

# Abortion Consultation

Helping you respond to the current public consultation on abortion.



## Background

On 22 October 2019, the Northern Ireland (Executive Formation etc.) Act 2019 became law. The previous law on abortion was repealed and the Secretary of State is now required to legislate for abortion.

The law now provides very little detail about what abortion provision will actually look like in practice. This government consultation is seeking the views of the public to help shape and develop guidelines for the administration of abortion services.

This change in the law will impact everyone in our society, not least the most vulnerable. Therefore, it is vital to speak out about the imposition of any abortion regime into Northern Ireland and to affirm the sanctity of all human life.

## Helpful advice for completing the response

The consultation is complicated and the preamble is lengthy. Do not be intimidated and do not let this put you off. Your response does matter.

The starting point of the consultation is an assumption that abortion on request until 12 weeks will be introduced with the questions framed in such a way to see how much further the regulations should go. This premise should not be accepted and a consistent pro-life voice is necessary.

The consultation asks for 'yes' or 'no' answers to 14 questions with a final question (Q.15) inviting any additional comments. Each question has a comment box and you should endeavour to write something in each of these. Repeated statements that abortion is wrong are important throughout the document, but especially in response to question 15. A clear statement that no death should be chosen is the best way to uphold the value of life.

This guide has been developed as a step by step aid to respond to each question in the consultation. Please do not include anything you don't agree with.

To maximise the impact of your response use your own words as much as possible. You should avoid copying and pasting the suggested points in your response. From past experience of Government consultations, ten (or indeed more) identical responses can be counted as one response.

If you are from a relevant profession or healthcare background make sure you state that clearly in the response.

The easiest way to respond is online - <https://consultations.nidirect.gov.uk/nio-implementation-team/a-new-legal-framework-for-abortion-services-in-ni/>

It is possible to download the form and complete by hand and return by post.

The deadline to submit any response is 11.45pm on Monday December 16, 2019.

## Introduction

Fill in your name and email address.

It is preferable to leave the organisation blank and complete your response as a private citizen unless, of course, you have been tasked with submitting a response on behalf of a church. However, a response on behalf of one church will count as one submission but many personal responses will hold more weight. Encourage as many people as possible to respond to the consultation.

### SECTION 2.1, Part 1 - Early terminations of pregnancy

**Question 1a: Should the gestational limit for early terminations of pregnancy be up to 12 weeks gestation (11 weeks + 6 days)?**

No

**Question 1b: Should the gestational limit for early terminations of pregnancy be up to 14 weeks gestation (13 weeks + 6 days)?**

No

***If you answered no to 1a and 1b, what alternative would you suggest?***

#### Key points to raise

- State clearly your rejection of the premise of the question and rejection to abortion on request at any stage of pregnancy.
- Abortion is an act of violence which is never justified. The law should protect all innocent human life regardless of the stage of development.
- The law does not require abortion on request for any reason, nor for any specific gestational limits.
- This 'unrestricted access' proposal goes far beyond what the law requires.
- The only exception when abortion may be acceptable is to save the life of the mother.
- The convention on the rights of the child recognises that "the child, by reason of its physical and mental immaturity, needs special safeguards and care, including appropriate legal protection before as well as after birth".
- Article 1 of the Convention on the Rights of the child recognises the State's duty of care for all children before birth and the duty to promote healthy development.
- The proposal of abortion on request up to either 12 or 14 weeks constitutes a far more radical change in the law than what is actually required by section 9 of the NI (Executive Formation etc.) Act 2019.
- A law which fails to protect innocent human life is unjust.
- You may wish to add some further comments about why abortion is wrong and why there is no difference in the value of life at 12 weeks, 14 weeks or any other stage of development.

### SECTION 2.1, Part 2 - Early terminations of pregnancy

**Question 2: Should a limited form of certification by a healthcare professional be required for early terminations of pregnancy?**

A case could be made for either answer to this question:

- ‘Yes’ may seem to be endorsing (or accepting) abortion on request in early pregnancy OR it may appear to be accepting limited record keeping around abortions
- ‘No’ may seem to be endorsing no record keeping or need for a reason for abortion.

