

Atheist Ireland

Submission to Review of the operation
of the Health (Regulation of Termination
of Pregnancy) Act 2018



To Bioethics2Unit@health.gov.ie

30 March 2022

Part 1 – Your Details

Q1 We are an organisation

Q2 (i) Our name is Atheist Ireland

(j) We are an Advocacy Body

(k) We are not involved in the provision of termination of pregnancy services

(m) Our contact person is Jane Donnelly, Human Rights Officer

Part 2 – Your Views

Q4 (a) Are there parts of the Act which, in your opinion, have not operated well?

Yes

(b) If yes, please let us know which section(s) of the Act, and details of the issue(s) it is causing.

Conscientious objection: Nearly 50% of maternity hospitals do not provide full abortion services, and conscientious objection may be a factor in this. The Act does not vindicate that there are medical practitioners who want, on the grounds of conscience, to provide full reproductive rights to women.

This right is not vindicated because of the ethos of publicly funded hospitals and Section 37 of the Employment Equality Act. Conscientious objection works both ways and should not be confined to not providing termination of pregnancy. This Section should recognise and protect the right to provide full reproductive rights to women on the basis of conscience.

Lack of data: There is no national database that captures things like refusals of abortion care, how service users in these cases were referred to alternative care, breakdown of abortions by location or type of abortion provided. This information is needed because publicly funded hospitals with a Catholic ethos do not refer women to alternative care if that care is against the ethos of the hospital.

- Anti-abortion activities near clinics have a distressing, stressful and traumatising effect on pregnant women. People should not be allowed to harass women when they are accessing healthcare.
- Risk to Health: There was never an intention to put the life and health of women at risk. Statistics suggest that the risk to life or health of the pregnant woman is being interpreted too narrowly and this is undermining the legislation.
- The 12-week limit is too low. Many women are only aware that they are pregnant at five or six weeks or later. It is 10 weeks from conception (as it is counted from the first day of the last period).
- Fatal Foetal Anomalies and the 28-day limit: Doctors should not be limited to specifying that the foetus will die within 28 days of birth.
- Mandatory 3-day waiting period: This is simply not needed and just puts additional stress on pregnant women and undermines their autonomy.
- Criminal liability for practitioners: This undermines doctors' clinical judgement and professional expertise.
- Poor geographical coverage: In some counties, there are no GPs who provide abortions.
- Providers of abortions: Nurses and midwives can safely provide early medical abortion.
- PPS number requirement: Many Irish residents don't have PPS numbers and the process of getting them takes time. This is a factor and reason why the 10weeks limit should be extended.
- Translation: The lack of HSE interpreters for service users with limited English while in the doctor's office is a challenge for many pregnant women.

Q5 (a) Are there parts of the Act which, in your opinion, have operated well?

Yes.

(b) If yes, please let us know which section(s) of the Act, and details of how it has operated / its benefit(s).

During the pandemic the introduction of telephone and video consultations has made access to abortion easier as it has reduced the need to travel and it also gives women more privacy. It has been particularly well received by women with disabilities. Remote consultation must therefore continue.

Doctors and healthcare professionals who are providing abortion services are very committed. In a study by the WHO, many service users reported very positive experiences with healthcare providers who often recognised the urgency that came with providing abortions in early pregnancy and provided compassionate and professional care.

MyOptions is the national free helpline where pregnant women looking for an abortion can call and receive the name and phone number to specific providers near them. Although some people are still unaware of this service, service users have reported positive experiences of MyOptions.

Q9. Do you consent to your submission being released by the Department of Health?

Yes