section 15 of the Human Life Protection Act 2025 (coercion relating to termination of pregnancy). 10C An offence of conspiracy to commit an offence mentioned in paragraphs 10A or 10B."

(3) The Extradition Act 2003 is amended as follows: In Part 1 of Schedule 1, after paragraph 20, insert: "20A An offence under section 3 of the Human Life Protection Act 2025 (foetal homicide), subject to the requirement of dual criminality under section 10."

(4) The Corporate Manslaughter and Corporate Homicide Act 2007 is amended to include within its scope gross breaches of duty of care by organisations that result in death of human persons before birth under this Act, with the same standards of organisational failure applying as for deaths of born persons.

(5) The Legal Aid, Sentencing and Punishment of Offenders Act 2012 is amended to provide that exceptional funding shall be available without means testing for legal representation in proceedings under this Act involving:

- (a) minors seeking judicial authorisation for termination;
- (b) persons lacking capacity requiring Court of Protection involvement;
- (c) complex medical circumstances raising novel points of law;
- (d) cases where human rights issues are raised under domestic law.

(6) Any provision in any Act passed subsequent to this Act which purports to repeal or otherwise render ineffective sections 58, 59, or 60 of the Offences Against the Person Act 1861 or the Infant Life Preservation Act 1929 shall be deemed void and of no effect.

(7) Any provision in any Act passed subsequent to this Act which purports to prevent investigation or criminal proceedings in respect of offences under sections 58, 59, or 60 of the Offences Against the Person Act 1861 or under the Infant Life Preservation Act 1929 shall be deemed void and of no effect.

(8) The amendments specified in subsections (1) to (5) of this section shall remain in full force and effect notwithstanding any conflicting provision in any subsequent Act.

(9) Where any conflict arises between the provisions of this Act and any provision of a subsequent Act which seeks to decriminalise acts that would constitute offences under this Act, the provisions of this Act shall take precedence.

### **Section 137. Detailed transitional and savings provisions**

(1) Any legal proceedings commenced under repealed legislation before the commencement of this Act shall continue under the previous law until their final conclusion, including all levels of appeal and any subsequent enforcement actions.



(2) Any criminal investigations or prosecutions ongoing at commencement relating to unlawful abortion under previous legislation shall continue under the repealed provisions until conclusion, and no conduct lawful under previous legislation shall become retrospectively criminal under this Act.

(3) Medical practitioners who performed lawful abortions under the repealed Abortion Act 1967 or associated regulations before commencement of this Act shall not be liable to prosecution under this Act for such procedures, and no fitness to practise proceedings may be commenced based solely on such previous lawful conduct.

(4) Contracts, employment arrangements, professional appointments, and service agreements made under repealed legislation shall continue in effect insofar as they are compatible with this Act, but any provisions authorising conduct prohibited by this Act shall be void and unenforceable from commencement.

(5) Pregnancies where formal arrangements for termination have been made under existing law before commencement may be completed under the previous legal framework provided:

- (a) the initial consultation occurred before commencement of this Act;
- (b) the procedure occurs within ninety days of commencement;
- (c) all parties involved were acting in good faith under the previous law;
- (d) no new arrangements are made after commencement;
- (e) the procedure remains clinically appropriate and safe.

(6) Where termination arrangements made under previous law cannot be completed within ninety days due to clinical necessity, court proceedings, or other exceptional circumstances beyond the control of the parties, application may be made to the High Court for extended transitional protection.

(7) Healthcare institutions operating under authorisations granted under repealed legislation shall be deemed to hold interim approval under this Act for a period of eighteen months from commencement, provided they: (a) meet basic safety and clinical governance requirements; (b) notify the Secretary of State of their intention to continue providing services within thirty days of commencement; (c) submit applications for full approval under this Act within six months of commencement; (d) cooperate with any interim inspections or monitoring requirements.

(8) Any person who performed procedures or supplied medications under emergency COVID-19 provisions, temporary approvals, or special arrangements between March 2020 and commencement of this Act shall be protected from prosecution under this Act provided they were acting in accordance with official guidance and approvals in force at the time.

### **Section 138. Territorial extent and devolution**

(1) This Act extends to England and Wales only and does not apply to Scotland or Northern Ireland.

(2) Health being a devolved matter, separate primary legislation may be enacted by the Scottish Parliament and Northern Ireland Assembly to address abortion law within their respective jurisdictions, subject to their devolved competencies under the Scotland Act 1998 and Northern Ireland Act 1998.

(3) Where persons travel from Scotland or Northern Ireland to access services in England and Wales, this Act shall apply in full to any procedures performed within its territorial scope, and no exemptions or modified procedures shall apply based on the patient's ordinary residence.

(4) Cross-border arrangements for emergency medical treatment shall be governed by existing NHS cooperation agreements and reciprocal healthcare

arrangements, but all procedures must comply fully with this Act when performed in England and Wales.