The question is made trickier by the ambiguity of the phrase ‘limited form of certification’ – It is unclear if that means recording or authorisation or what is meant by limited, so whichever answer you choose, clarify your meaning in the comment box.

Given these ambiguities and the fact that you’re only supposed to comment if you answer No, it seems best to respond ‘No’.

If no, what alternative approach would you suggest?

**Key points to raise**

- You reject the premise of the question that there will be abortions in early pregnancy on request.
- The phrasing of the question is highly ambiguous.
- You believe all abortions should be recorded with the reasons as with any human death.
- If abortion on request is introduced by the NIO up to 12/14 weeks, a detailed form of certification should be required that the pregnancy is within the gestation limit which should be verified and signed by two doctors.
- Abortion ends a human life. A very high bar should be set to certify that the abortion falls within the regulations.

**SECTION 2.2 - Gestations beyond 12 or 14 weeks**

***Question 3a: Should the gestational time limit in circumstances where the continuance of the pregnancy would cause risk of injury to the physical or mental health of the pregnant woman or girl, or any existing children or her family, greater than the risk of terminating the pregnancy, be 21 weeks + 6 days gestation?***

No

***Question 3b: Should the gestational time limit in circumstances where the continuance of the pregnancy would cause risk of injury to the physical or mental health of the pregnant woman or girl, or any existing children or her family, greater than the risk of terminating the pregnancy, be 23 weeks + 6 days gestation?***

No

If you answered ‘no’ to both of the above, what alternative provision do you suggest?

**Key points to raise**

- You reject the killing of unborn children for social reasons at all stages in pregnancy.
- The wording of the questions is so vague that it would effectively permit abortion on request.
- It is difficult to think of a circumstance which would not qualify for an abortion under the breadth of this suggested wording.
- This goes far beyond what is required by the new law.

## SECTION 2.3 - Fetal Abnormality

**Question 4a: Should abortion without time limit be available for fetal abnormality where there is a substantial risk that the fetus would die in utero (in the womb) or shortly after birth?**

No

**Question 4b: Should abortion without time limit be available for fetal abnormality where there is a substantial risk that the fetus if born would suffer a severe impairment, including a mental or physical disability which is likely to significantly limit either the length or quality of the child's life?**

No

If you answered 'no' to either or both of the above, what alternative provision do you suggest?

### Key points to raise

- Again state your rejection of the idea that killing of any unborn children can be right.
- Add that to allow exceptions for abnormalities in the unborn child is discrimination against disabled people.
- You may also wish to comment on the risk of wrong diagnoses and the advances in medical treatments as well as the fact that research suggests the mental health of mothers is less likely to be harmed if they carry through with pregnancy in such cases, which is what maximises dignity for both mother and child.
- This proposal seeks to introduce abortion on the basis of disability and a highly subjective 'quality of life' test. This perpetuates stereotypes against disabled people, failing to meet even the requirements of the new legislation and the UK's commitments under the UN Convention on the Rights of People with Disabilities.
- A diagnosis of a disability, no matter how severe, cannot be used to justify a policy which is aimed at eliminating children with impairments.
- At every level this proposal is legally problematic.
- Abortion should not be permitted solely on the basis of there being something perceived as deficient with any baby.
- The concept of 'quality of life' is highly subjective and open to wide abuse.

## SECTION 2.4 - Risk to the woman or girl's life or risk of grave permanent injury

**Question 5a: Do you agree that provision should be made for abortion without gestational time limit where there is a risk to the life of the woman or girl greater than if the pregnancy were terminated?**

No

**Question 5b: Do you agree that provision should be made for abortion without gestational time limit where termination is necessary to prevent grave permanent injury to the physical or mental health of the pregnant woman or girl?**

No

If you answered 'no' to either or both of the above, what alternative provision do you suggest?

