

ABORTION IN IRELAND?

THE GOVERNMENT HAS SAID IT WILL LEGALISE ABORTION IN IRELAND ON SUICIDE GROUNDS. HERE'S WHAT YOU NEED TO KNOW, AND WHAT YOU MUST DO TO STOP ABORTION.

IN BRIEF

- The Government is **not 'required' to legalise abortion because of the European Court ruling in the ABC case**. The Court simply said that Ireland needed to provide clarity in its abortion laws.
- Guidelines clarifying existing medical practice could give clarity to doctors if that is required, though many obstetricians say that the current provisions allow them to protect both mother and baby.
- Despite this, the Government is planning to legalise abortion in Ireland on suicide grounds. Abortion was legalised in Britain on similar grounds and has led to abortion on demand.
- The evidence given by medical experts at the recent Oireachtas Committee hearings on abortion, has demolished the Government's case for legalising abortion on suicide grounds.
- In particular, experts agreed that abortion is **NOT** a treatment for suicide.
- They also confirmed that they had **NEVER** come across a case where abortion was the only treatment for a woman who was suicidal.
- Doctors agreed **that not one woman has died in this country** because of our ban on abortion or the provisions of the 1861 Act.
- They also confirmed that **doctors do not need to directly end the life of the unborn child** in order to save a mother's life. Evidence also shows that Irish women **are not travelling** to Britain to undergo abortions to save their lives.
- The **1861 Act criminalises abortionists**, not doctors - and it can protect women.
- The evidence shows that **abortion providers encourage women to lie** in order to get an abortion.
- **Your TD must tell Enda Kenny that the inclusion of suicide as a ground for abortion is unacceptable**. They must also insist on clarity between legitimate life-saving medical treatment and the intentional killing of a child through abortion.
- It's important that your TD gives you a direct answer to a direct question: **Will he or she break the whip and vote against abortion legislation if it is brought to the Dáil?**

BRIEFING ON PROPOSED ABORTION LEGISLATION

8 KEY FACTS YOU SHOULD KNOW

1. THE GOVERNMENT IS NOT 'REQUIRED' TO INTRODUCE ABORTION LEGISLATION

The European Court did not require that Ireland legalise abortion or legislate for the X case. Instead it sought clarity for women regarding the availability of medical treatment which may be required in pregnancy to safeguard lives.

This clarity can be provided by **guidelines** reflecting the duty of care to both mother and baby as provided in the Medical Council guidelines. A review of the flawed judgement in X - which heard no psychiatric evidence - should also be undertaken by the government.

Finally, the ruling from the European Court of Human Rights is persuasive rather than binding, and should not be used to deny the people their constitutional right to decide on this issue. Opinion polls have shown that, while people are confused on the issue, more than 60% back a ban on abortion once necessary life-saving medical treatments continue.

2. BUT THE GOVERNMENT IS PLANNING TO LEGALISE ABORTION IN IRELAND

The government wants to legalise abortion - the direct and intentional killing of the unborn child - on the basis of the X case. Under the X case ruling, abortion will be made available on grounds of suicide through all nine months of pregnancy.

In Britain, allowing abortion on mental health grounds has led to abortion on demand. Legalising abortion for suicidality will lead to the same outcome in Ireland.

That's because psychiatrists, dealing with pregnant clients who claim to be suicidal, will be forced to practise defensive medicine for the first time. If a legal right to abortion for claims of suicidality exists, psychiatrists will need to protect themselves in making decisions. One expert said it would "potentially compromise the therapeutic alliance between psychiatrist and patient."

3. THE EXPERT EVIDENCE HAS DEMOLISHED THE CASE FOR ABORTION LEGISLATION

The Oireachtas Committee on Health and Children held three days of hearings where they heard evidence and received submissions from medical and legal witnesses and advocacy groups.

The key evidence heard by the Committee is detailed below and can be summarised as follows:

ON ABORTION AND SUICIDE (We recommend you also read the experts' own comments below)

A. All of the medical experts agreed that abortion is NOT a treatment for suicidality.

B. None knew of a case where an abortion was the only treatment for a woman who was suicidal.

C. None knew of a case where an Irish woman had died by suicide because abortion was not available.

D. Senior psychiatrists testified that abortion would be 'completely obsolete' in respect of a person who is extremely suicidal.