(5) UK nationals who travel overseas and participate in conduct that would constitute an offence under this Act may be prosecuted in England and Wales provided the conduct would also constitute an offence in the jurisdiction where it occurred and meets the requirements for extraterritorial jurisdiction under existing criminal law principles.

### **Section 139. Implementation planning and commencement**

(1) This Act shall come into force twenty-four months after Royal Assent to allow for comprehensive implementation preparations, system changes, and workforce development.

(2) The Secretary of State must establish an implementation board within three months of Royal Assent, including representatives from:

- (a) relevant medical royal colleges and professional bodies;
- (b) NHS England, NHS Wales, and relevant NHS foundation trusts;
- (c) professional regulatory bodies including the General Medical Council;
- (d) relevant government departments and agencies;
- (e) patient representative groups and advocacy organisations;
- (f) legal and ethical expertise;
- (g) implementation project management specialists.

(3) During the implementation period, the Secretary of State may make transitional regulations by statutory instrument subject to affirmative procedure to: (a) ensure continuity of emergency medical care and prevent dangerous gaps in essential services; (b) provide for gradual transition of services and facilities to

meet new requirements; (c) establish interim arrangements for inspection, monitoring, and enforcement; (d) fund necessary training, equipment, and system upgrades; (e) coordinate with existing healthcare arrangements and professional obligations.

(4) NHS England and NHS Wales must develop comprehensive workforce plans to ensure adequate numbers of appropriately qualified consultants, support staff, and facilities are available to meet the requirements of this Act, including: (a) recruitment and training strategies for specialist posts; (b) arrangements for providing services in rural and remote areas; (c) emergency cover and on-call arrangements; (d) continuing professional development programmes; (e) capacity planning and demand modelling.

(5) The Secretary of State must provide adequate funding for implementation costs including: (a) additional staffing and consultant recruitment; (b) facility upgrades and new equipment; (c) enhanced administrative and information systems; (d) training programmes for healthcare professionals; (e) inspection and enforcement infrastructure; (f) public information and guidance materials.

(6) Implementation progress must be reported to Parliament every six months during the implementation period, with detailed assessment of readiness, resource availability, and any risks to successful commencement.

#### **Section 140. Regulatory framework and subordinate legislation**

(1) The Secretary of State shall make regulations by statutory instrument, subject to affirmative procedure, establishing detailed requirements for:

(a) approval criteria and procedures for facilities providing termination services;

(b) standards for equipment, staffing, clinical governance, and emergency procedures;

- (c) training requirements and competency assessments for medical practitioners;
- (d) protocols for inter-hospital transfer and emergency referral arrangements;
- (e) data collection formats, reporting procedures, and statistical analysis;
- (f) inspection procedures, enforcement mechanisms, and appeals processes;
- (g) fees for facility approvals, inspections, and regulatory oversight;
- (h) clinical governance and quality assurance requirements;
- (i) patient information standards and consent documentation;
- (j) safeguarding procedures and staff training requirements.

(2) Regulations under subsection (1) must be made within twelve months of Royal Assent and shall be subject to regular review every three years to ensure they remain current with medical advances and best practice.

(4) All regulations made under this Act must be subject to full consultation with relevant professional bodies, patient groups, and other stakeholders before being laid before Parliament.

#### **Section 141. Parliamentary review and oversight**

(1) Parliament shall conduct a comprehensive review of the operation and effectiveness of this Act within three years of commencement and every five years thereafter.

(2) The review shall be conducted by a joint committee of both Houses including members with medical, legal, and ethical expertise.

(3) The review must consider statistical evidence, clinical outcomes, enforcement effectiveness, and any recommendations for legislative amendments.

(4) The Government must respond to review recommendations within six months and lay a response before Parliament.

### **Section 142. Judicial review and constitutional safeguards**

(1) Any person affected by decisions made under this Act may seek judicial review in the High Court on grounds of procedural impropriety, or irrationality under domestic law.

(2) Legal aid shall be available for judicial review proceedings involving minors, persons lacking capacity, or cases raising significant points of public law.

(3) The Attorney General may refer any case raising constitutional issues to the Lord Chancellor for determination.

### **Section 143. International obligations**

(1) Nothing in this Act shall be construed as requiring any action that would breach the United Kingdom's obligations under international law.

(2) Where conflict arises between this Act and international obligations, the Secretary of State must report to Parliament within three months proposing resolution of the conflict.

### **Section 144. Savings and general provisions**

(1) Nothing in this Act affects the law relating to contraception, including emergency contraception administered before implantation.

(2) Nothing in this Act affects medical treatment for ectopic pregnancy or other conditions where the embryo or foetus is not viable.

(3) This Act does not create any civil cause of action for wrongful life claims.

