

**Submission to the Joint Oireachtas Committee on Health &
Children Public Hearings on the Implementation of the
Government Decision following the publication of Expert
Group Report into matters relating to A,B,C vs. Ireland**

by

Doctors for Choice

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Executive Summary

- **Doctors for Choice welcomes the European Court of Human Rights recommendation that legislation be enacted to confirm the X case, Supreme Court judgement.**
- **It is variously estimated that between one in ten and one in fifteen Irish women of reproductive age have had an abortion. This makes it the most common gynaecological procedure Irish women undergo.**
- **The most important aspects of any proposed legislation and regulation will be the criteria used to refuse a woman an abortion rather than those used to approve access to abortion services.**
- **The process of refusal of access to abortion services must be documented and transparent. Appeal of decisions must be timely, fully explained and easily accessed.**
- **Women who are at particular risk from the lack of provision of abortion services in Ireland are those women whose ability to travel is compromised, e.g. those too unwell to travel, adolescents, those with no or low incomes, those with small children, asylum seekers, those who have experienced a sexual assault and women with disabilities.**
- **Restriction of access to abortion services is known to increase the risk of suicide and lead to unnecessary complications depending on available alternative routes of access to abortion.**
- **Irish women have later abortions, and consequently more complications, than the average woman in England and Wales due in large part to difficulties accessing money and information.**

- **GPs have a long-term continuity-of-care relationship with their patients and should therefore be integral to the decision-making process in access to abortion services.**
- **General practitioners have been found to support a broadly prochoice position and are usually the first medical professional a woman will consult in the situation of crisis pregnancy. International best practice is for early abortions before 9 weeks to be medical abortions taking place in a community based setting.**
- **Suicide risk, as in the X case, increases after a woman is refused an abortion as an option.**
- **Post abortion care in Ireland is random and of poor quality.**
- **Irish healthcare providers receive minimal or no training or professional support in abortion provision or aftercare.**
- **After legislation is passed for the X case judgement and regulations are developed those health professionals who provide abortion services must be supported and their conscientious actions validated.**
- **Doctors for Choice advocates the decriminalisation of abortion in Ireland with the subsequent regularisation of its provision in a publicly funded health service.**
- **As a nation we must respect the rights of all women to control their own fertility and reproductive outcomes. Abortion provision is a necessary medical part of respecting that right.**

Introduction

Doctors for Choice is an organisation that represents doctors in Ireland who support a woman's right to control their own reproductive health outcomes, and in the exercise of that right the organisation unequivocally respects the right of women to choose abortion.

Doctors for Choice welcomes the European Court of Human Rights recommendation that legislation be enacted to confirm the X case, Supreme Court judgement. Doctors for Choice provided one of three Amicus briefings the Court accepted in its deliberations in the ABC case.

The most important aspects of any proposed legislation and regulation will be the criteria used to refuse a woman an abortion rather than those used to approve access to an abortion services. Any legislation must detail in which circumstances a woman will be refused an abortion for instance if she has had suicidal thoughts but not actions. The process of refusal of access to abortion services must be documented and transparent. Appeal of decisions must be a clear process that is timely and easily accessed. The application for an abortion under the X case guidelines must be processed at a place proximal to where the woman resides. There must be no expectation that a woman must travel to seek an opinion as to whether she qualifies under the criteria.

While abortion in X case circumstances will be rare it is worth reminding the committee that abortion is not rare in Ireland; in the sense that it is common for Irish women to have had abortions, but not to have had them in Ireland. **It is variously estimated that between one in ten and one in fifteen Irish women of reproductive age have had an abortion. This makes it the most common gynaecological procedure Irish women undergo.** It is more common for an Irish woman to have had an abortion than a tonsillectomy or an appendicectomy. Irish women are choosing abortion on a daily basis and they are choosing it as a legitimate healthcare procedure. An informed choice from available options without duress is the standard to be achieved.