E. Evidence was given that abortion can actually increase the risk of suicide

F. Experts confirmed that suicide in pregnancy is very rare - and that treatment for suicidality includes nursing, psychological treatment and medication.

G. A leading expert in suicide prevention has said that the proposed legislation could 'normalise' suicide.

Elsewhere, John Bruton, the former leader of Fine Gael, has spoken out to oppose including suicide as a ground for abortion. And the Chairman of the Irish Association of Suicidology, Dr Justin Brophy, has also said that legislation based on the X case would create a 'logistical nightmare' for psychiatrists.

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4. EXPERTS ALSO CONFIRMED THAT MOTHERS ARE SAFE IN IRELAND (We recommend you also read the experts' own comments below)

A. Experts at the hearings confirmed that not one woman has died in this country because of our ban on abortion or the provisions of the 1861 Act.

B. They also confirmed that doctors do not need to directly end the life of the unborn child in order to save a mother's life.

C. Doctors reaffirmed that terminology is hugely important, and that it is of enormous psychological importance to a woman who is having her pregnancy interrupted for a life-saving procedure whether we call that an abortion or a termination of pregnancy.

D. Following the hearings a group of 15 obstetricians wrote to the Committee supporting the view that existing medical guidelines protected mothers and doctors, and saying they had been excluded from giving evidence.

E. One leading obstetrician described as 'histrionic' claims that doctors were in fear of being jailed because of Ireland's pro-life laws.

F. Official figures show that since 1992 not one Irish woman has travelled to Britain for an abortion in order to save her life.

5. ABORTIONS ARE NOT CURRENTLY PERFORMED IN IRELAND

Much confusion was caused at the recent Oireachtas Committee Hearings when a number of newspapers reported that up to 30 'abortions' occur every year in Ireland to save mothers' lives. They misquoted the evidence of two Masters of maternity hospitals who gave figures regarding the number of 'interruptions' or 'terminations' of pregnancy taking place in their hospitals each year. But, as the Masters themselves pointed

out, the life of the baby was not deliberately ended in any of these instances - and the procedures are not considered abortions.

There is a crucial difference between a life-saving medical procedure and abortion. A termination of pregnancy can be a caesarean section, natural birth, an early delivery to save the life of a mother, etc. It is the ending of the pregnancy, which usually does not mean the death of the baby. An abortion, in contrast, is the direct and intentional killing of the unborn child.

Abortions do not occur in Irish medical practice when life-threatening complications arise; in this situation doctors are free to intervene and save the mother, even if this results in the unintended death of the baby.

6. THE 1861 ACT PROTECTS WOMEN FROM ABORTIONISTS

Pro-abortion campaigners want to scrap the 1861 Act because then the main law prohibiting abortion will be removed. The Act has an important function in deterring back-street abortions: it prevented abortion provider Marie Stopes from opening on the streets of our towns and cities, as we recently saw in Belfast.

Claims that doctors are currently under threat of prosecution due to the 1861 Offences Against the Person Act are unsubstantiated, given the protections doctors enjoy when they act in good faith within the Medical Council Guidelines. In the recent Oireachtas hearings, medical experts confirmed that they were unaware of any instances where concerns about the 1861 Act had deterred a doctor from delivering life-saving care to mothers. Clarity in this area can be provided without the introduction of abortion.

7. ABORTION PROVIDERS ENCOURAGE WOMEN TO LIE IN ORDER TO GET ABORTIONS

Abortion campaigners say that opposing abortion on sui-

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cide grounds is tantamount to saying that women will lie. But recent investigations into practices at the Irish Family Planning Association, and indeed at abortion clinics worldwide, have revealed that women are encouraged to lie by abortion counsellors.

In Ireland, women were told to lie to their doctors about having undergone an abortion - a practise that leading Obs/Gyn, Dr Sam Coulter Smith, said could put women's lives at risk. In the US, as revealed by undercover investigations, women were told by international abortion provider, Planned Parenthood, to lie to cover up statutory rape.

