



**Doctors for Choice**  
Ireland

## ***Doctors for Choice Position Paper for Citizen's Assembly***

23<sup>rd</sup> February 2017

Doctors for Choice is very pleased to have this opportunity to contribute to this discussion and we thank you for your attention. We appreciate the opportunity to be heard in session. Our experience of caring for Irish women and couples experiencing crisis pregnancy, and those returning after abortions accessed abroad, gives us particular expertise in the real experiences of women in Ireland, that we hope will be of value to the Citizen's Assembly. Doctors' responsibilities include that of acting as advocates for our patients, and while a small number of women have disclosed their abortion experience in public, we are the privileged confidants of the many Irish women, our patients, who feel too stigmatised to speak directly to you themselves. Our position, outlined below, is informed by our experience of caring for women and couples experiencing crisis pregnancy.

Our group includes doctors who practice in different disciplines e.g. Psychiatry, Obstetrics and General Practice, and who, like all doctors practicing in Ireland, are faced with patients who have unwanted pregnancies and who are seeking access to safe abortion. We see first hand the harm to health experience by our patients due to the 8th amendment, and to the lack of clinical abortion services in Ireland. We wish to provide Irish women with comprehensive compassionate reproductive healthcare in Ireland and do not believe that it is ethical for a woman or girl to be forced to complete a pregnancy against her wishes.

Doctors should not be driven or influenced by their religious, or other, belief systems when providing care. Allowing one's religious beliefs to influence whether care is provided, or not, to individuals is contrary to the ethics that we commit to when we qualify.

In our work we contribute to discussions about abortion, using evidence-based, peer-reviewed research, and challenge untruthful claims used to frighten women e.g. that abortion "increases the risk of breast cancer", as uncovered in recent investigations into bogus "advice" clinics in Dublin. Similarly the oft repeated, and incorrect, misquoting of academic papers to mislead listeners/readers into wondering if abortion has adverse long term effects on mental health (Appendix: 1)

### **DfC position on the 8th Amendment**

DfC believes that the 8th Amendment of the Irish Constitution should be repealed so that women can access healthcare in Ireland when they have a crisis pregnancy, to enable Irish doctors to practice evidence-based and compassionate medical care, to eliminate the criminalisation of abortion, and to allow for the conscientious commitment of Irish doctors to care for women who

choose abortion. We also believe that overly restrictive abortion laws are unhelpful in the real world of women's experiences and clinical practice.

For your convenience we have grouped our thoughts about why a referendum should be offered to the electorate under six headings.

### **1. Repealing the 8th amendment will not "introduce" abortion to Ireland**

The 8th amendment ignores the current reality for thousands of our people: Irish women do, and always will, have and require abortions

More than 130,000 women have given Irish addresses when obtaining abortions in UK clinics since the 8th amendment was inserted into the Constitution in 1983. This figure does not include the many women who stay with friends/ family resident in the UK, and give UK addresses to clinics, or women who travel to other jurisdictions e.g. Holland and Eastern Europe. 3451 Irish women travelled to the UK to access abortion in 2015. 5,560 women in Ireland requested abortion pills between 1st January 2010 and 31st December 2015. 74% of women experienced parenthood and 23% experienced abortion as the outcome of their crisis pregnancy in Ireland in 2010 (Ref 1, 2).

### **2. The 8th Amendment promotes Health Inequality**

The 8th Amendment promotes inequality in the access of healthcare services, excluding more socioeconomically deprived women from being able to access abortion. It discriminates in favour of the more socioeconomically privileged and the healthy. It permits women who have the financial resources to travel and pay for abortions, who have the physical strength to travel, and who have the security of Irish or EU citizenship to travel, to access abortion.

It prevents women who cannot access the €800+ required to travel from accessing abortion in a medical setting. It prevents women whose lives are not at imminent risk, but who are nevertheless too ill to travel, and who are vulnerable and insecure (e.g. asylum seekers who have been raped in war (such as Ms Y) from accessing abortion in a medical setting.

