

# **GUIDANCE ON THE PUBLIC CONSULTATION ON NORTHERN IRELAND ABORTION LAW**

## **No compromise is acceptable when it comes to protecting unborn babies!**

At midnight on Tuesday 22 October 2019, Europe's most cruel and extreme abortion legislation was undemocratically foisted on the people of Northern Ireland. All legal protection for Northern Ireland unborn children was stripped away through the actions of a draconian Westminster government who do not represent the prolife views of the people of N, Ireland or their elected representatives. Then **on the 4<sup>th</sup> November 2019 the Northern Ireland Office (NIO) launched a public consultation with the view of shaping new regulations to be introduced by 31st March 2020.** Faced with the horrific prospect of one of the most liberal abortion regimes in the world, some people may be advised or tempted to agree to some regulations and time limits on abortion, with the hope of reducing the numbers of abortions taking place. However, when responding to this crucial consultation, it is paramount that we remember that every single unborn child has the inherent right to life and each and every abortion is a brutal violation of the precious gift of life. The right to life of the unborn child is widely recognised in international human rights law, including the UN Convention on the Rights of the Child which recognises every child's **'inherent right to life' 'without discrimination of any kind.'** This declaration **states 'the child, by reason of his physical and mental immaturity, needs special safeguards and care, including appropriate legal protection, before as well as after birth.'**

A humane and civilized must never bargain with the lives of prenatal babies in the womb – and we must take a stand, and send out a clear message: "Life from conception – no exception!"

The NIO's consultation is inherently flawed. The NIO says it is not concerned with views on the ethics of abortion however we cannot never separate the fundamental ethical issues with abortion from concerns over time limits, authorisation, and conscientious objection. It is also impossible to show ethical neutrality on this subject. The people of Northern Ireland, who gave no consensus for this abortion regime to be implemented, should not be asked to choose between the legalised killing of babies at 12 weeks gestation, 14 weeks gestation or at any stage of human development. It is important that the majority of submissions to this consultation make clear their outright rejection of the extreme abortion regime that the Westminster Government has now imposed on the people of Northern Ireland.

## **Answering the questions**

The consultation consists of 15 questions. This guidance provides background information on the first 14 questions and advice on how to respond to each but these suggestions are only intended to provide a starting point and a framework for your own points. The final question asks for additional comments and we would encourage you to make use of this to expand on your thoughts and

personalise your submission. We must keep in mind that in previous instances, officials and MPs have tried to minimise opposition to government proposals around the issue of abortion by counting large numbers of similar pro-life submissions as a single contribution. Personalising and differentiating entries will help to avoid this.

For the 'yes or no' element of questions mark the 'No' box for each with the exception of questions 10 and 12. These are the only questions where a positive answer is appropriate.

**Closing date:** The closing date for submissions is 11.45 pm, 16 December, 2019. Please respond to this vital consultation and encourage other like-minded people to do the same. This is the only opportunity we have been given from the government to make our views known on the introduction of this catastrophic and anti-democratic abortion regime.

You can complete the consultation online at: <https://consultations.nidirect.gov.uk/nio-implementation-team/a-new-legal-framework-for-abortion-services-in-ni/>

Alternatively, completed consultations can also be sent by post to:

Abortion Consultation,  
Northern Ireland Office,  
Stormont House,  
Stormont Estate,  
Belfast BT4 3SH.

Alternatively, it can be sent as an email attachment to: [abortionconsultation@nio.gov.uk](mailto:abortionconsultation@nio.gov.uk)

If you need further assistance in completing your submission, please don't hesitate to contact us. Get in touch by calling 028 9027 8484 or email [info@preciouslife.com](mailto:info@preciouslife.com)