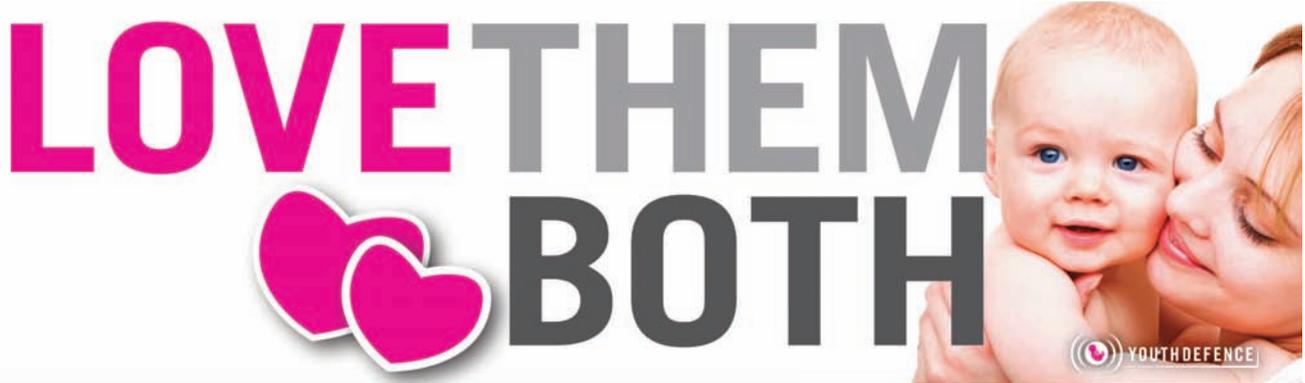
In the recent BBC *Panorama* programme, Ann Furedi of the British Pregnancy Advisory Service admitted that the

mental health clause in the British Abortion Act was routinely abused.

8. THE EXPERIENCE OF CALIFORNIA

The experience of Britain is well known: in 2011, a staggering 97% of almost 190,000 abortions were performed on mental health grounds.

Perhaps less well known is the experience of the State of California, where the 1967 Therapeutic Abortion Act allowed abortion where “the woman is dangerous to herself or to the person or property of others or is in need of supervision or restraint.” One year later, 61,572 abortions had been performed, 98.2 per cent under the mental health provision.



Abortion: kills one, hurts another.

WHAT YOUR TD MUST DO - AND THE QUESTIONS YOU NEED TO ASK

- Your TD must tell Enda Kenny that the inclusion of suicide as a ground for abortion is **unacceptable**. They must also insist on clarity between legitimate life-saving medical treatment and the intentional killing of a child through abortion.
- It's important that your **TD gives you a direct answer to a direct question**: Will he or she break the whip and vote against abortion legislation if it is brought to the Dáil?
- If legislation to introduce abortion is brought before the Dáil for a vote, **your TD must vote against the legislation and the party whip if needs be**. Your TD should be aware that no politician is entitled to take the right to life away from any human being, regardless of the political consequences.
- **You must make it very clear that if your TD supports abortion legislation, he or she will lose your vote forever**, and that you are gathering pledges from thousands of others who agree with you.

ON ABORTION AND SUICIDE

1. All of the medical experts agreed that abortion is never a treatment for suicidality

"There is no evidence either in the literature or from the work of St Patrick's University Hospital that indicates that termination of pregnancy is an effective treatment for any mental health disorder or difficulty."

Prof James Lucey, St Patrick's University Hospital

"...we need to become very focused on the fact there are other treatments for suicide. If a male patient pitched up in accident and emergency tonight and said he wanted to kill himself, there would be medical treatments, drugs and therapies, and these would be reviewed in a couple of weeks. That is the first-line treatment, and cases are reviewed after a couple of weeks."

Dr Mary McCaffrey, OB/GYN, Kerry General Hospital

"..there is no evidence that abortion reduces suicide risk in pregnant women, and there is some evidence that it may have a negative effect in some instances."