(4) The provisions of this Act are severable, and if any provision is held invalid, the remaining provisions shall continue in full force and effect.

## SCHEDULES

### Schedule 1: Repealed Education Legislation

- Sections 34 and 35 of the Children and Social Work Act 2017;
- Sections 78, 80A, and 80B of the Education Act 2002;
- Section 403 of the Education Act 1996;
- Section 148 of the Learning and Skills Act 2000;
- Section 46 of the Education (No. 2) Act 1986;
- The Relationships Education, Relationships and Sex Education and Health Education (England) Regulations 2019.

### Schedule 2: Behaviours Constituting Grooming

- establishes or exploits a relationship of trust, authority, or influence over a child;
- attempts to isolate the child from parental oversight or encourages concealment from parents;
- progressively exposes the child to sexual concepts, materials, or discussions beyond those strictly necessary for safeguarding purposes;
- Normalises sexual topics through repeated exposure or discussion;
- Tests or erodes the child's hesitance regarding physical contact or personal disclosure;
- Creates opportunities for private communication about intimate or sexual matters; whether or not such conduct is undertaken with intent to commit a sexual offence;

### Schedule 3: Prohibited Sex Transposition Medications

- Gonadotropin-releasing hormone agonists, including but not limited to leuprolide and triptorelin;
- Medications designed to suppress the hypothalamic-pituitary-gonadal axis;



- Anti-androgenic medications including spironolactone and cyproterone acetate;
- Testosterone preparations including injections, gels, and patches;
- Oestrogen preparations including oral, transdermal, and injectable formulations;
- Medications designed for or having the immediate effect of inducing lactation in males.

#### **Schedule 4: Prohibited Sex Transposition Procedures**

- Orchiectomy;
- Vaginoplasty;
- Penectomy;
- Breast augmentation in males;
- Mastectomy in females;
- Hysterectomy and oophorectomy;
- Phalloplasty;
- Metoidioplasty;
- Scrotoplasty;
- Procedures designed to alter vocal fold structure to change vocal pitch;
- Procedures designed to alter skeletal structure, hand size, or laryngeal prominence to resemble the opposite biological sex;
- Facial surgical procedures undertaken specifically to create the appearance of the opposite biological sex.

#### **Schedule 5: Permitted Medical Conditions for Restricted Medications**

- Precocious puberty diagnosed before age 8 in females or age 9 in males, confirmed by appropriate endocrine testing;
- Central precocious puberty with documented rapid progression of secondary sexual characteristics;

- Hormone-dependent cancers requiring hormonal suppression;
- Severe endocrine disorders with documented hypogonadism confirmed by laboratory testing.

#### **Schedule 6: Prohibited Dress Coverings**

- Hijab, being any head covering that conceals the hair and neck;
- Niqab, being any face veil that covers the face except for the eyes;
- Burka or burqa, being any full-body covering that conceals the entire body and face, with or without a mesh screen over the eyes;
- Chador, being any full-body cloak that covers the head and body;
- Khimar, being any long veil that covers the head, neck, and shoulders;
- Shayla, being any long rectangular scarf wrapped around the head and neck;
- Jilbab, being any long, loose-fitting garment that covers the body from neck to feet;
- Abaya, being any loose-fitting robe that covers the body from shoulders to feet; or
- Al-amira, being any two-piece head covering consisting of a fitted cap and tube-like scarf.

#### **Schedule 7: Classification Criteria for Sexual Material**

"Educational material" means material containing depictions of human sexuality or anatomy where:

- The primary purpose is instruction in matters of human reproductive health, anatomical science, contraceptive methods, disease prevention, or medical treatment; and
- It is presented in a clinical or scientific manner devoid of content intended to cause sexual arousal; and
- It employs appropriate professional terminology; and

- It constitutes part of an accredited educational curriculum or recognised medical training programme.

“Artistic material” means material which may contain depictions of human sexuality or nudity but which:

- Possesses demonstrable serious literary, artistic, political, or scientific value as evidenced by critical recognition, academic study, or inclusion in recognised cultural institutions; and
- Such depictions serve a clear artistic or narrative purpose beyond sexual arousal; and
- The work would be recognised by persons knowledgeable in the relevant artistic field as having substantial merit independent of any sexual content.

“Soft pornography” means material which:

- Depicts nudity, implied sexual acts, or sexual situations whilst avoiding the explicit display of penetrative sexual acts, erect male genitalia, or detailed depiction of genitalia during sexual contact; and
- Is produced primarily to cause sexual arousal; and
- Lacks substantial educational, artistic, literary, or scientific value when considered in its entirety.