**December 2019**  
**SECTION 1: Legislative Changes**

## SECTION 2.1, Part 1: Abortion up to 12-14 weeks

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

Yes

No **X**

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

Yes

No **X**

### **REASONING:**

**Feel free to use one or two of the bullet points below to answer the above questions:**

- The framing of this question implicitly seeks support for abortion up to 12 or 14 weeks. However, abortion at any stage is always wrong.
- It is a scientific fact that life begins at the moment of conception – when the nuclei of the sperm and egg fuse together - an entirely unique, new and unrepeatable human individual has come into being.
- Our lives began as a single cell (a zygote) containing our complete genetic code. Everything about us - our sex, eye colour, blood type and other traits - was determined at conception. No other 'ingredient' was needed to make us human; all we needed was time and nourishment to grow.
- The zygote is an organism, a living being with a human genetic inheritance. Therefore, it is in fact a human being. The life of a human being begins as a single cell (a zygote) which divides rapidly and reproduces millions of cells containing the same genetic code. All of the cells work together to develop the muscles, bones, blood, organs, and body parts; everything takes place in an orderly fashion. The process is continuous.
- Dr Jerome Lejeune, the paediatrician and geneticist renowned for his discovery of the extra copy of chromosome 21 responsible for Down's syndrome, said: '[It] is no longer a matter of taste or opinion...it is plain experimental evidence. Each individual has a very neat beginning, at conception.' Not a single scientific textbook disputes this.
- A prominent study has found that an unborn baby's heart begins to beat as early as 16 days after conception. The breakthrough study funded by the British Heart Foundation (BHF) at the University of Oxford published in October 2016 has demonstrated that an unborn baby's heart begins to beat as early as 16 days after conception.
- Brainwaves have been recorded as early as 40 days.

- At 8 weeks, the unborn baby is growing at an extraordinary rate. The bones, joints, muscles, nerves, and blood vessels of the limbs closely resemble those in adults. (The Endowment for Human Development Website: [http://www.ehd.org/resources\\_bpd\\_illustrated.php?page=8](http://www.ehd.org/resources_bpd_illustrated.php?page=8))
- At 5-8 weeks, the baby is perfectly developed with little fingers, feet and toes. The placenta is already nourishing the baby through the umbilical cord. After 8 weeks, the baby is medically called a 'foetus' (from the Latin word meaning 'little one').
- From 12 weeks, the baby can stretch, kick and leap around the womb. By the end of the third month, the baby is fully formed and all her organs and muscles are functioning. The only major activity from now to birth is growth.

**SECTION 2.1, Part 2: Certification for abortions taking place up to 12-14 weeks**  
**Q 2. Should a limited form of certification by a healthcare professional be required for early terminations of pregnancy?**

Yes

No **X**

**REASONING:**

**Feel free to use one or two of the bullet points below to answer the above question:**

- Limited certification is not sufficient, and as this consultation has indicated, limited certification means "without any assessment of the reasons in which an abortion has been requested." This is indicative of a situation where women will not have to give a reason for seeking an abortion, and abortion would shockingly be allowed for any and every reason under this format.
- The proposal for a "limited form of certification" is so vague that it holds no purpose.
- This form of certification is aimed at giving a false sense of medical legitimacy to abortion. However, abortion is not healthcare as pregnancy is not an illness or a disease. Abortion is an act of lethal violence against an innocent child and is never justified. No form of certification can ever justify abortion.
- As we have seen evidenced from permissive and cruel abortion laws around the world, when abortion is introduced on an on-demand basis, abortion becomes an expectation, and abortion rates increase drastically, killing countless babies and destroying the lives of many women.

- These lives are lost through the brutality of poisoning, suffocation and dismemberment, depending on the type of abortion performed. We do not want to see this killing and the subsequent guilt, regret and loss, made a reality in Northern Ireland.

## 2.2 Abortions after 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?**

Yes

No **X**

**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?**

Yes

No **X**

### **REASONING:**

**Feel free to use one or two of the bullet points below to answer the above question:**

- I reject the premise of this question / the implication that the birth of a baby is ever detrimental to the lives of other children.
- Abortion is not healthcare and there is no evidence that abortion will avert any of the so-called risks described.
- Abortion at 21-24 weeks brutally ends the life of a baby who is capable of being born alive. New guidelines issued by the Department of Health in the UK released in October 2019 have ordered doctors to resuscitate babies aged 22 weeks, because of increased survival rates at this age. The development of the baby at this stage exposes the barbarity of late-term abortion
- In the situation of late-term abortion at 21-24 weeks or beyond, abortion is exceptionally dangerous for women and poses serious physical health risks including heavy or persistent bleeding, Infection or sepsis, damage to the cervix, scarring of the uterine

lining, perforation of the uterus, damage to other organs and death (American Pregnancy Association, 2019).

- Possible complications of late-term abortion, as listed by the NHS include: infection of the womb which can lead to infertility (occurs in up to 1 in every 10 abortions), damage of the entrance to the womb (cervix) (occurs in up to 1 in every 100 surgical abortions), damage to the womb – occurs in 1 in every 250 to 1,000 surgical carried out at 12 to 24 weeks.
- It is important to note that these late-term abortions will have to be performed using a D&E procedure in which, according to RCOG, the ‘fetus is removed in fragments’. For some procedures babies will first receive an injection of potassium chloride to effectively induce a heart attack – it can take minutes to several hours to work according to abortion provider BPAS. The mother will then give birth to a dead baby. This is profoundly inhumane and cruel and has no place in a compassionate or caring society.