Pro choice doctors advocate for the right to choose to have a child and therefore also strongly support the development of high quality support services for parents and children. **Doctors for Choice argues that it is now necessary for Irish society to acknowledge the right of Irish women to make this reproductive health decision for themselves and to ensure women can access safe, legal abortion services in Ireland.**

Women at risk

The failure to provide abortion in Ireland has resulted in some women being compelled to continue their pregnancies when this is expressly against their wishes. Members of Doctors for Choice have significant direct experience of this. It is particularly apparent in **adolescent women** who are underage and thus have difficulty in exercising their autonomous right to travel without their parents' knowledge, although independent clinical assessment would judge them capable of mature, independent, self determining decision making.

The failure to legalise abortion particularly affects **women who have low incomes or have no independent source of income** to cover the substantial cost of travel. It also affects women who have no right to travel due to their **immigration status** (usually asylum seeker women). It disproportionately affects **women who have small children** and who cannot find additional childcare at short notice while they travel abroad. The decision to travel for an abortion is usually deeply private and confidential. Many women are forced to make public an otherwise private health matter so that they may access finance, receive permission to travel, arrange child care or indeed access their medical records so they may travel with pertinent medical history details. This is a degradation of women and is a direct consequence of the failure to provide abortion services in Ireland.

Of particular concern to Doctors for Choice is the significant number of women who have suffered **sexual assault**. If they then become pregnant they have the trauma and degradation of the rape compounded by the failure of the Irish health service to provide access to safe and legal abortion for what are often unwanted pregnancies. These women are faced either with compelled pregnancy or the financial and personal cost of leaving the country to access a service that is legal elsewhere and should be available in Ireland as right.

Many doctors' reports cases of **women with disabilities** such as mental illness or poor mobility who must continue unwanted pregnancy because they are unable to travel for reasons of lack of access and or empowerment.

There are particular risks in recent years for women in Ireland accessing abortifacient prescriptions (usually mifepristol and misoprostone tablets) via the **Internet**. Medications which are safe under medical supervision are being taken in a context of secrecy and fear (usually by women who cannot afford to travel abroad).

There is substantial international evidence of a **social class** gradient in abortion uptake when women face unwanted pregnancies. Women living in poverty are more likely to have unplanned pregnancies but are significantly less likely to opt for abortion. There is no research evidence in this area in Ireland but anecdotal evidence suggests that in the current situation, where accessing an abortion abroad can cost the best part of one thousand euro, many poor Irish women inevitably continue their

pregnancies because they do not have access to the substantial amount of money needed with only a few weeks' notice and in an environment of secrecy and censure. There is no other medical procedure accessed outside of Ireland (largely through E112 applications) where women are discriminated against on the basis of ability to pay.

Irish women have later abortions than the average in the UK due largely to difficulties accessing money and information. Later abortions are more likely to be surgical as medical options are only available up to the 9th week of pregnancy. They are also more likely to travel alone as the costs are often prohibitive to have a second person travel. Later abortions are associated with a higher complication rate.

Restriction of access to abortion services is known to increase the risk of suicide and lead to unnecessary complications depending on available alternative routes of access to abortion. Suicide risk in teenagers is increased at the time when the young person establishes she is pregnant.

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Publicly stated attitudes to abortion are very often at variance with private attitudes and actions. Many politicians have publicly acknowledged this conflict and have admitted that if a family member were faced with an unwanted pregnancy that person would be supported in their right to choose abortion, including travelling abroad with them if necessary to access this service.

It is well established that stigmatisation, due to the criminalisation of abortion provision, means many members of the Irish medical profession feel unable to articulate publicly their support of women who choose abortion. As a group, Doctors for Choice is the voice of a significant number of doctors working in Ireland in a wide range of specialities but most particularly General Practice, Psychiatry and Obstetrics & Gynaecology who have direct experience of patients whose lives and health are negatively impacted by Ireland's lack of abortion services. Legislation to reflect the X case judgement will go some way to acknowledging that abortion is a medical procedure and has the same ethical and professional responsibilities as any other medical procedure.

Most doctors recognise that the availability of abortion provision in Ireland would directly and immediately help the many women who have unwanted pregnancies. It would assist them in making informed choices about their health care and health outcomes. At present these women are either forced to continue with their pregnancies or can terminate the pregnancy only by travelling abroad, at significant cost to both their health and finances.