### Key points to raise

- On Question 5a, it should not be a criminal offence to act in an emergency situation to save the mother's life and that it is possible in some extreme situations for an abortion to be necessary to do so. Clearly where the mother's life is lost both lives are lost. In this case abortion does not become right, but it is a necessary evil. This is, however, extremely rare in practice. Pre-existing law in NI already allowed for this situation.
- The wording of this statement is too vague and presents a balance of probabilities. The wording of the old law was better: "Abortion is deemed necessary because there is a real and serious/grave and immediate risk to the life of the woman". Even this law must be applied carefully with clear guidelines for doctors as to what is meant by "serious/grave" and "immediate". It should also be qualified by the requirement that if the pregnancy cannot continue every effort must be made to preserve the life of the baby rather than ending it intentionally.
- Question 5b is extremely vague and leaves too much room for interpretation and the right to life of individuals cannot be undermined by any harm they may cause to other individuals. The proper response to such issues should be compassionate care and support for the mother to minimise harm.

## SECTION 2.5 - Who can perform a termination

**Question 6: Do you agree that a medical practitioner or any other registered healthcare professional should be able to provide terminations provided they are appropriately trained and competent to provide the treatment in accordance with their professional body's requirements and guidelines?**

No

If you answered 'no', what alternative approach do you suggest?

### Key points to raise

- Abortion is killing of a human individual and the interruption of a healthy process. As such, it is NOT healthcare. Healthcare professionals have a duty to preserve, enhance and prolong life, not to end it or to disrupt health (including pregnancy). They should not be involved in killing.
- The phrases "medical practitioner" and "any other registered healthcare professional" are excessively vague. Any regulatory framework with this level of ambiguity will be wide open to abuse and would pose a significant danger to the welfare of women.

## SECTION 2.6, Part 1 - Where procedures can take place

**Question 7: Do you agree that the model of service delivery for Northern Ireland should provide for flexibility on where abortion procedures can take place and be able to be developed within Northern Ireland?**

No

If you answered 'no', what alternative approach do you suggest?

### Key points to raise

- Again, reject the premise of the question that abortion is a 'service' – it is the killing of innocent human individuals.

- Flexibility is a vague term but implies making abortion easy and could include schools and homes. This carries risk for the woman but also hides the killing of individuals whose lives should count and be recorded.
- Abortion should not be available in schools, universities or “high street suppliers”.

## SECTION 2.6, Part 2 - Where procedures can take place

**Question 8: Do you agree that terminations after 22/24 weeks should only be undertaken by health and social care providers within acute sector hospitals?**

The premise of this question is leading. If you do not accept the legitimacy of abortion then you might feel compelled to answer ‘No’ but this might imply that you believe that terminations after 22/24 weeks can be performed outside acute sector hospitals. If, however, you answer ‘yes’ that in the situation where an abortion was to be carried out after 22/24 weeks it would be preferable that it was carried out in a hospital then you may believe that you are giving legitimacy to abortion.

If you answered ‘no’, what alternative approach do you suggest?

### Key points to raise

#### If answer No

- This questions presupposes that abortions will be carried out after 22/24 weeks. This premise is rejected.
- Add a comment that you reject the legitimacy of termination of pregnancy in any circumstances other than to save the mother’s live and that at this stage in pregnancy the child has a good likelihood of survival and so should be delivered and given full medical support.

#### If answer Yes

- All abortions outside lowest possible gestational limits should be performed in acute sector hospitals.
- Late term abortions carry more risks and potential for complications, which the asking of this questions acknowledges.

## SECTION 2.7, Part 1 - Certification of opinion and notification requirements

**Question 9a: Do you think that a process of certification by two healthcare professionals should be put in place for abortions after 12/14 weeks gestation in Northern Ireland?**

NO

**Question 9b: Alternatively, do you think that a process of certification by only one healthcare professional is suitable in Northern Ireland for abortions after 12/14 weeks gestation?**

No

If you answered ‘no’ to either or both of the above, what alternative provision do you suggest?