### **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?**

Yes

No **X**

**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?**

Yes

No **X**

### **REASONING:**

**Feel free to use one or two of the bullet points below to answer the above question:**

- The baby is either dismembered or given a lethal injection of potassium chloride into the heart, and the mother will then give birth to a dead baby.
- I reject the premise of this question and the suggestion that abortion should be accepted basis of life-limiting conditions or disabilities.

- Targeting disabled children for abortion is a lethal form of discrimination.
- Women and families facing a devastating diagnosis of a life-limiting condition deserve so much better than abortion.
- Abortion is not a realistic or compassionate solution to women facing a heart-breaking diagnosis for their child.
- The vast majority of cases of life limiting conditions are detected at the 20-week scan, meaning that the child is very much capable of being born alive. These are late-term abortions.
- Abortion for life-limiting conditions often takes an enormous and heart-breaking toll on parents and their families. Studies link abortion for disability with increases in serious mental health problems, with many women who have abortions citing disability as the reason report feelings of guilt, regret and self-hate in the aftermath, driven by the impact of mourning for a child, whilst knowing that they were partly responsible for the death.
- Recent research from Duke University published in Prenatal Diagnosis in 2015 found that women who undergo abortion after a diagnosis of anencephaly are significantly more likely to suffer depression and despair. (Reference: <https://www.ncbi.nlm.nih.gov/pubmed/25872901>)
- As a loving, compassionate and realistic alternative, better provision should be made for perinatal hospice care. This support system gives families the help they need at this difficult time and gives them the precious time they need to spend with their sick babies in the right environment. Perinatal care is not expensive to provide and is hugely helpful.
- Research shows that when perinatal hospice care services are explained and offered, up to 85% of parents avail of them (Calhoun, 2003).

## **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?**

Yes

No **X**

**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?**

Yes

No **X**

## REASONING:

Feel free to use one or two of the bullet points below to answer the above question:

- I reject abortion in every circumstance regardless of stage of development.
- There is no evidence that abortion improves mental nor physical health.
- Abortion cannot be considered healthcare, because pregnancy is not an illness or a disease; there are no health benefits of abortion – abortion deliberately kills an innocent and tiny unborn child.
- Abortion is never medically necessary. This fact is affirmed by the Dublin Declaration on Maternal Health, a declaration written and signed by a select panel of the Committee on Excellence in Maternal Healthcare in September 2012.
- So far, 1013 healthcare professionals have signed the Declaration. They assert, “As experienced practitioners and researchers in obstetrics and gynaecology, we affirm that direct abortion – the purposeful destruction of the unborn child – is not medically necessary to save the life of a woman. We confirm that the prohibition of abortion does not affect, in any way, the availability of optimal care to pregnant women.  
(<https://www.dublindeclaration.com/>)
- “There is a fundamental difference between abortion, and necessary medical treatments that are carried out to save the life of the mother, even if such treatment results in the loss of life of her unborn child.” – The Dublin Declaration on Maternal Health.  
(<https://www.dublindeclaration.com/>)
- Abortion is often dangerous for women and carries a risk of physical side-effects. Serious complications include haemorrhaging and cervical lacerations which can result in long-term damage, cervical incompetence, miscarriage, premature delivery and complications of labour in future pregnancies (NHS).
- Abortion is a stressful and traumatic life event which exposes the woman to an increased risk of mental health problems. Research shows that abortion carries an increased risk of mental health problems including anxiety, depression, alcohol and drug dependence, self-harm and suicidal behaviour.
- An analysis of 22 studies published in the British Journal of Psychiatry in 2011 showed that women who had had an abortion experienced an 81% increased risk of mental health problems including anxiety, depression, alcohol and drug dependence and suicidal behaviour. Nearly 10% of the incidence of mental health problems was attributable to abortion (Coleman Study, 2011).