As Justice Horner commented in the High Court in Belfast regarding laws, which restrict abortion in Northern Ireland (November 30th, 2015): "It does not protect morals to export the problem to another jurisdiction and then turn a blind eye"; and "The protection of morals should not contemplate a restriction that bites on the impoverished, but not the wealthy. That smacks of one law for the rich and one law for the poor".

### **3. The 8th Amendment harms the health of Irish women**

Abortion is one of the safest medical procedures a woman can undergo. Some common, mild side effects can happen, but are easily treated. Serious complications are very rare (5). A crisis pregnancy, by its very definition, is a difficult experience for any woman, but research evidence demonstrates the fact that the psychological outcome is no worse in women who choose abortion than in those who complete their pregnancy,(5-7). However women who live in countries where abortion is stigmatised have been shown to be at increased risk of psychological ill health. (see Appendix 2)

Irish women search the Internet to find suppliers of the abortion pill and hope they are being sent the genuine pills (4, 8). They often take these pills alone and in secret, and have told us they hesitated to attend for aftercare post abortion because of fears related to criminalisation and associated stigma. Some, overcome by anxiety, present to hospitals saying they have "miscarried"

(8). Irish women often experience shame, stigma, loneliness, being forced abroad to access healthcare (see Appendix 2). Severe financial and family pressures are experienced by women, often left isolated when travelling.

Others do not attend and worry about whether the symptoms they experience post abortion abroad are normal or indicate a medical complication which needs treatment. They are afraid to seek medical advice. Our laws provoke fear in relation to obtaining information and reassurance from a trusted health professional.

#### **4. The 8th Amendment potentially criminalises Irish women and doctors**

The 8th Amendment provides a basis for criminal sanctions against women who have an abortion outside the legal framework of a real and substantial risk to their lives.( See paragraph 5 below). The “Protection of Life During Pregnancy” Act (PLDPA) that was subsequently passed into law firmed up the criminal sanctions that were previously implicit in Irish law by providing for a prison sentence of up to 14 years for women, doctors or any person (e.g., secretaries, administrators, mothers of underage girls) who help procure an abortion outside of the very limited remit of the PLDPA. The implications of this criminalisation was brought home to our members when a leading politician, Eamonn O’Cuiv, discussed the individual case of a woman on the Dail floor, who had allegedly had an abortion under the PLDPA.

The fear of prosecution has a definite chilling effect on physicians in Ireland, increasing the social taboo of abortion, despite abortion being one of the most common medical procedures an Irish woman will undergo. (see Appendix: 3). The prospect of prosecuting children who become pregnant and/ or their parents, or those carrying out a home abortion with pills bought on the internet is also very concerning. This causes fear isolation and increased health risks in vulnerable patients.

#### **5. The 8th Amendment imposes unsafe medical practice on doctors in Ireland**

The 8th Amendment provides for a constitutional prohibition on abortion in all circumstances, unless there is a real and substantial risk to the life of the pregnant woman. Real and substantial risk is a legal phrase, which is not appropriate to medical guidelines. Medical conditions are evolving situations and it is not possible to identify an exact moment in time, on each side of an imagined rigid legal line between ill-health and life threatening illness. Severe haemorrhage, for example, may necessitate the delivery of the fetus to save a mother's life, yet the concept that a moment can be exactly identified when a woman “crosses the legal threshold” permitting doctors to terminate pregnancy, to save her life, does not reflect the realities of these situations. While the 8th amendment remains in situ no amount of legal advice will adequately address every individual medical emergency.

Can obstetricians and other doctors know at what point an illness becomes sufficiently serious to warrant its categorisation as a real and substantial risk? No. The Protection of Life During Pregnancy Act (PLDPA) 2013 legislated for the 1992 X Case but has not helped Irish women (such as Miss Y, Miss P, Miss D or The D Case). As highlighted in the tragic case of Savita Halappanavar, defining a legal moment in time, when a clinician ‘can act’ within the law, is not possible. Doctors need to act before a woman becomes severely unwell, otherwise excessive medical risk is being practiced.