### Key points to raise

- You reject the premise of the question that abortion is to be accepted.

- Abortion is not healthcare and healthcare professionals should not be involved in it at all.
- There is no definition of 'healthcare professional' and is excessively vague.
- The very acknowledgement of the NIO that there may be a greater level of conscientious objection in NI provides evidence that this change in law is being imposed on the citizens of Northern Ireland and should not be used to provide legitimacy to making abortion easier.
- No number of certifications can justify the ending of a human life.

## SECTION 2.7, Part 2 - Certification of opinion and notification requirements

**Question 10: Do you consider a notification process should be put in place in Northern Ireland to provide scrutiny of the services provided, as well as ensuring data is available to provide transparency around access to services?**

Yes

If you answered 'no', what alternative approach do you suggest?

### Key points to raise

- All human lives and deaths should be recorded in a life-affirming society. No child's death should be ignored.
- Unless the reasons for the abortion are asked and recorded there is no way to protect women against coercion and manipulation by others.
- Data should be collected on the number of refused abortions i.e. women who did not meet the grounds. If no abortions are refused then this would highlight that any regulations impose no meaningful restrictions or limitations on abortions.
- You may add again that you reject the notion that abortion is a 'service'.

## SECTION 2.8 - Conscientious objection

**Question 11: Do you agree that the proposed conscientious objection provision should reflect practice in the rest of the United Kingdom, covering participation in the whole course of treatment for the abortion, but not associated ancillary, administrative or managerial tasks?**

No

If you answered 'no', what alternative approach do you suggest?

### Key points to raise

- If healthcare is to be redefined to include killing of unborn children, there must be proper conscientious objection provision for ALL workers in the healthcare system who wish to hold to the historical understanding of healthcare as the preservation of life. They should not be expected to refer people to those who kill human beings or to take any part in that process.
- Practice in the rest of the UK is wholly inadequate. This would provide minimal conscience protection and force personnel out of the healthcare sector in significant numbers, as the NIO already acknowledges that there will be significant number of objectors in NI.

**Question 12: Do you think any further protections or clarification regarding conscientious objection is required in the regulations?**

Yes

If you answered 'yes', please suggest additional measures that would improve the regulations:

**Key points to raise**

- There must be clear and robust legal guarantees that those who object to participation in the abortion system will not be discriminated against or face prosecution. Their right to conscience must be protected in law.
- Conscience provision should not only relate to being able to opt out of the provision of abortions but being able to tell women the facts about their pregnancy and unborn child and to encourage them to think through what they believe about the value of life.
- Conscience should be protected for the entire course of the procedure, referrals and booking for abortions, administration of abortifacient medication, ancillary, administrative and managerial tasks.
- Specific commitments should be made to ensure that individuals are not discriminated against in recruitment, training, or promotion as a result of conscientious objection to abortion.
- Article 9 of the European Convention on Human Rights protects freedom of conscience, including conscientious objection to abortion.

**SECTION 2.9 - Exclusion zones**

**Question 13: Do you agree that there should be provision for powers which allow for an exclusion or safe zone to be put in place?**

No

If you answered 'no', what alternative approach do you suggest?

**Key points to raise**

- Any legislation limiting freedom of expression or peaceful assembly (which are recognised human rights guaranteed by Articles 10 and 11 of the European Convention on Human Rights) should be drafted separately from abortion law and carefully thought through, not tagged on to legislation about abortion, and must be clearly and solely for reasons of public safety or national security. Protests about abortion do not meet these standards.
- When the message being communicated is about the value of human life, freedom of expression and assembly are especially important.
- No protestor should attack or harass a woman seeking an abortion and messaging should be non-offensive, but exclusion spaces are dangerous unless the message is hateful.
- The criminal justice system already allows for complaints to be investigated and for prosecutions and punishment to follow where a crime is proved.
- Don't ban alternative help close to the places where women might need it most. There are many stories of women changing their mind because of encounters with people who have offered real and alternative support. It is unfair to ban help for vulnerable women, as long as that help is being offered responsibly and within the law.
- Using the word 'safe zone' implies that protestors are dangerous and have harmful and ill-intent. It is unfair and disproportionate.