## SECTION 2.5 - Who can perform an abortion?



**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?**

Yes

No **X**

**REASONING:**

**Feel free to use one or two of the bullet points below to answer the above question:**

- In England, Scotland and Wales, the Abortion Act 1967 requires the approval of two doctors before an abortion can be performed. Even with requirement in place, there are still many cases of complications during abortions in the UK, resulting in babies being born alive, women's uterus' being perforated or severe haemorrhaging that has resulted in death.
- However, as stated in this consultation document, under this new law for Northern Ireland healthcare assistants, nurses and pharmacists will be able to take the leading role in the abortion process.
- There would also be no specific legislation stopping other third parties either providing abortion pills or undertaking a 'backstreet abortion' on women.
- This proposal for Northern Ireland would put women's lives in jeopardy. Women deserve so much better than this unsafe and permissive abortion law.
- Regardless of who performs an abortion or where abortion is performed, abortion is never safe. Every abortion procedure brutally ends the life of an unborn child and harms the mother.
- The introduction of abortion to Northern Ireland will likely cost £5m a year – putting major strain on an “already over-stretched health service”, a senior economist has warned. According to Dr Esmond Birnie, it would be “naive to forget a public expenditure cost” from the changes Parliament has proposed. “This will strain the already over-stretched health service... this is money which will not be available to spend on mental health services or reducing waiting lists,” he has said.
- Each abortion costs the British taxpayer approximately £700. As a tax payer I object to my taxes being used to pay for abortions, rather than for life-saving and progressive treatments.

**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?**

Yes

No **X**

**REASONING:**

**Feel free to use one or two of the bullet points below to answer the above question:**

- In practice, this proposal would mean it would be possible that unsafe and unregulated abortion pills would be available without restriction or age limit, in unlimited locations and online. Abortions could be available in literally thousands of locations in communities across Northern Ireland including Sexual health Clinics, GPs surgeries, school nurse clinics, pharmacies, university health clinics and private abortion 'clinics' etc. This could also include abortions being available in mobile abortion 'clinics.'
- Various reports from health watchdog the UK Care Quality Commission have revealed the horrific catalogue of abuses and unsafe, unethical practices which are taking place at legal UK abortion businesses, including BPAS, Britain's biggest abortion business.
- Inspectors at BPAS clinics found that "staff did not consistently adhere to the infection prevention and control measures specified by the service" including: not washing hands, not securing clinical waste, and using out of date equipment. In addition, risk assessments were not fully completed.
- In August 2016, the Care Quality Commission (CQC) suspended some abortions at Marie Stopes, Britain's second largest abortion provider, for a month after inspectors "found dead foetuses lying in an open bin and staff trying to give a vulnerable, visibly distressed woman an abortion without her consent".
- Then in December 2016, a further report showed doctors had been bulk-signing abortion consent forms, women were left at risk of infection, staff were not trained in how to respond to deteriorating patients and post-surgery safety checks were being completed before the surgery started. Issues have also been recorded at BPAS abortion clinics.
- It's clear that from looking at the dire situation in Britain, the same could happen with the introduction of these unethical, unsafe and lucrative clinics here in an even more unregulated regime, which would seriously put women and girls in danger.
- References to CQC reports on Marie Stopes abortion clinics:  
[https://www.cqc.org.uk/sites/default/files/new\\_reports/AAAF4825.pdf](https://www.cqc.org.uk/sites/default/files/new_reports/AAAF4825.pdf) /  
<https://www.cqc.org.uk/news/releases/cqc-publishes-inspection-reports-marie-stopes-international/> / [https://www.cqc.org.uk/sites/default/files/new\\_reports/AAAF9029.pdf](https://www.cqc.org.uk/sites/default/files/new_reports/AAAF9029.pdf) )
- In 2012, a woman called Aisha Chithira, 32, bled to death in a taxi after having an abortion in Ealing Marie Stopes. A Marie Stopes doctor and two nurses were charged and then acquitted of gross negligence manslaughter. The inquest found that Ms Chithira

was let down by the "repeated failures" of medics at the abortion centre. (Reference: <https://www.bbc.co.uk/news/uk-england-london-43962805>)

