

A new legal framework for abortion services in Northern Ireland - Consultation response from Traditional Unionist Voice

Question 1: Should the gestational limit for early terminations of pregnancy be:

Up to 12 weeks gestation (11 weeks + 6 days)

Up to 14 weeks gestation (13 weeks + 6 days)

If neither, what alternative approach would you suggest?

Neither. Both anticipate what will amount in practice to abortion on demand. This is not just destructive of life but accords the human life selected for death neither rights, dignity or respect. Insofar as the lower gestational limit may result in less child destruction it is to be preferred in this obnoxious choice.

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

Yes. TUV is disturbed that under these proposals a woman or girl will not be required to explain or justify why she is seeking a termination. This is, as the consultation, acknowledges, different from the approach in England and Wales.

We note that the claimed logic for not requiring an explanation for seeking an abortion is complying with the UN CEDAW Report. The Report said that there needed to be provision for abortion in cases of rape and incest but

“The Government ... recognises that there are particular difficulties in including rape and incest as specific criteria in law due to the narrow legal definition of ‘rape’ and because incest is not a term currently used in law as it is not a specific criminal offence. Regulations would be required to set out the scenarios involving rape, incest and other sexual crime that would apply for the purposes of lawful termination. This is not an approach that the Government advocates in the case of abortion due to the impact this would have on victims and the high risk that such an approach would result in a legal framework which excludes some victims of sexual crime who are unable to evidence that the pregnancy is a result of such a crime.” (Section 2.1)

It is transparent from this consultation that the rape and incest argument is a red herring for abortion on demand. TUV would also note that the reasons cited in Section 2.1 of the consultation for opening the door to abortion on demand could reasonably have been employed to make a case that the demands of the UN CEDAW Report were impossible to implement but rather the Government choose not to oppose the amendment introducing the unworkable criteria, though now wants to exploit it to widen the scope of abortion approved in the legislation.

Question 3: 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

23 weeks + 6 days gestation

If neither, what alternative approach would you suggest?

Neither. TUV is totally opposed to abortion but as the Government seems set on imposing it on Northern Ireland we would prefer the lower limit (ie up to 21 weeks gestation) so as to save as many innocent babies as the scope of the consultation allows.

We note that the consultation itself states that this approach is highly subjective and “would require a doctor to assess both the health of the pregnant woman or girl, and assess the viability of the fetus. This could require the doctor to make difficult and fine judgements and inconsistency in interpretation of viability” (section 2.2).

We note that the while the Government recognises the problem it does not propose a solution. We see this as further evidence that the proposals from the Government are about bringing abortion on demand into Northern Ireland - something we robustly oppose.

Question 4: 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

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

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

No. TUV finds the proposal that abortion should take place right up to birth simply because there is a belief that the baby may be born with a physical or mental disability abhorrent. Furthermore, we would note that making such a judgement is an inexact one. These should not be grounds for abortion and certainly not without a time limit.

Question 5: 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?

Termination is necessary to prevent grave permanent injury to the physical or mental health of the pregnant woman or girl?

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

TUV notes that the consultation itself concedes that "Case law has established that it is currently lawful to perform an abortion in Northern Ireland where it is necessary to preserve the life of the woman or girl, or where there is a risk of real and serious adverse effect on the woman or girl's physical or mental health, which is either long term or permanent" (section 2.4).

It is therefore dishonest to suggest that this legislation is needed to address such issues.

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?

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

No. At the very least the provision of abortions should be limited to registered medical practitioners as is the case in Great Britain (as noted in section 2.5). To expand this out to registered healthcare professionals in Northern Ireland would loosen the system and again speaks to these proposals effectively bringing in abortion on demand to Northern Ireland.

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?

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

No. If abortion is going to be imposed on Northern Ireland it should at the very least be controlled and regulated. TUV does not want to see abortion carried out anywhere but believes it would be even looser if there would be flexibility as to where abortions can be carried out. We further note that by removing the existing laws in Northern Ireland the door has been left open to back street abortions at least until this guidelines come in to force. Abortions should be restricted to NHS premises and practitioners and thereby the obscenity of an abortion industry can be discouraged.