- Ask the NIO to clarify exactly what would constitute unlawful behaviour – gathering silently, public prayer?

**Question 14: Do you consider there should also be a power to designate a separate zone where protest can take place under certain conditions?**

No

If you answered ‘no’, what alternative approach do you suggest?

**Key points to raise**

- As the answer to question 13, there should be no restriction on lawful and dignified protest.
- Limiting the freedom of speech of any citizen engaged in peaceful protest is a serious threat to the freedom of speech of all citizens. This is a fundamental right recognised in both domestic and international law.
- Current public order legislation is capable of dealing with any potential incident.

**Further Comments**

**Question 15: Have you any other comments you wish to make about the proposed new legal framework for abortion services in Northern Ireland?**

**Key points to raise**

- If appropriate and relevant, you may want to add your job title and qualifications.
- You may wish to share personal experiences related to abortion, pregnancy loss, crisis pregnancy or disability.
- Clearly state your objection to the idea that abortion is healthcare and your rejection of the undermining of the basic human right to life for unborn children.
- Clearly state that you have in your responses rejected the prefacing statement that says the consultation does not seek views on the ethics of abortion. This creates a false dichotomy as abortion is killing of human individuals and views on it must not be devoid of clearly thought-through and articulated ethical convictions. To frame the consultation this way is to distort the responses received and to imply that killing is not ethically dubious.
- You may also want to add that the focus of our society should be on compassionate care for all, including women in pregnancy crisis – provision of excellent antenatal care and perinatal hospice care for example.
- You may state your convictions about the value of human life and the duty of the State to protect life, especially for those who are most vulnerable.
- Oppose the introduction of this new abortion legislation. We warn against the effects on women, children and the entire community.
- Nothing in this response is to be understood as support or legitimisation for abortion in the instances contained within the proposals. BECAUSE the government has decided to proceed down this line, THEN we are engaging to propose the most minimal approach possible within the new legal requirements.
- The Secretary of State himself acknowledges in his foreword that ‘this is a highly sensitive and complex matter’ – the ethical nature of abortion cannot be excluded from the practicalities which facilitate it. The framing of the consultation in this way, as to discourage or exclude views on these matters,

unfairly discriminates against those with a religious belief or a political opinion which would lead them to an ethical objection to abortion and/or this framework.

- There is no mention of services to help women continue with pregnancy and support and raise their children. This should be match-funded at least in terms of the investment being made in abortion services and annual cost to the block grant.
- There is no mention of counselling or post-abortive care. This should be funded and provided independently from the abortion provider. There is a clear and well-documented conflict of interest if the abortion provider is offering counselling.
- There is no mention of adoption and making pathways towards adoption more straightforward as a positive choice.
- There is nothing in these proposed regulations about coercive abortion – no protections for women or unborn children. What steps will be taken to prevent this abuse of vulnerable women and children?
- How would the NIO stop abortion on the grounds of sex or a minor disability (following a private or Health Service screening test)?
- Will the NIO confirm that it will expressly ban abortion on the grounds of sex selection?
- What happens when an abortion fails and a baby is born alive? What is to stop infanticide at this stage? Will comfort care be given in hospitals or will babies be left to die in sluice rooms as has happened.
- What will happen to fetal remains if aborted at home? Is it still a crime not to notify?
- Will parental consent be required for a girl seeking an abortion?

### Supplementary Information

This is a summary of the current legal position

Scroll to the bottom and click 'continue'

### Almost Done

Fill in your email address if you want to receive an email copy of your response.

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