## **2.6, Part 2 - Where abortions can take place after 22 or 24 weeks**

**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?**

Yes

No **X**

### **REASONING:**

**Feel free to use one or two of the bullet points below to answer the above question:**

- I reject the implicit support in this question for abortion up to 22/24 weeks, regardless of the location where it takes place. Abortions after 22/24 weeks should be unthinkable, and we should not have to shape legislation which makes it legal to kill babies who are capable of surviving outside the womb.
- The humanity of the unborn baby, who is fully formed at this stage and is capable of living outside the womb, shows that this proposal is cruel and inhumane.
- We are fortunate to be living in a time of advanced medical knowledge and incredible progress, and it has been revealed that the number of premature babies surviving has doubled in a decade. (Reference: <https://www.bbc.co.uk/news/health-50144741>)
- The increased survival rates prove clearly that this law would shamefully allow routine killing of hundreds of babies capable of a viable life. Increasingly, these children can survive and live lives as fulfilled and valuable as any of us, and they should be given the chance to do so. The figures highlight how shocking it is that our current law does not recognise the rights and immense value of a baby at that stage his or her life.
- New guidelines issued by the Department of Health in the UK released in October 2019 have ordered doctors to resuscitate babies aged 22 weeks, because of increased survival rates at this age. The development of the baby at this stage exposes the barbarity of late-term abortion.
- In the situation of late-term abortion at 21-24 weeks or beyond, abortion is exceptionally dangerous for women and poses serious physical health risks including heavy or persistent bleeding, Infection or sepsis, damage to the cervix, scarring of the uterine lining, perforation of the uterus, damage to other organs and death (American Pregnancy Association, 2019).

- Possible complications of late-term abortion, as listed by the NHS include: infection of the womb which can lead to infertility (occurs in up to 1 in every 10 abortions), damage of the entrance to the womb (cervix) (occurs in up to 1 in every 100 surgical abortions), damage to the womb – occurs in 1 in every 250 to 1,000 surgical carried out at 12 to 24 weeks.
- It is important to note that these late-term abortions will have to be performed using a D&E procedure in which, according to RCOG, the ‘fetus is removed in fragments’. For some procedures babies will first receive an injection of potassium chloride to effectively induce a heart attack – it can take minutes to several hours to work according to abortion provider BPAS. The mother will then give birth to a dead baby. This is profoundly inhumane and cruel and has no place in a compassionate or caring society.
- Regardless of who performs an abortion, abortion is never safe for the developing unborn child who has an inherent right to life. Every abortion procedure brutally ends the life of an unborn child and wounds the mother.

## **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?**

Yes

No **X**

**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?**

Yes

No **X**

### **REASONING:**

**Feel free to use one or two of the bullet points below to answer the above question:**

- I reject the premise of this question.
- Abortion is not healthcare, because pregnancy is not an illness or a disease. It is the deliberate killing of an innocent child and is never justified.
- Certification is intended to give a veneer of medical legitimacy to abortion.

- Abortion is never medically necessary. This fact is affirmed by the Dublin Declaration on Maternal Health, a declaration written and signed by a select panel of the Committee on Excellence in Maternal Healthcare in September 2012.
- From 12 weeks, the baby can stretch, kick and leap around the womb. By the end of the third month, the baby is fully formed and all her organs and muscles are functioning. The only major activity from now to birth is growth.
- There is no definition of “healthcare professional”.
- A certification by either one or two people cannot justify lethal violence against unborn children.
- Despite the law in England and Wales requiring certification from two healthcare professionals, this law is unworkable and does not prevent breaches of health and safety.
- The December 2016 report from the UK Care Quality Commission showed doctors had been bulk-signing abortion consent forms and many women hadn’t met the abortion doctor until they were having the procedure. This clearly shows that any form of so-called ‘certification’ is open to a catalogue of abuses.
- A further investigation by a national newspaper revealed that practices that concerned CQC inspectors are continuing at Marie Stopes clinics, with, for example, abortions being signed off by call centre workers with no medical training after discussions which were as short as 22 seconds, again showing the abuses which take place with ‘certification’ in place.

## **2.7, Part 2 - Certification of opinion and notification requirements – Keeping of abortion statistics**

**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 **X**

No

### **REASONING:**

**Feel free to use one or two of the bullet points below to answer the above question:**

- Whilst I completely disagree with abortion in all circumstances, it is deeply concerning that there is no requirement for abortion statistics to be kept, as is detailed in the abortion guidelines for Northern Ireland.
- Detailed data on all abortions should be collected and published. Data will give government officials an understanding that abortion is never medically necessary.

- The abortion statistics for England and Wales released every year reveal important information about the number of women seeking abortions, the geographic distribution of abortions across the region, as well the reasons for abortions and even the distribution of abortions by age and ethnicity.
- This information helps us discover the reasons women are seeking abortions and the reasons why there might be a high prevalence in one region or age distribution rather than another. Knowing this, we are able to better help those seeking abortions by offering alternatives.
- When this new abortion regime comes to Northern Ireland, there is currently no legal requirement to record this important data which can help save the lives of mothers and their babies. We need to ensure this data is held and is available so that we can offer life-affirming alternatives to abortion to women based on their various demographics and needs.