“Hardcore pornography” means material which:

- Explicitly depicts penetrative sexual acts including vaginal, anal, or oral penetration, detailed imagery of genitalia during sexual acts, ejaculation, multiple persons engaged simultaneously in sexual acts, or fetish material; and
- Is produced primarily or solely to cause sexual arousal; and
- Lacks meaningful educational, artistic, literary, or scientific context.

“Extreme pornography” means hardcore pornography which depicts acts which:

- Are life-threatening or likely to result in serious bodily injury; or
- Are grossly degrading; or

- Involve animals, corpses, or scenarios simulating non-consensual sexual violence, regardless of whether such acts are authentic or simulated.

## **Schedule 8: Physical Conditions Constituting Grave and Imminent Risk of Maternal Death**

### **A. Cardiovascular Conditions**

1. Severe pre-eclampsia with systolic blood pressure exceeding 180mmHg or diastolic pressure exceeding 120mmHg, with evidence of end-organ damage including hepatic dysfunction (ALT >70 IU/L), renal impairment (creatinine >90µmol/L), thrombocytopenia (<100,000/µL), or neurological symptoms including severe headache, visual disturbance, or hyperreflexia
2. HELLP syndrome with evidence of haemolysis (LDH >600 IU/L, schistocytes on blood film), elevated liver enzymes (AST or ALT >70 IU/L), and low platelets (<100,000/µL), with platelet count below 50,000/µL indicating severe disease
3. Peripartum cardiomyopathy with left ventricular ejection fraction below 25% confirmed by echocardiography, with evidence of congestive heart failure including breathlessness at rest, peripheral oedema, or pulmonary oedema on chest imaging
4. Severe pulmonary hypertension with systolic pulmonary artery pressure exceeding 80mmHg confirmed by right heart catheterisation or echocardiography, with evidence of right heart failure or syncope
5. Eisenmenger syndrome with evidence of clinical deterioration including declining oxygen saturation below 85% on air, syncope, increasing breathlessness, or haemoptysis
6. Marfan syndrome with aortic root dilatation exceeding 45mm confirmed by echocardiography or CT angiography, or evidence of aortic dissection on imaging

7. Severe mitral stenosis with valve area less than 1.0cm<sup>2</sup> confirmed by echocardiography, with evidence of pulmonary oedema, atrial fibrillation with rapid ventricular response, or right heart failure
8. Active rheumatic heart disease with cardiac failure NYHA Class IV, refractory to optimal medical management including diuretics, ACE inhibitors, and beta-blockers where appropriate
9. Severe aortic stenosis with valve area less than 0.8cm<sup>2</sup> and evidence of heart failure, syncope, or angina
10. Acute myocardial infarction with ongoing cardiac instability, cardiogenic shock, or mechanical complications
11. Massive pulmonary embolism with haemodynamic compromise (systolic blood pressure <90mmHg) and right heart strain confirmed by echocardiography or CT pulmonary angiogram

## **B. Renal and Metabolic Conditions**

12. Severe chronic kidney disease with creatinine exceeding 300µmol/L or estimated glomerular filtration rate below 15ml/min/1.73m<sup>2</sup>, or requiring renal replacement therapy
13. Systemic lupus erythematosus with active lupus nephritis Class IV or V, rapidly declining renal function (creatinine doubling within four weeks), or evidence of extrarenal organ involvement threatening life
14. Antiphospholipid syndrome with life-threatening thrombotic events including cerebral venous thrombosis, extensive deep vein thrombosis with pulmonary embolism, portal vein thrombosis, or arterial thrombosis
15. Severe diabetes mellitus with diabetic ketoacidosis (pH <7.1, ketones >5mmol/L), hyperosmolar hyperglycaemic state, or proliferative retinopathy with vitreous haemorrhage threatening sight

16. Acute fatty liver of pregnancy with hepatic encephalopathy (altered mental state), coagulopathy (INR >2.0), hypoglycaemia (<3mmol/L), or evidence of liver failure

### **C. Hepatic and Gastrointestinal Conditions**

17. Severe liver cirrhosis Child-Pugh Class C with portal hypertension, ascites refractory to medical management, hepatic encephalopathy, or variceal bleeding

18. Acute liver failure from any cause with coagulopathy (INR >2.0), encephalopathy, or evidence of multi-organ failure

19. Severe inflammatory bowel disease with toxic megacolon (colonic dilatation >6cm on imaging), intestinal perforation, or massive gastrointestinal haemorrhage requiring blood transfusion

20. Severe hyperemesis gravidarum with ketosis (serum ketones >5mmol/L), weight loss exceeding 15% of pre-pregnancy weight, severe electrolyte abnormalities (sodium <125mmol/L), and evidence of dehydration refractory to medical management

### **D. Respiratory Conditions**

21. Severe asthma with status asthmaticus requiring mechanical ventilation, silent chest on examination, or peak flow <25% predicted despite maximum medical therapy

