Opening Statement to the Joint Oireachtas Committee on the Eighth Amendment to the Constitution

Abigail R.A. Aiken, MD, MPH, PhD
Assistant Professor
LBJ School of Public Affairs
University of Texas at Austin

October 11th 2017

0.1 I have been asked to address the Committee on international developments in the provision of health care services in the area of termination of pregnancy. I will focus specifically on how these developments have affected the ways in which Irish women access abortion.

0.2 Most abortions in Europe take place in clinical settings and are divided into "surgical" abortions and "medical" or "medication" abortions. In Ireland, however, women do not have access to these clinical services, and between 1970 and 2016, at least 184,000 Irish women have traveled to England and Wales to access abortion in a clinic.[1]

0.3 Since 2006, however, a non-profit, online telemedicine service called Women on Web has provided early medication abortion in countries where safe, legal services are not available.[2] Under this model, a woman fills out an online consultation form, including information about her gestational age, comorbidities, and contraindications. A medical doctor reviews the consultation form and, if appropriate, approves the request and prescribes the medications mifepristone and misoprostol. Both medications are on the World Health Organization (WHO) List of Essential Medicines[3] and Women on Web prescribes them in the dose regimen for medication abortion recommended by WHO.[4]

After the woman makes a donation of between 70 and 90 Euros, or however much she can afford, a partner organization dispatches the medications, which are delivered to the woman via mail. Once the woman receives the medications, she takes them at home using the clear, simple

instructions provided to her by email from Women on Web. Information, advice, and support are provided in close-to-real-time via an online helpdesk. All women receive information about the signs of potential complications and instructions for seeking in-person medical attention. Three weeks later, women are asked to fill out an online evaluation, reporting the clinical outcome of their abortion and their experiences using the service.

1. Models of Abortion Access Available to Irish Women

1.1 Women in Ireland have been accessing early medication abortion through this online telemedicine model since 2007. Exhibit 1 shows that since 2010 (the first year for which data are available) the number of Irish women requesting early medication abortion through Women on Web has more than tripled, from 548 in 2010 to 1,748 in 2016. These numbers include women from both Ireland and Northern Ireland, since it is often not possible to distinguish between them. Since 2014, other telemedicine services have also been available, so the 2015 and 2016 figures are lower bounds.[5]

1.2 By contrast, Exhibit 2 demonstrates that the number of Irish women traveling abroad to England and Wales has declined over time. The graph shows both Irish and Northern Irish women combined for ease of comparison with Exhibit 1. Since 2002 (the first year of the decline), the number traveling has fallen by almost 50%, from 7,913 in 2002 to 3,992 in 2016. (Note that the first section of the graph looks artificially steep due to compression on the X-axis between 2002 and 2009).

2. Demographics of Irish Women Accessing Abortion

2.1 Who are the Irish women who access abortion online? Exhibits 3A and 3B show the age distribution and parity of 5,650 women in Ireland who accessed early medication abortion through Women on Web between 2010 and 2015. Women of all reproductive ages are represented, with the most common age groups being 30-34 years (representing 26% of all requests) and 25-29 years (representing 24% of all requests). The majority (63%) are mothers.

2.2 The pregnancy circumstances of the same population of Irish women accessing online telemedicine abortion are displayed in Exhibit 4. The majority of women (54%) were using contraception when they became pregnant and thus experienced a contraceptive failure. Forty-four percent reported that they were not using contraception when they became pregnant. To put this figure in context, consider that unmet need for contraception[†] is twice as high in Ireland compared to Great Britain (11.2% *vs*. 5.1%).[6] Finally, only 2% of women reported requesting early medication abortion due to rape. In Ireland, rape is an under-reported crime, with less than 32% of rape survivors in 2015 reporting the incident to the Gardaí.[7]

3. Reasons Why Irish Women Access Abortion

3.1 Why do Irish women need abortions? Irish women's reasons for requesting abortions through online telemedicine are shown in Exhibit 5. By far the most common reason, cited by 62%, is being unable to bring up a child at this time in their lives. In-depth interviews with a sample of these women revealed that this category included being in a physically or emotionally abusive relationship, being unable to provide for existing children with the addition of another child, and being physically or emotionally unequipped for pregnancy. These statistics mirror the reasons for abortion among Irish women who travel to clinics in England and Wales. Ninety-six percent of abortions to these women are performed under Ground C of the 1967 Abortion Act, which allows for abortion when "the continuation of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of the pregnant woman".[8] The remaining 4% of abortions among women who traveled were performed under Ground E, for severe fetal anomaly.[8]

3.2 In light of the recommendations of the Citizens' Assembly with respect to the allowable grounds for abortion up to 12 weeks of gestation[9], it is worth noting that Irish women accessing medication abortion through online telemedicine are at under 10 weeks of gestation at the time of request.[10] Similarly, 85% of abortions to Irish women who travel to England and Wales occur at under 10 weeks of gestation, and almost all (92%) occur at under 13 weeks.[11]