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

TUV is opposed to abortion and obviously to the proposals contained in this consultation. However, if abortion is to be imposed on Northern Ireland it is preferable that abortions are limited to hospitals than having a free for all with profit making abortion clinics coming into the Province.

Question 9: 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?

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?

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

We note that the Government is considering deviating from the system in Great Britain where two doctors must certify that there were lawful grounds for an abortion because "it is likely that there will be a more significant number of people raising conscientious objections than in other parts of the UK. This could create practical difficulties, in particular delays in women accessing termination services, if two medical professionals, both with an understanding of the woman or girl's situation, are required to certify the grounds for an abortion" (section 2.7).

Surely the fact that the Government anticipates such a problem speaks to the rushed nature of the legislation and the lack of local support for what is being proposed? This alone should be reason to make the Government stop and think. The suggestion that Northern Ireland would only require one "healthcare professional" to certify again speaks to the NIO's desire to impose abortion on demand on Northern Ireland.

TUV notes that there are concerns within the medical profession that a desire to increase the number of people willing to participate in the killing of unborn babies may give them an unfair advantage when it comes to being employed or even getting on to relevant university courses.

If abortion is to be imposed on Northern Ireland it is TUV's view that we should follow the Great Britain model in this regard where two doctors must certify that there were lawful grounds for an abortion.

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?

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

Yes. TUV believes that it is important that accurate data is collected on the number of abortions and the reasons for them. As the consultation itself states, data would be particularly important in monitoring the new framework in Northern Ireland.

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?

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

No. TUV believes that the conscientious objection provision should go further than the rest of the UK and cover ancillary, administrative or managerial tasks.

The Government has conceded in the consultation that the number of people raising conscientious objections is likely to be greater in Northern Ireland than elsewhere in the UK (section 2.7). Because of this the Government proposes relaxing the requirement that two doctors certify the lawfulness of an abortion. If the Government is prepared to deviate from established practice in GB because of the number of conscientious objectors in Northern Ireland in order to make abortion easier why is the Government proposing that Northern Ireland follow GB precedent on this point?

TUV is particularly concerned that conscientious objectors will not have their rights respected “in a situation where the life of the woman or girl is in danger and emergency treatment is needed without delay to save her life, or to prevent grave permanent injury to her physical **or mental health**”.

In such circumstances the consultation states that “the healthcare professional would be required to participate, unless another competent, appropriately qualified and experienced healthcare professional is immediately available and willing to participate in their place.”

Particularly on the issue of mental health this would surely be a subjective judgment call and it seems unreasonable to suggest that conscientious objectors could be forced to participate in such circumstances.

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

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

Yes. See answer to question 11.

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?

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

No. If the Government is intent on bringing the murder of unborn babies to Northern Ireland it should not seek to curtail the freedom of speech and freedom of assembly of any who seek to demonstrate against that. It is deeply ironic that the Government should concern itself with alleged “harassment” from anti-abortion protestors in a consultation where it gives no thought to the violence inflicted on the most innocent of victims, unborn babies.

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

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

No. See answer to question 13.

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

TUV is disturbed by these proposals and believe it is clear that the intent behind them is to bring in abortion on demand. The Government could have brought forward proposals which were much tighter than these.

Furthermore, the consultation as drafted will leave many pro-life people unsure as to answer the questions. This is a disgrace - particularly given that the volume of correspondence TUV has received on this issue has dwarfed that on any other matter. It is an issue on which many thousands of ordinary people would like to be heard but even the nature of this consultation is designed to shut their views out.

There is no reason why the Government could not, for example, have included a question on the principle of abortion being introduced to Northern Ireland. After all, the law was changed without any consultation never mind an Equality Impact Assessment.

As there was no where in the pro forma to state this TUV makes it clear here that we believe that the abortion law in Northern Ireland did not need to be changed.

The chilling, dehumanising nature of the proposals is illustrated by the fact that in 42 pages of text the word "baby" does not appear once - and yet they are designed to regulate the activities of healthcare professionals who got into the work to bring children into the world.

TUV would be interested in the Government's views on:

- i) ensuring that babies which survive abortions receive medical treatment;
- ii) offering women the right to see an ultrasound of their unborn baby and an opportunity to hear its heart beat before an abortion is performed and
- iii) what should happen the bodies of babies which have been aborted. Will they be incinerated along with hospital waste?