## 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?**

Yes

No **X**

### REASONING:

**Feel free to use one or two of the bullet points below to answer the above question:**

- There are virtually no provisions made for conscientious protection for healthcare professionals under this radical new abortion law and many healthcare workers could be in danger of losing their jobs through refusing to participate in abortions. Provision for conscientious objection are far too vague, and could be putting many people's jobs in danger.
- For instance, a recent case in Scotland (one of many cases ongoing in Britain) saw a midwife being driven out of her job for refusing to supervise abortions. It is a sad state of affairs when we are seeing a midwife forced out of her job after 30 years of life affirming service to mothers and babies because she refused to supervise abortions. Nobody should have to participate in abortions against their will.

- Mary Dougan, the midwife who lost the bitter six year legal battle,” said, 'I don't believe any midwife should be put in that position, It goes against why I went into midwifery in the first place, my role was to bring life into the world. My patients were the woman and the baby. I have always felt a professional duty to both.' (Reference: [https://www.dailymail.co.uk/news/article-5373943/Catholic-midwife-ousted-refusing-oversee-abortions.html?fbclid=IwAR0CczWBP39hTQEL7nB\\_wZGo9nnxRJ6gnEo3NiOI-ix9\\_iD\\_IT2YXGxzjos](https://www.dailymail.co.uk/news/article-5373943/Catholic-midwife-ousted-refusing-oversee-abortions.html?fbclid=IwAR0CczWBP39hTQEL7nB_wZGo9nnxRJ6gnEo3NiOI-ix9_iD_IT2YXGxzjos))
- The law in Northern Ireland should make provision for proper conscientious objection so that nobody is forced to act against their will.

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

Yes **X**

No

**If you answered ‘yes’, please suggest additional measures that would improve the regulations:**

**REASONING:**

**Feel free to use one or two of the bullet points below to answer the above question:**

- There is currently no legal protection for medical professionals who conscientiously refuse to perform abortions in Northern Ireland, so doctors could be put in a position where they will be forced to perform an abortion, or risk losing their job.
- Many doctors recognise that abortion is not healthcare, and that in their care of a pregnant woman they have two patients: mother and child. So far, almost 1,000 healthcare professionals in Northern Ireland, including doctors, surgeons, nurses and midwives, have signed a letter stating their refusal to play any role in the abortion procedure, whether that be performing the abortion or referring. (Reference: <https://www.independent.co.uk/news/uk/home-news/northern-ireland-abortion-law-clinics-doctors-healthcare-workers-a9168281.html>)
- Dr. Andrew Cupples, a general physician in Northern Ireland, collected the signatures for a letter he sent to the Secretary of State for Northern Ireland Secretary. The letter, signed by Doctors, Nurses and Midwives, stated their firm opposition to the new abortion laws and called for strong conscientious objection protections that would ensure that those opposed to abortion may opt out of performing or assisting with the procedure.

- Dr Cupples, who has been a GP for ten years, said he was most concerned for midwives and staffs who have “no protection” under the current guidelines to object to being involved in abortion services
- “There are people in obstetrics and gynaecology and midwives who are worried if they do not agree to be trained in abortion they could be forced to do so or reprimanded by their employers or a professional body.”
- The abortion law in England and Wales specifies that doctors can conscientiously refuse to perform abortions and will not be professionally reprimanded for their refusal. But as said, this is not the case in Northern Ireland, and because of a law imposed on them by Westminster, doctors could find their careers in jeopardy.
- There is already a serious shortage of GPs in Northern Ireland and forcing doctors to perform abortions will only make this crisis worse.
- In other countries with extreme abortion laws, doctors who refuse to perform abortions, have found their careers on the line. In Victoria, Australia, in 2013, a doctor was disciplined and almost lost his job after he refused to refer a patient for a sex-selective abortion – because the child’s parents’ wanted a son. Please ensure we do not see these same cases happening very shortly in Northern Ireland.

## 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?**

Yes

No **X**

### REASONING:

**Feel free to use one or two of the bullet points below to answer the above question:**

- Exclusion or censorship zones are an attack on freedom of speech.
- Freedom of expression and freedom of assembly are rights guaranteed by Article 10 and Article 11 of the European Convention on Human.
- Disapproval of peaceful opposition to abortion is not adequate grounds to restrict basic civil rights.
- Current public order legislation is capable of dealing with any potential incident.
- Women with unexpected pregnancies deserve the chance to hear about alternatives to abortion. A 2017 report from the official health watchdog in Britain, the Care Quality Commission (CQC), revealed a 'cattle market culture' in Marie Stopes abortion centres



where staff felt pressured to ensure women went ahead with abortions rather than offering them any alternative to abortion.