Professor Patricia Casey, Mater Hospital and UCD

2. None knew of a case where abortion was the only treatment for a woman who was suicidal

"However, we have not had the experience of seeing any women who were suicidal where the appropriate treatment for their suicidal feelings would have been a termination of pregnancy."

Dr Anthony McCarthy, College of Psychiatry

"Although we have discussed this among the group [of 12 Obstetricians and Gynaecologists], I personally have no knowledge of ever having cared for a woman who wanted to end her life specifically because of a pregnancy, and in my pursuit of information over the past week or so, I have been unable to identify any other consultant who did know of such a woman, which backs up the information we already have - i.e. that this is an extremely rare situation."

Dr Mary McCaffrey, OB/GYN, Kerry General Hospital

"I was asked if we have ever had to perform a termination of pregnancy because of risk of suicide; not in my experience."

Dr Sam Coulter Smith, Master of the Rotunda Hospital

"I refer to Deputy Terence Flanagan's question on whether we, as perinatal psychiatrists, have ever seen a situation in which termination of pregnancy has been the treatment for a suicidal woman. To reiterate our statement, with more than 40 years of clinical experience between us, we have not seen one clinical situation in which this is the case."

Dr John Sheehan, Consultant Perinatal Psychiatrist, Rotunda Hospital

"However, one must remember that it is absolutely individual, and for us, with our 40 years of experience, we have never assessed a woman for whom our management would be to advise a termination and for the legislators, this must be taken into consideration."

Dr Joanne Fenton, Consultant Perinatal Psychiatrist, The Coombe Women's Hospital

"In my work as a psychiatrist, I run the attempted suicide service in the Mater Hospital in which we see and assess more than 400 attempted suicides in women per year. I have never seen a pregnant woman who was suicidal for whom an abortion was the only answer."

Prof Patricia Casey, Mater Hospital and UCD

3. None knew of a case where a woman had died by suicide because abortion was not available

"I am not aware of any death from suicide because a termination was declined."

Dr Mary McCaffrey, OB/GYN, Kerry General Hospital

"All appropriate mental health supports need to be made available for women who are at risk of suicide, have threatened to commit suicide, or have suicidal ideation. The committee can ask the psychiatrists, but most people would agree that termination of pregnancy is not a treatment in this regard."

Dr Sam Coulter Smith, Master of the Rotunda Hospital

4. Senior psychiatrists testified that abortion would be "completely obsolete" in respect of a person who is extremely suicidal

"Someone who is intensely suicidal often needs admission to hospital. It is exactly the opposite to the medical intervention and, consequently, even the notion of carrying out an emergency termination is completely obsolete in respect of a person who is extremely suicidal. I reiterate that in our practice, we see people who are profoundly depressed, who feel hopeless, worthless or utterly helpless to deal with situations. In such situations, one can see clearly the intervention usually is to admit such people into hospital, day hospital or home care but the intention is to support and help them through the crisis they are in. It is not to make a decision that is permanent and irrevocable."

Dr John Sheehan, Consultant Perinatal Psychiatrist, Rotunda Hospital

"If the woman is profoundly depressed and mentally ill, she would be advised not to take any major life decision at that time, and frequently admission to hospital might be advised. Ongoing review and monitoring would typically be required."

Dr Anthony McCarthy, College of Psychiatry

5. Evidence was given that abortion can actually increase the risk of suicide

"There is also a study which was carried out in Finland, which I did not have an opportunity to refer and which focuses on related suicide in women who had abortions or miscarriages or who gave birth. That study indicates that among those who had abortions, the suicide rate was six times the national average. In those who gave birth, it was half the national average. There is data to support the proposition that there is no evidence that abortion helps women's mental health."

Prof Patricia Casey of the Mater Hospital on a study which has found that women who undergo abortions were six times more likely to die by suicide.

"Every one of us working in the perinatal service will have seen women who had terminations of pregnancy and who will feel profoundly guilty about that during a

subsequent pregnancy, and it will have a negative effect on them."

Dr Anthony McCarthy, College of Psychiatry

6. Experts confirmed that suicide in pregnancy is very rare. They also warned against 'normalising suicide'

"The risk of suicide in pregnancy is extraordinarily low."