4. Experiences of Irish Women Accessing Abortion

4.1 How do Irish women make the decision about whether to travel offshore to a clinic or access abortion through online telemedicine? Section A, which shows data from in-depth interviews with Irish women who have used online telemedicine illustrates some of the reasons why women choose this option. Reasons include the significant expense and logistical difficulties of travel, the increased privacy, comfort, and dignity of managing medication abortion at home, and a preference for conducting abortion at the earliest possible gestational age. Just one example is given by Mairead, who is 32 years old: *"I really didn't want to travel at all. The whole thing was just so stressful and the idea of having to go to a foreign country on my own and go through it on my own was just horrendous. So, if I'm able to get hold of abortion pills and do it at home that's better and a much cheaper option. The idea of having to go through that in some random clinic in England is just awful. At home, my friend was able to support me through it all and it made an absolutely massive difference. The idea of having to travel alone to go through that on my own in a foreign country is just unthinkable."*

4.2 When Irish women do choose online telemedicine, what are their experiences? Exhibit 6 shows the feelings reported by 1,000 women who accessed early medication abortion through Women on Web between 2010 and 2012. By far the most common feeling was relief (70%), followed by satisfaction (36%). Many reported a mix of emotions, for example, feeling both sad and relieved, or feeling both loss and empowerment. Among the same sample, 98% felt they had made the right choice and would recommend the at-home telemedicine model to another woman in a similar situation.[10]

4.3 Sections B and C show data from in-depth interviews with Irish women documenting their experiences both with online telemedicine and with travel. Women who traveled often struggled to cover the financial cost, had difficulty finding childcare and getting time off work, and experienced stigma and shame, as well as the trauma of managing side-effects from the abortion on the journey home. Emma, who is 24 years old explains: *"So basically when you get to the airport and you get on that flight, it's kind of known, that this very early flight is the flight people take…you're waiting to board the plane and you can see the other women and you all know you're there for the same reason and to be honest, there's this horrible immediate sense of*

shame that comes with it and it's very overwhelming. But the very worst part was when I got back to the airport afterwards and had to wait five hours to get a plane home, sitting there feeling I'd just committed a crime. I was so traumatized by that travel experience. I still can't wrap my head around it."

Women who used online telemedicine commonly described the contrast between the acceptability of the abortion itself and the anxiety of being found out and potentially prosecuted. Stacey, a 27-year old mother of two explains: *"The procedure was very straightforward and it did feel very safe with all the information they gave. I had some anxiety that if something had gone wrong, as can happen with any safe medication, it's hard to know who can I trust…like, would I incriminate myself? All these things are going through your head because I wasn't able to do this legally. So, all of that extra anxiety."*

5. Safety and Effectiveness of Abortion in Ireland

5.1 At-home use of abortion medications obtained using online telemedicine has been demonstrated to be both highly effective and safe. Exhibit 7 shows abortion outcomes for 1,000 Irish women who used Women on Web between 2010 and 2012. Overall, 99% of women were able to end their pregnancy, and 95% were able to do so without needing a surgical intervention to help complete the abortion. These outcomes compare favorably to those for medication abortion performed in the clinical setting.[12]

5.2 Exhibit 8 shows treatment for post-abortion complications among the same group of 1,000 Irish women. Overall, 3% received treatment for any adverse event, 2.6% were given antibiotics, less than 1% required a blood transfusion for very heavy bleeding, and no deaths were reported. These complication rates, while still very low, are slightly higher than in the clinical setting.[13] However, since outcomes are self-reported, there is no way to judge whether the appropriate treatment was given or whether unnecessary treatments were given.[14]

5.3 Although early medication abortion provided through online telemedicine is safe and effective in terms of clinical outcomes, the current Irish abortion law limits the information and support that Irish healthcare professionals can provide. Section D illustrates a variety of

experiences that Irish women seeking abortion or seeking follow-up care after abortion have had with healthcare professionals in Ireland. These range from encountering hostile attitudes, to being provided with inadequate information, to being too afraid to speak to a healthcare professional at all for fear of a negative reaction or being reported to the authorities. Adele, a 29-year-old mother of four explains: *"God no, I couldn't talk to any doctors about it, definitely not, because I was just so scared. You hear these horror stories of women getting arrested and imprisoned. So, I was completely alone. I did go in when I found I was at first pregnant when I didn't know what I was going to do and I went in and said, "okay, I'm pregnant", but I obviously never told them any of my intentions. And their reaction was just like, "great, you're pregnant, we'll put you in for your 12-week scan". But I couldn't say anything because you don't know how they're going to react."*