- It is important to ensure that women are offered life-affirming alternatives and do not feel pressured or coerced to have abortions by partners, family members, or counsellors at profit-making abortion businesses.
- Research regarding abortion and coercion may narrowly define coercion as "pressure from others," however many other forms of coercion are typically also in play,<sup>1</sup> ranging from conflicted, negligent, rushed or profit-driven counselling to violence, abuse of institutional power or homicide, the leading killer of pregnant women.
- A report by the American Psychological Task Force on Abortion and Mental Health found that feeling pressured by others to abort is a major risk factor for negative post-abortion psychological reactions.<sup>1</sup> Indications of various, often synergistic, forms of coercion are reflected in research findings that most women felt "rushed or uncertain," before abortion, yet 67% received no counselling beforehand, and 79% were not informed about alternatives. Over 80% said they were not given enough information to make an informed choice.
- Up to 64 percent of abortions involve feelings of being pressured to have an abortion, and other factors, such as rushed, deceptive, negligent or conflicted or profit-driven counselling, can also have a significant and often synergistic coercive effect.<sup>4</sup> Furthermore, based on even the most minimal standards of care and human rights, such assembly-line care is exploitative at best and a recognized human rights abuse, even under liberal abortion laws.
- Buffer zones infringe human rights association, expression and freedom of religion. It is a fact that pro-life counsellors save lives.
- Women who have been helped by pro-life organisations have spoken out. One such woman is Alina Dulgheriu recently underwent a legal challenge against buffer zones enacted outside an Ealing abortion clinic in England. The single mum says she is "100 percent" certain she would have aborted her daughter, Sarah, five years ago if she was not offered practical help by one of the pavement counsellors which helped her to keep her baby.

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

Yes

No **X**

**REASONING:**

**Feel free to use one or two of the bullet points below to answer the above question:**

- I am opposed to any additional restrictions of peaceful opposition to abortion.
- Women considering abortion deserve the chance to hear about alternatives to abortion.
- 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.
- The proposed censorship of pro-lifers in Northern Ireland and the ongoing hounding of pro-life protestors throughout Britain is extremely troubling – what is at stake is the right of a person to believe what they wish, and be free to express that belief publicly.
- The Human Rights Act states that “everyone has the right to freedom of thought, religion and conscience”, and that this right encompasses the corresponding permission to “manifest his religion or belief, in worship, teaching, practice and observance.”
- We are supposed to be a society that protects freedom of religion and expression.
- As mentioned above, it is imperative that we offer women facing difficult pregnancies life-affirming help in a culture where abortion rates are climbing (there were a record breaking 218,581 abortions in Great Britain in 2018, up from 209,976 in 2017).
- Current public order legislation is capable of dealing with any potential incident.

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

Personal experience of the issues surrounding abortion are particularly relevant here and we would call on you to write about your own personal experiences if relevant. This may include issues related to abortion such as parenthood, crisis pregnancy and disability as well as direct experiences relating to abortion.

There are several further points of concern to highlight but those listed below are comprehensive. We would encourage you to personalise this section with your own additional thoughts and concerns, however here are some areas you may wish to cover but of course do not have to:

- **This law will allow abortion for any reason, up to 7 MONTHS (28 weeks):** MPs and Peers voted to directly repeal Sections 58 and 59 of the Offences Against the Persons Act in Northern Ireland. Repealing this legislation will mean the only legal protection for unborn children remaining would be the Criminal Justice Act (Northern Ireland) 1945 which only applies from 28-weeks gestation. This means that abortion would be available, on-demand, up to 28 weeks – which is 7 months gestation. In other words, prior to 28-weeks there will be no law on abortion. This will leave Northern Ireland with the most extreme abortion regimes in Europe and one of the most extreme abortion

regimes in the world. It's important to remember here that at 28-weeks babies are "perfectly formed" and more and more babies, born far earlier, are surviving. For babies born at 24 weeks there is now a 60% survival rate, and 27 weeks it is 89%. Even polling of the population England and Wales shows that only 1% there would want their current abortion time limit increased beyond 24-weeks. This demonstrates how truly extreme this proposal is.