22. Cystic fibrosis with FEV1 below 30% predicted and evidence of respiratory failure (pCO<sub>2</sub> >8kPa, pH <7.30) or cor pulmonale

23. Severe chronic obstructive pulmonary disease with acute exacerbation requiring non-invasive ventilation, hypercapnic respiratory failure (pCO<sub>2</sub> >8kPa), or evidence of cor pulmonale

24. Severe pneumonia with respiratory failure requiring mechanical ventilation, septic shock, or ARDS (P/F ratio <200)

25. Spontaneous pneumothorax with tension physiology or recurrent pneumothoraces in pregnancy

### **E. Haematological Conditions**

26. Severe anaemia with haemoglobin below 5g/dL refractory to iron therapy, vitamin B12/folate supplementation, and blood transfusion due to underlying haematological disorder or active bleeding

27. Thrombotic thrombocytopenic purpura with neurological symptoms (confusion, seizures, focal deficits), evidence of microangiopathic haemolytic anaemia (schistocytes >2% on blood film), and thrombocytopenia (<30,000/ $\mu$ L)

28. Acute leukaemia requiring immediate life-saving chemotherapy incompatible with pregnancy continuation

29. Severe aplastic anaemia with neutropenia (<0.2 $\times 10^9$ /L), thrombocytopenia (<20 $\times 10^9$ /L), and anaemia requiring transfusion support

### **F. Neurological and Psychiatric Conditions**

30. Acute intermittent porphyria with severe neurological manifestations including paralysis, seizures, encephalopathy, or respiratory muscle weakness requiring ventilatory support

31. Severe psychiatric illness with active suicidal ideation and specific suicide plan, previous serious suicide attempts during pregnancy requiring intensive care admission, and current psychotic symptoms posing immediate risk to life, certified by consultant psychiatrist with perinatal mental health expertise

32. Status epilepticus refractory to medical management or new-onset seizures in pregnancy with evidence of intracranial pathology

33. Cerebral venous thrombosis with evidence of raised intracranial pressure, seizures, or focal neurological deficits

### **G. Malignant Disease**

34. Active malignancy requiring immediate life-saving chemotherapy or radiotherapy that is teratogenic and incompatible with pregnancy continuation, where delay beyond four weeks would result in disease progression threatening life within three months, confirmed by multidisciplinary oncology team

35. Choriocarcinoma with evidence of metastatic disease to brain, liver, or lungs, and bleeding complications or evidence of organ dysfunction

### **H. Other Life-Threatening Conditions**

36. Severe eating disorder with BMI below 13 and evidence of cardiac complications (bradycardia <40 beats per minute, prolonged QT interval >500ms, or cardiac failure) or other organ dysfunction

37. Severe substance dependency with life-threatening withdrawal symptoms including delirium tremens, withdrawal seizures, or other complications where pregnancy prevents safe detoxification and continued substance use poses immediate risk of death

38. Previously documented severe postpartum psychosis with infanticidal ideation, homicidal ideation, or command hallucinations requiring compulsory psychiatric admission, with current pregnancy triggering recurrence of symptoms

39. Placenta percreta with evidence of bladder invasion, ureteric involvement, or other organ involvement confirmed by MRI, with high risk of catastrophic haemorrhage (estimated blood loss >5 litres) at delivery

40. Severe maternal mirror syndrome with evidence of maternal organ dysfunction including cardiac failure, pulmonary oedema, or renal impairment mirroring foetal hydrops fetalis



## **Schedule 9: Foetal Conditions Incompatible with Survival Beyond Twenty-Eight Days of Birth**

### **A. Central Nervous System Anomalies**

1. Anencephaly confirmed by ultrasound demonstrating complete absence of cerebral hemispheres and cranial vault above the level of the orbits, with absent forebrain structures
2. Holoprosencephaly (alobar type) confirmed by ultrasound or MRI demonstrating complete failure of forebrain division with single primitive ventricle, fused thalami, and absent corpus callosum and interhemispheric fissure
3. Severe hydrocephalus with cortical mantle thickness less than 5mm confirmed by ultrasound or MRI, with progressive ventricular dilatation despite intrauterine intervention where attempted
4. Massive encephalocele with more than 75% of brain tissue herniated outside the cranial cavity confirmed by detailed ultrasound and MRI assessment

### **B. Chromosomal Abnormalities**

5. Trisomy 13 (Patau syndrome) confirmed by genetic testing (amniocentesis, chorionic villus sampling, or cell-free foetal DNA with confirmatory invasive testing) with typical associated anomalies including holoprosencephaly, heart defects, and growth restriction
6. Trisomy 18 (Edwards syndrome) confirmed by genetic testing with characteristic ultrasound features including severe growth restriction, cardiac defects, clenched hands, and rocker-bottom feet
7. Triploidy (69,XXX or 69,XXY or 69,XYY) confirmed by genetic testing with characteristic severe asymmetric growth restriction, relative macrocephaly, and multiple structural anomalies
8. Monosomy X (Turner syndrome) with severe

hydrops fetalis and cystic hygroma confirmed by genetic testing and ultrasound findings