Dr Sam Coulter Smith, Master of the Rotunda Hospital

"International studies suggest that the suicide rate in pregnancy is from a third to a sixth of the expected rate in non-pregnant women, indicating that frequently pregnancy confers a protective effect against suicide."

Dr Anthony McCarthy, College of Psychiatry

One of Ireland leading experts on suicide prevention, **Professor Kevin M. Malone, of St. Vincent's University Hospital and UCD**, also made a submission to the hearing where he warned of the danger of the law 'normalising suicide' :

"Legislating for this inexplicably legitimises and normalises "suicidality" under certain conditions - for women only. By foregrounding a theoretical risk of suicide in women, and enshrining "suicidality" in Irish law, the proposed legislation runs the risk of further invisibilising, normalising, and at worst exacerbating the much more real and volatile threat of increased suicide risk in Irish men, and potentially accelerating suicide risk in young women also. ..[I]t would be regrettable and perhaps unethical if legislation on "suicidality" were to potentially compromise the therapeutic alliance between psychiatrist and patient. Extreme caution is advised in terms of uninformed or misinformed legislation generating unintended consequences," he wrote.

As *Dr Jacqueline Montwill*, consultant psychiatrist, has said, the treatment for suicidality in a pregnant woman "is to make sure that the patient is safe, make sure that patient is on the appropriate medication... and to make sure that the appropriate psychological treatment, support, intervention and nursing support is made available to her."

OTHER EVIDENCE ON SUICIDE

A. The *Chairman of the Irish Association of Suicidology* has said that legislation based on the X case would create a 'logistical nightmare' for psychiatrists if implemented.

Dr Justin Brophy, a consultant psychiatrist with Wicklow Mental Health Service, made his comments in an interview with an Irish language newspaper, *Gaelscéal*.

Dr Brophy said that medical judgements can be wrong and that suicidal intent is an 'easily fabricated condition' and that while psychiatrists can show that a woman is suicidal based on her stated symptoms, it is very difficult for them to prove that a woman who says she is not suicidal is not, nor is it their job to do so."

B. *Eleven top-level consultant psychiatrists have also written to Fine Gael* advising them that "termination of pregnancy is not a psychiatric treatment for suicidality, nor is it mentioned as such in any of the major textbooks of psychiatry." The letter also expresses the belief that "offering an abortion to a distressed person who is psychiatrically ill would be strongly ill-advised since the person's capacity to make important life decisions is frequently impaired."

C. *And former Fine Gael leader, Mr John Bruton*, has opposed legalising abortion on suicide grounds. He said that "when you actually look at the words in the constitution which talk of an equal right to life. Well, a possibility is never equal to a certainty. All you can ever say about suicidal ideation is that there is a possibility that it might be fulfilled, whereas in the case of a termination you have the certainty of the ending of that other life ..."

D. A British abortionist has admitted that the mental health clause in the British Abortion Act is routinely abused. In a BBC *Panorama* programme, **Ann Furedi**, the chief executive of the **British Pregnancy Advisory Service**, has admitted that British doctors actively 'pretend' that women's mental health is at risk so that they can sign off abortions without questions being asked.

The programme also heard from **Professor Clare Gerada**, chairperson of the Royal College of GPs, who confirmed

that the mental health risk is not objectively tested. "What we have is what the woman tells us," she says. "It isn't for me to judge her or be moralistic."

ON PROTECTING MOTHERS' LIVES

1. Experts testified that not one woman has died in this country because of our ban on abortion or the provisions of the 1861 Act

"I was asked if there had been any needless maternal deaths because people would not or felt they could not act. I am not aware of any such case."

Dr Sam Coulter Smith, Master of the Rotunda Hospital

"I am not aware of any needless deaths ... I have never withheld treatment because of the law and I am not aware of it occurring in my unit. I have never heard of it from a colleague. Women receive appropriate treatment."

Dr Mary McCaffrey, OB/GYN, Kerry General Hospital

"I am not aware of any situation in which the lack of legal clarity prevented appropriate care. It has certainly not occurred in our hospital and I am unaware of it occurring anywhere else. I have never withheld appropriate treatment from a patient when it was required."