- **Young girls will be able to get abortions without their parent's consent under this law:** Young girls, 15 years old and younger, could be taken by school nurses to private abortion clinics for abortions or a school nurse could perform a manual vacuum aspiration abortion on a child, without their parent's consent. Abortion pills could also be given out at schools without parental knowledge and consent. With no abortion law prior to 28 weeks there would also be no legal safeguards preventing third-parties taking children for abortions without their parent's consent. This could possibly also include an adult who has sexually abused a child who has become pregnant and takes them for an abortion to help cover-up that they have been sexually abusing a child.
- **This law allows disability-selective abortions.** Abortion will be permitted for unborn babies who have been prenatally diagnosed with Down syndrome, Spina Bifida, club foot and cleft palette, opening the door wide to a culture of discrimination and eugenics. If there is no law on abortion prior to 28-weeks this will legalise disability-selective abortion for disabilities including Down's syndrome, cleft lip and club foot. In England and Wales – where abortion is available up until birth if a baby has a disability – people with disabilities are unjustly and disproportionately targeted by abortion legislation. The latest available figures show that 90% of children diagnosed with Down's syndrome before birth are aborted in England and Wales. Northern Ireland has a very different approach. Disability-selective abortion for Down's syndrome is not permitted and instead we have a culture of welcoming and helping people with this condition, rather than killing them before they have a chance to be born. This is reflected directly in the latest figures (2016) from the Department of Health in Northern Ireland, which show that while there were 52 children born with Down's syndrome, in the same year, only 1 child from Northern Ireland with Down's syndrome was aborted in England and Wales. This change in the law would introduce a huge discriminatory change in Northern Ireland which would mean our modern, compassionate and progressive culture of supporting those with disabilities would be radically and tragically altered.

- Abortion will be legalised for twins or triplets** – meaning parents could select one to live and one to die. This is cruel and barbaric, and is already happening across the water. In England and Wales in 2018, 111 ‘selective termination’ procedures were performed, where a twin, triplet or more were aborted in the womb. There would be no legal restrictions on this type of abortion taking place in Northern Ireland.
- Another devastating reality as a result of this law would be that babies born alive after abortion to be left to die.** Because there is no law on abortion through to 28 weeks, there is no legal requirement that babies born alive after failed abortions are resuscitated or provided with medical assistance. This horrifying reality is more common than many people think. In 2008, a UK report found that 66 infants were born alive after NHS terminations in one year. Half took more than an hour to die. In Victoria, Australia where there is a similarly extreme abortion law, scores of babies were left to die after being removed alive during a number of ‘botched’ terminations, according to one official review. The review reported that in 2011 there were 40 ‘terminations of pregnancy’ after 20 weeks ‘resulting in live birth’. While these figures are comparable in scale, Victoria’s population of 5.5 million is just a tenth of Britain’s. This shows the scale of this problem in an environment where there are no legal safeguards around abortion. We must take measures to stop this from happening in Northern Ireland.
- Partial-birth abortions will be legalised under this framework.** With no law before 28-weeks, there will be no legal restrictions on the types of abortion methods used to abort babies. This could allow for the use of particularly gruesome abortion methods such as intact dilation and extraction abortions (partial-birth abortions). ‘Partial-birth’ abortion involves the following: Feticidal injection of digoxin or potassium chloride may be administered at the beginning of the procedure to allow for softening of the fetal bones. During the procedure, the fetus is removed in a breech position. If the baby’s skull is too large to fit through the birth canal, it is crushed to allow the skull to be removed. Decompression of the skull can be accomplished by incision and suction of the contents, or by using forceps. This is, by any definition absolutely horrendous, inhumane and cruel. Please ensure that this horrifying procedure does not happen here.
- This law will also seriously endanger women and make them vulnerable. For instance, there is no proposed law to help prevent boyfriends from coercing a woman into having an abortion.** Legal coercion protections provide a process to ensure that women are not under undue pressure from their partner, family, friends, or others to have an abortion. This is a sad reality in the context of the fact that for many

women who have abortions, the procedure is the last thing which they actually want. Without any law on abortion up to 28-weeks, there will not be any specific legal provisions in place to require those providing abortions to ensure that the women is not being coerced. This is especially concerning given that there will also be no legal requirement that doctors are involved in the abortion process and there will be no legal restrictions on locations where abortions can take place. Paired with a lack of legal coercion protections this could create an environment where it would much easier for third parties to coerce women into having an abortion.

- **There is also absolutely no provision for independent counselling for women seeking abortion.** There will be no legal requirement that abortion providers – who benefit financially from providing an abortion – are not the ones providing ‘counselling’ to women seeking an abortion. This is especially concerning given that one of the big abortion providers in England and Wales, Marie Stopes International, were accused by the Care Quality Commission of paying staff bonuses to increase abortion numbers. It is clear that these providers can NOT be trusted to provide counselling that is not biased, but there would be no legal requirement mandating independent counselling to ensure that this conflict of interest would not occur.



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