### **C. Cardiovascular Anomalies**

9. Hypoplastic left heart syndrome with no possibility of surgical intervention confirmed by foetal echocardiography, including aortic atresia, mitral atresia, and severe left ventricular hypoplasia

10. Critical aortic stenosis with evolving hypoplastic left heart syndrome confirmed by serial foetal echocardiography showing progressive left heart obstruction

11. Severe Ebstein anomaly with massive tricuspid regurgitation, right heart failure, and hydrops fetalis confirmed by foetal echocardiography

12. Complex congenital heart disease with multiple defects incompatible with survival including combinations of hypoplastic left heart, transposition, and severe outflow tract obstruction

### **D. Renal and Genitourinary Anomalies**

13. Bilateral renal agenesis (Potter sequence) confirmed by ultrasound demonstrating complete absence of both kidneys, severe oligohydramnios from 16 weeks gestation, and evidence of pulmonary hypoplasia

14. Severe cystic kidney disease with massive bilateral enlargement precluding delivery and incompatible with postnatal survival

15. Severe obstructive uropathy with oligohydramnios, evidence of severe renal dysplasia, and poor prognosis despite intrauterine intervention

### **E. Skeletal Dysplasias**

16. Thanatophoric dwarfism confirmed by genetic testing and characteristic ultrasound features including severe micromelia, narrow thorax incompatible with life, macrocephaly, and specific radiological features
17. Osteogenesis imperfecta type II (lethal form) confirmed by genetic testing and ultrasound evidence of multiple intrauterine fractures, severe bone deformity, and compression deformity of the thorax
18. Severe achondrogenesis confirmed by ultrasound showing absent or severe deficiency of spinal ossification, extreme micromelia, and thoracic compression
19. Camptomelic dysplasia with severe respiratory compromise confirmed by genetic testing and characteristic radiological features

#### **F. Respiratory System Anomalies**

20. Severe congenital diaphragmatic hernia with liver herniation and severe pulmonary hypoplasia confirmed by ultrasound and MRI, with lung-to-head ratio  $<0.6$  and observed-to-expected lung-to-head ratio  $<25\%$
21. Bilateral congenital cystic adenomatoid malformation with hydrops fetalis and evidence of mediastinal shift
22. Congenital high airway obstruction syndrome (CHAOS) with complete tracheal obstruction confirmed by MRI

#### **G. Multiple Anomaly Syndromes**

23. Meckel-Gruber syndrome confirmed by genetic testing with characteristic triad of occipital encephalocele, polycystic kidneys, and postaxial polydactyly
24. Severe body stalk anomaly with major body wall defects, limb reduction defects, and absence of umbilical cord confirmed by detailed ultrasound assessment

25. Pentalogy of Cantrell with complete expression including omphalocele, diaphragmatic hernia, pericardial defect, cardiac anomalies, and sternal defect

26. Limb-body wall complex with severe body wall defects, neural tube defects, and limb reduction confirmed by detailed ultrasound and MRI

#### **H. Other Lethal Conditions**

27. Conjoined twins where separation is impossible and continuation of pregnancy is incompatible with survival of either twin, confirmed by detailed ultrasound, MRI assessment, and multidisciplinary team review including paediatric surgeons

28. Severe hydrops fetalis of non-immune origin with evidence of heart failure, severe anaemia, or other life-threatening complications where underlying cause is untreatable

29. Multiple severe congenital anomalies affecting at least three major organ systems confirmed by specialist multidisciplinary assessment to be incompatible with survival beyond twenty-eight days of life, with detailed documentation of each anomaly and prognosis

## **Schedule 10: Authorised Termination Medications**

### **A. Primary Abortifacient Agents**

#### **1. Mifepristone (RU-486):**

- 200mg oral tablets
- Progesterone receptor antagonist blocking hormonal support of pregnancy
- Authorised only when prescribed by consultant in obstetrics and gynaecology
- For pregnancy termination in approved facilities with emergency care available
- Not restricted when prescribed for other licensed indications including Cushing's syndrome

#### **2. Misoprostol:**

- 200mcg oral tablets, 25mcg vaginal tablets, 200mcg sublingual tablets
- Synthetic prostaglandin E1 analogue causing uterine contractions and cervical softening
- Authorised only when prescribed by consultant in obstetrics and gynaecology for pregnancy termination
- Not restricted when prescribed for licensed gastric ulcer treatment, cervical ripening in labour, or postpartum haemorrhage management

