

Position paper to the Oireachtas

Mr Chairman and members of the committee – thank you for affording me the opportunity to address you today.

I am a medical doctor, a General Practitioner and Director of Sexual and Reproductive Health at the Irish College of General Practitioners (ICGP). I am also President of the European Society of Contraception and Chair of the Irish Society of Health Care Professionals.

The ICGP in the light of a free termination of pregnancy service fully supports the principle of free contraception that is appropriate, available, accessible, and free to those who wish to avail of it.

Put simply, giving access to a free contraceptive service is the logical next step following the implementation of the community provided medical abortion service.

The ICGP commends Mr Andrew Conlon on his comprehensive report, but cannot support the proposed phased roll out of the Service. His statement, that contraception has potential health benefits which impact on people, and women in particular when the opportunity to choose the most effective and suitable type of contraception based on their life style, health needs and preferences is afforded to them is fully supported by the College.

Reliable and appropriate use of contraception allows a couple to plan, space and limit their family size when they are ready and prepared for parenthood.

In these different phases of a reproductive life, the choice of contraception will change depending on the needs of the couple.

However, there are parts of the report that do not reflect the experience of General practitioners and I would welcome the opportunity to discuss this today.

Accessibility of Services

Dr Henchion and Mr Conlon raise good points – lack of knowledge, fear of stigma and perceived lack of understanding from service providers may make contraception inaccessible

This raises the fundamental issues of information, education and knowledge -- which all impact on making the right choice,

While Mr Conlon makes a case for prioritising free contraception for the vulnerable and the marginalised he also points out that these groups, may for the most part, have free contraception available to them through the GMS

The parts missing here are:

1. Fundamental knowledge of Reproduction i.e. Sex Education
2. Information regarding the different methods of contraception
3. Empowerment to make informed choice appropriate to the particular need.

I, in addition, make a case for those who have the education and knowledge but who are at risk of making poor choices due to the initial cost-outlay

A pack of condoms may seem an inexpensive option in the short term where a LARC would be the better option. (A pack of condoms costs €5-€15, whereas a coil costs approximately €200 euro but lasts 5 to 10 years.

Again, Mr Chairman there is a case for information and education for the woman in her mid to late forties who erroneously believes that age, infrequent intercourse etc. precludes her from a pregnancy.

The ICGP therefore supports full and free contraception for all groups.

General practitioners are ideally placed to provide a full range of contraceptive services in the community.

The ICGP is an education and training body. College provides training in all methods of contraception and runs designated courses in Long Acting Reversible Contraception (intrauterine devices or coils and implants).

College would like to expand the training and upskilling of our colleagues. The provision of long acting reversible contraception requires a specialised skill set of technical expertise. This training is time-consuming and demands up to five sessions (or 2.5 days) to gain the necessary expertise, meaning GPs will require funding and support for upskilling. However, in economic terms this is an upfront investment with long term benefits.

To conclude and summarise my points:

I hope we are all agreed that providing free Abortion without contraception is not a healthy option.

There is a strong case to be made for the normalising of attitudes to sexual and reproductive health to rid ourselves of the stigma around our sexuality and to approach our reproductive lives through education and information appropriate to the age cohort.

Free contraception on its own - has been shown not to work (for example, the UK)¹

Free contraception, acknowledgement of our sexual lives, our needs over time and a proper structured information and education programme will work to reduce the need for abortion.

Which is I presume the purpose of the exercise and would be a rewarding outcome for the provision of access to a free contraceptive service in the community.

Dr Mary Short
Director of Sexual and Reproductive Health, ICGP

¹ The All-Party Parliamentary Group on Sexual and Reproductive Health in the UK (APPG) *Breaking down the barriers: the need for accountability and integration in sexual health, reproductive health and HIV services in England*. London: The All-Party Parliamentary Group on Sexual and Reproductive Health in the UK (APPG); 2015.