Recommendation 4b of Professor Sabaratnam Arulkumaran’s report to the HSE, on the death of Savita Halappanavar recommended that ‘necessary constitutional change’ be considered. Professor Sabaratnam Arulkumaran is one of the most highly respected international figures in Obstetrics and

Gynaecology; being a former president of the Royal College of Obstetricians and Gynaecologists and the International Federation of Gynaecology and Obstetrics, and president-elect of the British Medical Association.

Dr Peter Boylan, former Master of the National Maternity Hospital, giving expert evidence to the inquest into the death of Savita Halappanavar in Galway stated that Savita 'would most likely be with us today if she had been given a termination earlier'. Though Ms Halappanavar had requested this, Dr Boylan continued, that doing this in the days before she died "was not a practical legal proposition" under our current constitutional prohibition on abortion. As her case was one of inevitable miscarriage, there was, sadly, no chance that her pregnancy was going to continue.

## **6. The 8th Amendment undermines doctors' conscientious commitment to provide care**

The 8th Amendment forces unprofessional, unethical practice upon Irish doctors who wish to provide compassionate, evidence-based care to Irish women. Currently doctors who conscientiously object to helping women in a crisis pregnancy are supported and recognised. However, doctors who have a conscientious commitment to helping women through a crisis pregnancy, in Ireland, are precluded from doing so due to the 8th Amendment.

Without the commitment to providing clinical services that are properly staffed by trained medical staff the legal position, even if changed, will not help our women and girls who need abortions. We need to embed the provision of service within our legal and medical systems.

## **Conclusion**

You, the members of the Citizens Assembly, are being trusted to influence what will happen to Irish women in crisis pregnancies for years to come. If acted upon by Government, your conclusions will determine which women must continue to travel from Ireland to access abortion and which women will be cared for nearer to home, with less emotional and financial distress, and with access to the support of their loved ones. Doctors for Choice in turn ask you to trust the Irish electorate – to give us the opportunity to remove the 8th Amendment from our Constitution – if that is our democratic choice. Many thanks to each and every one of you for your time and attention.

## **Appendix**

1. A frequently cited quote from anti-choice advocates is the following....

"Abortion also hurts women. A 2008 study (Fergusson et al) found that post-abortive women are 30% more likely to experience serious mental health problems while a 2006 study (Gissler et al) found that the suicide rate for post-abortive women was six times higher than women who had given birth."

Gissler et al in a 2015, in response to the misinterpretation, paper refutes the idea that abortion leads to higher suicide rates (<http://sjp.sagepub.com/content/43/1/99.long> , <https://www.ncbi.nlm.nih.gov/pubmed/25420710> , Decreased suicide rate after induced abortion, after the Current Care Guidelines in Finland 1987-2012. Scand J Public Health. 2015 Feb;43(1):99-101

Direct quote from that 2015 paper, in response to the deliberate misinterpretation of his original paper by anti-choice campaigners, below:

"This result has been interpreted to mean that an induced abortion in itself causes deteriorated mental health and suicide risk; however, further studies show that the risks for accidental death and for homicide also

increase after an induced abortion [2,3]. This suggests that common risk factors for suicide and induced abortion, rather than harmful effects of induced abortion on mental health, causes the excess suicide risk among women whom recently terminated their pregnancy. Also, the finding that single women and women with lower socio-economic position are over-represented among the women committing suicide or dying from other external causes after an induced abortion, does not support the hypothesis that abortion itself causes suicides."

3. As we have no data in Ireland, we rely on statistics generated from women who have abortions in the UK and give Irish addresses; as well as statistics from the UK and other EU countries. Abortion is the most common gynaecological procedure globally. The abortion rate among Irish women (includes non-Irish residents) is apparently lower than the UK. In 2015 there were 191,014 abortions notified as taking place in England and Wales - 185,824 to residents of England and Wales. This represented an age-standardised abortion rate of 16 per 1000 resident women aged 15-44. There is no other gynaecological procedure that comes close to this rate.

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/570040/Updated\\_Abortion\\_Statistics\\_2015.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/570040/Updated_Abortion_Statistics_2015.pdf)

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