#### **3. Gemeprost:**

- 1mg vaginal pessaries
- Synthetic prostaglandin E1 analogue with uterotonic properties
- Authorised only when prescribed by consultant in obstetrics and gynaecology for pregnancy termination

- For use in approved facilities with appropriate monitoring

**B. Adjunctive Medications** 4. Dinoprostone (Prostaglandin E2):

- 1mg and 2mg vaginal preparations, 10mg/ml gel
- Naturally occurring prostaglandin causing cervical ripening and uterine contractions
- Authorised for pregnancy termination only when prescribed by consultant in obstetrics and gynaecology
- Not restricted when used for labour induction or cervical ripening in continuing pregnancies

5. Carboprost tromethamine:

- 250mcg/ml injection
- Synthetic prostaglandin F2 $\alpha$  analogue with potent uterotonic activity

**Note:** All medications listed in this Schedule when used for legitimate medical purposes other than pregnancy termination remain subject to normal prescribing regulations under the Medicines Act 1968 and are not restricted by this Act. Healthcare providers must maintain clear documentation of indication when prescribing these medications to pregnant women.

## **Schedule 11: Authorised Medical Termination Procedures**

### **A. Early Medical Abortion (Up to 10 weeks gestation)**

#### **1. Sequential mifepristone-misoprostol protocol:**

- Mifepristone 200mg orally, followed 24-48 hours later by
- Misoprostol 800mcg vaginally, sublingually, or buccally
- May be repeated with misoprostol 400mcg every 3 hours up to 4 additional doses if required
- Must be performed under direct consultant supervision
- Emergency facilities for haemorrhage control immediately available

#### **2. Alternative mifepristone-misoprostol regimens:**

- Modified dosing schedules based on patient factors including body weight, medical conditions, or medication availability
- Sublingual or buccal administration routes where vaginal route contraindicated
- Reduced interval protocols (6-24 hours) where clinically indicated
- All variations require consultant authorisation and documentation of rationale

### **B. Medical Abortion 10-12 weeks gestation**

#### **3. Enhanced mifepristone-misoprostol protocol:**

- Mifepristone 200mg orally, followed 36-48 hours later by
- Misoprostol 800mcg vaginally initially, then 400mcg every 3 hours up to 4 doses
- Requires hospital admission for monitoring
- Consultant obstetrician present throughout active phase

#### **4. Sequential methotrexate-misoprostol protocol (where mifepristone contraindicated):**

- Methotrexate 50mg/m<sup>2</sup> intramuscularly, followed 5-7 days later by
- Misoprostol 800mcg vaginally, repeated every 24 hours up to 3 doses
- Requires extended monitoring period
- Consultant supervision throughout

**C. Surgical Procedures (Up to 14 weeks gestation)** 5. Manual vacuum aspiration:

- Using flexible plastic cannulae (4-14mm diameter) with manual suction
- Local anaesthesia with or without conscious sedation
- Consultant performed or supervised throughout procedure
- Appropriate analgesia and monitoring protocols

6. Electric vacuum aspiration:

- Using appropriate rigid cannulae with electric suction (pressure 400-600mmHg)
- Local, regional, or general anaesthesia as clinically appropriate
- Consultant performed with anaesthetist present for general anaesthesia
- Full operating theatre facilities and emergency protocols

All procedures must be performed according to current guidelines from the Royal College of Obstetricians and Gynaecologists, with appropriate anaesthesia or analgesia, full resuscitation equipment immediately available, and robust clinical governance arrangements including regular audit of outcomes and complications.



## **Schedule 12: Practitioner Qualifications and Facility Requirements**

### **A. Medical Practitioner Qualifications**

#### **1. Primary Operators (Required for all termination procedures)**

- Consultant in obstetrics and gynaecology holding Certificate of Completion of Training (CCT) recognised by the Royal College of Obstetricians and Gynaecologists or equivalent international qualification recognised by the General Medical Council
- Minimum 5 years post-CCT experience specifically in obstetrics and gynaecology
- Current unrestricted registration with General Medical Council including licence to practise
- Completion of specialist training module in pregnancy termination techniques within previous 2 years
- Demonstrated competency in emergency management of obstetric complications
- Maintenance of continuing professional development portfolio including termination-related education
- Current advanced life support certification
- No current fitness to practise restrictions or ongoing investigations

#### **2. Second Certifying Practitioners (Required under section 6(1))**

- Consultant in relevant medical specialty (obstetrics and gynaecology, maternal-foetal medicine, medical genetics, or other relevant specialty), OR
- Medical practitioner with minimum 10 years post-qualification experience, including minimum 5 years in obstetrics, gynaecology, maternal-foetal medicine, or directly related specialties
- Current unrestricted GMC registration with licence to practise

- Demonstrated expertise relevant to the specific medical conditions or circumstances being assessed
- No financial interest in the proposed termination procedure
- Independence from the primary operating team