Dr Sam Coulter Smith, Master of the Rotunda Hospital

2. They confirmed that doctors do not need to directly end the life of the unborn child in order to save a mother's life

"I was asked if there were circumstances in which a foetus had to be killed in utero rather than delivered. In most circumstances it is possible to deliver the baby or foetus without killing the baby inside."

Dr Sam Coulter Smith, Master of the Rotunda Hospital

"We never kill a foetus. That is not our aim. Occasionally it is required that we deliver a pregnancy before the baby is viable or capable of surviving in our neonatal intensive care unit. When there is any possibility at all that we can preserve the life of the baby we will do so. We are able to do so from very low gestations, from 23 weeks on and in those cases members can be very certain that we will make every effort to preserve life."

Dr Rhona O'Mahony, Master of the NMH, Holles Street

3. Doctors reaffirmed that there is a difference between abortion and the interruption of a pregnancy for a life-saving procedure

“There are a number of issues that I would like to highlight. The first, on what might seem a small point but is hugely important, is the terminology we use when we talk about this subject. Some people will use the term ‘abortion’, while some will use ‘termination of pregnancy’. It is of enormous psychological importance to a woman who is having her pregnancy interrupted for a life-saving procedure whether we call that an abortion or a termination of pregnancy.”

Dr Sam Coulter Smith, Master of the Rotunda Hospital

Which echoed the *Clinical Practice Guide of the Institute of Obstetricians and Gynaecologist*: “Women are sensitive about references to pregnancy loss. As their loss is not out of choice, use of words like ‘abortion’ can be sometimes offensive at a vulnerable time. Hence, discussion or documentation of management of early pregnancy loss should be worded appropriately.”

4. A group of 15 obstetricians wrote to the Committee supporting the view that existing medical guidelines protected mothers and doctors. They had been excluded from giving evidence

“The proposed legislation arises not from any evidence-based medical need but from obligations to the Government arising from the European Court of Human Rights,” they wrote. And they pointed out that: “Legislation may influence doctors into taking a legal rather than a clinical perspective when making critical decisions. Well-established clinical practice in seriously ill mothers may become subject to regulations that result in delaying clinical action to transfer or deliver a patient. Existing guidelines cover such situations.”

The medical experts also warned that:

“Legalised abortion may affect recruitment of doctors into Obstetrics and Gynaecology in the long term. Compulsion

to perform abortions by regulators or employers would exacerbate this.

Section 58 and 59 of the Offences against the Person Act remain the Law in the United Kingdom, and have been used in recent times in the prosecution of illegal abortion providers. The removal of these sections has implications wider than for medical practitioners only.”

And they pointed out that “Maternal outcomes in Ireland are acknowledged to be of the highest international standard and better than those of our nearest neighbour, the UK. Psychiatric grounds for abortion on the basis of suicide risk appear non-existent, in the view of experts in this field. An obstetrician, the doctor with a responsibility to two patients, faced with terminating a normal pregnancy on grounds of suicide risk would be placed in an impossibly conflicted situation, where there is no benefit to the mother,” they said.

5. One leading obstetrician described as ‘histrionic’ claims that doctors were in fear of being jailed because of Ireland’s pro-life laws

The Irish Independent reported that:

“Claims by Dr Rhona Mahony that obstetricians work under the shadow of going to jail were described as ‘histrionic’. Dr Mahony, who is Master of Dublin’s National Maternity Hospital, told the Oireachtas hearings on abortion that: “I need to know that I will not go to jail, if in good faith, I believe it is the right thing to save a woman’s life, to terminate her pregnancy.”

Dr Trevor Hayes, a consultant obstetrician at St Luke’s Hospital, said he found her remarks to be ‘histrionic’.

“I never heard of any doctor being concerned about the gardai coming in. When you are a doctor, your first law is to above all, do no harm. If you have to bring forward a delivery to save a mother’s life, you are clear, as a doctor.”

www.independent.ie/national-news/maternity-chief-accused-of-histrionics-3350345.html