It is unacceptable that doctors fear criminal prosecution when they are trying to act in the best interests of a patient. **Doctors for Choice advocates the**

decriminalisation of abortion in Ireland with the subsequent regularisation of its provision in a publicly funded health service. As an organisation we suggest the Canadian model be followed. Canada has not had any legislation on abortion since 1988. It has a regulated, publicly funded abortion service provided through the general health service. The abortion rate in Canada continues to fall and is one of the lowest in developed countries.

After legislation is passed for the X case judgement and regulations are developed, those health professionals who provide abortion services must be supported and their conscientious actions validated. Members of Doctors for Choice are committed and willing to develop services to provide abortion in Ireland; both surgical and medical. The provision of such services is accepted as good medical practice and is standard healthcare provision in developed countries. We do not accept that it is possible to make a distinction between the right to life of a woman and her right to health. They are part of a continuum and as such cannot safely be separated.

Most women with unwanted pregnancies first seek medical help in a General Practice setting. **GPs have a long-term continuity-of-care relationship with their patients and should therefore be integral to the decision-making process.** General Practitioners have been found to support a broadly pro-choice position. In a 2012 research study seventy five percent of GPs were found to support a woman's right to choose abortion in certain circumstances. About twenty five per cent would support a woman's right to choose abortion in all circumstances. These figures are in keeping with Irish society in general and best places GPs to provide care to women with unwanted pregnancies.

Almost all antenatal care up to 16 weeks gestation is undertaken by GPs alone. Only from 16 weeks onwards do most women have their first scheduled hospital based obstetric appointment. Thus if a woman presents in early pregnancy with a crisis in an X case scenario it will be GPs in liaison with psychiatrists who will be managing her care. Obstetricians will not and need not be involved as the pertinent issue will be mental health rather than obstetric health. International best practice is that early abortions before nine weeks gestation should be medical abortions rather than surgical abortions. Early medical rather surgical abortion reduces complications, has been found to be more acceptable to women patients and is significantly more cost effective. In countries such as England where the majority of early abortions are medical rather than surgical abortions, these abortions take place in a primary care setting and are not hospital based. With the licensing of mifepristone (RU486) early medical abortion in Ireland could and should follow international best practice and take place in a general practice setting with medical supervision being provided by general practitioners. **As a result any proposed legislation must have at its centre general practice based care and must regulate for GPs to be primary abortion providers in early pregnancy.** To fail to ensure this is to ignore medical best practice and is to ignore evolving trends in reproductive health.

Post abortion care in Ireland is random and of poor quality. Doctors for Choice members report that many women delay presenting for aftercare until complications are severe because they fear disapproval and a possible refusal to provide health care if it becomes known they have had an abortion. The most common, treatable complications include bleeding and infection but women may pretend to have had a miscarriage which may delay accurate diagnosis and management. Indeed most of the abortion providers in England treat women travelling from Ireland differently by giving them antibiotics before leaving the clinic as they know an Irish woman may only present for medical care on returning home if she feels her health or life are in danger.

Irish healthcare providers receive minimal or no training or professional support in abortion provision or aftercare. This is unique in medical education in a developed country. Thus doctors and nurses must attempt to provide a quality support service to women who seek or have had abortions with inadequate medical knowledge and training, in what may be a hostile environment. As a result women who seek and access abortion outside of Ireland do so substantially alone and with no Irish healthcare provider support. They are largely abandoned by the Irish health care service which thus directly impacts on women's health and wellbeing.

The discrimination against women that is apparent in the failure to decriminalise abortion in Ireland is **a gender specific issue.** This is not to say that abortion does not affect Irish men but its effects are indirect and never life or health threatening. Gender specific discrimination should have no place in Irish civil society. Legislation as per the European Court of Human Rights decision in the ABC case must just be the first step in ending this discrimination. It is a reality that Irish women are choosing to have abortions every day. They must no longer be discriminated against as regards if, when or where they exercise that valid choice.

As a nation we must respect the rights of all women to control their own fertility and reproductive outcomes. Abortion provision is a necessary medical part of respecting that right.

END

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References available on request