### **3. Anaesthetic Practitioners (Required for surgical procedures)**

- Consultant anaesthetist holding CCT in anaesthetics or equivalent qualification
- Minimum 3 years post-CCT experience including obstetric anaesthesia
- Current unrestricted GMC registration
- Experience in management of obstetric emergencies and resuscitation
- Current advanced life support and obstetric emergency training certification

### **4. Supporting Medical Staff**

- Specialist registrars or staff grade doctors may assist under direct consultant supervision but may not be primary operators
- All supporting medical staff must have current GMC registration and appropriate experience in obstetric or gynaecological care
- Minimum 2 years post-foundation programme experience for any doctor involved in termination procedures

## **B. Nursing and Midwifery Requirements**

### **1. Specialist Nursing Staff**

- Registered nurses or midwives with post-registration experience in surgical, obstetric, or gynaecological care
- Minimum 2 years relevant post-registration experience
- Current registration with Nursing and Midwifery Council

- Completion of specific training in termination procedures and emergency management
- Regular updates in advanced life support and emergency obstetric care

## **2. Theatre and Recovery Staff**

- Operating department practitioners or registered nurses with anaesthetic training
- Current registration with appropriate professional body
- Experience in obstetric or gynaecological surgery
- Training in management of obstetric emergencies

## **C. Facility Infrastructure Requirements**

### **1. Physical Infrastructure**

- Dedicated operating theatre meeting current NHS standards for surgical procedures
- Appropriate lighting, ventilation, and surgical equipment
- Recovery area with cardiac monitoring, oxygen supply, and emergency drugs
- Resuscitation equipment including defibrillator, mechanical ventilation capability, and emergency drugs
- Blood bank facilities or guaranteed arrangements for emergency blood transfusion within 30 minutes
- Laboratory services for urgent blood tests, cross-matching, and coagulation studies
- High-resolution ultrasound equipment with appropriate probes for accurate dating and assessment
- Pathology services for histological examination of products of conception

- Appropriate storage facilities for specimens and clinical waste disposal arrangements

## **2. Emergency Care Capabilities**

- Immediate access to blood transfusion services (on-site blood bank or guaranteed supply within 30 minutes)
- Cardiac arrest team and emergency resuscitation protocols
- Emergency surgical facilities for management of complications including laparotomy capability
- Intensive care facilities available within the institution or guaranteed transfer arrangements within 30 minutes
- Emergency transfer protocols to tertiary obstetric units for complex cases

## **3. Staffing Requirements**

- Minimum 2 registered nurses with obstetric or surgical experience on duty during all procedures
- 24-hour medical cover by doctor with minimum 2 years obstetric experience
- Consultant obstetrician available on-site or with guaranteed arrival within 30 minutes
- Anaesthetist immediately available for all surgical procedures
- Laboratory technician available 24 hours for urgent blood tests

## **D. Clinical Governance and Quality Assurance**

### **1. Policies and Procedures**

- Written protocols for all aspects of termination services including patient assessment, consent procedures, clinical protocols, and emergency management

- Multidisciplinary team meetings for complex cases and review of adverse events
- Regular clinical audit of outcomes, complications, and adherence to protocols
- Incident reporting systems and investigation procedures for adverse events
- Regular training programmes for all staff involved in termination services
- Patient feedback systems and complaints procedures

## **2. Information Systems and Record Keeping**

- Secure electronic or paper-based systems for maintaining comprehensive medical records
- Data protection procedures compliant with GDPR and Data Protection Act 2018
- Reporting systems to Chief Medical Officer and other statutory authorities
- Systems for tracking patient outcomes and follow-up care
- Secure storage of records for minimum 30 years

## **3. Patient Support Services**

- Counselling services available on-site or with guaranteed access within 24 hours
- Social work support for vulnerable patients and safeguarding concerns
- Interpreter services for non-English speaking patients
- Accessible facilities for patients with disabilities
- Patient advocacy services and support for complaints or concerns

## **E. Inspection and Certification Requirements**

### **1. Regulatory Oversight**

- Annual inspection by inspectors with specific assessment of termination services
- Registration and approval by Secretary of State under this Act
- Compliance with all relevant healthcare regulations and standards
- Regular external audit of clinical outcomes and governance arrangements

## **2. Professional Standards**

- Compliance with standards set by relevant medical royal colleges
- Participation in national audit programmes and outcome monitoring
- Regular review of clinical protocols and alignment with current evidence and guidelines
- Continuing professional development programmes for all staff

## **3. Emergency Preparedness**

- Written emergency protocols for management of clinical emergencies
- Regular emergency drills and staff training exercises
- Emergency equipment maintenance and testing schedules
- Communication systems for emergency calls and patient transfer
- Coordination arrangements with emergency services and tertiary referral centres