5.4 Some Irish women may be unable to avail of either travel or online telemedicine. Moreover, even those who do manage to access one of these pathways are often in precarious situations. Section E makes plain the consequences of lack of access to safe abortion care. Through in-depth interviews, Irish women described the methods they would have had to resort to—or which others would have made them resort to—had online telemedicine or travel not been accessible. These include coat hangers, starvation, high doses of vitamin C, strenuous exercise, large quantities of alcohol, scalding water, drinking bleach, throwing themselves downstairs, or running into traffic. Rebecca, who is 39 years old and has two children, explains: *"I was walking up to 20km every day. I was doing sit ups, I was doing squats. I was doing anything I could possibly do to make this happen. I don't think I ate for several days because I had read that if you have an extremely low calorie count and you're taking high doses of Vitamin C that can cause a miscarriage. I was actually reading pregnancy sites that warn you not to do things and everything they were warning you not to do was exactly what I was doing; roasting hot baths to the point that I almost scalded myself, and when I think about it I'm an educated woman, do you know, I'm a grown woman. It's just so sad."*

6. Conclusion

6.1 In conclusion, the lack of abortion services within the formal healthcare system in Ireland means that to access safe and effective care, Irish women must rely either on travel to a clinic

offshore or on online telemedicine. Travel carries a significant cost in terms of financial, social, physical, and emotional resources and is out of reach for many. Online telemedicine circumvents many of these costs and is safe and effective, but carries considerable legal risk, which also limits the supporting role Irish healthcare professionals can play. Irish women who need abortions are not restricted to any one demographic group or reason for needing care. Some need later abortions because of fetal anomaly or serious health risks that develop during pregnancy. But the vast majority fall under the broad category where the risks posed to their physical and mental health of continuing the pregnancy outweigh the equivalent risks of ending the pregnancy, and are under 13 weeks pregnant at the time of their abortion. Medically, the gold standard of care would be to legislate for safe, legal, accessible abortion care services throughout Ireland that will meet the needs of all women who rely on them.

7. Footnotes

† Unmet need is defined as the percentage of married or in-union women of reproductive age who want to stop or postpone childbearing but who report that they are not using contraception

8. Reference List

1. UK Department of Health. Personal communication received in response to data request on 31st May 2016 and used with permission.
2. Women on Web website https://www.womenonweb.org/en/i-need-an-abortion (Accessed October 7th, 2017).
3. World Health Organization Model Lists of Essential Medicines. 20th Edition, March 2017 http://www.who.int/medicines/publications/essentialmedicines/20th_EML2017_FINAL_amendedAug2017.pdf?ua=1 (Accessed October 7th, 2017).
4. Safe abortion: technical and policy guidance for health systems. 2nd Edition. World Health Organization, 2012. http://apps.who.int/iris/bitstream/10665/70914/1/9789241548434_eng.pdf (Accessed October 7th, 2017).
5. Sheldon, S. How can a state control swallowing? The home use of abortion pills in Ireland. *Reproductive Health Matters* 2016;24(48):90-101.

6. United Nations Department of Economic and Social Affairs. Population Division. Trends in Contraceptive Use Worldwide, 2015. http://www.un.org/en/development/desa/population/publications/pdf/family/trendsContraceptiveUse2015Report.pdf (Accessed October 7th, 2017).
7. Rape Crisis Network Ireland. Rape Crisis Statistics Annual Report 2015. http://www.rcni.ie/wp-content/uploads/RCNI-RCC-StatsAR-2015.pdf (Accessed October 7th, 2017).
8. Legislation.gov.uk. The National Archives. The Abortion Act of 1967. http://www.legislation.gov.uk/ukpga/1967/87 (Accessed October 7th, 2017).
9. First Report and Recommendations of the Citizens' Assembly. The Eighth Amendment of the Constitution. 29th June 2017. https://www.citizensassembly.ie/en/The-Eighth-Amendment-of-the-Constitution/Final-Report-on-the-Eighth-Amendment-of-the-Constitution/Final-Report-incl-Appendix-A-D.pdf (Accessed October 7th, 2017).
10. Aiken ARA, Gomperts R & Trussell J. Experiences and Characteristics of Women Seeking and Completing At-home Medical Termination of Pregnancy Through Online Telemedicine in Ireland and Northern Ireland: A Population-based Analysis. *British Journal of Obstetrics & Gynaecology*. 2017:124(8):1208-1215.
11. Department of Health. Report on abortion statistics in England and Wales for 2016. https://www.gov.uk/government/statistics/report-on-abortion-statistics-in-england-and-wales-for-2016 (Accessed October 7th, 2017).
12. Ngo TD, Park MH, Shakur H, Free C. Comparative effectiveness, safety and acceptability of medical abortion at home and in a clinic: a systematic review. Bulletin of the World Health Organization. 2011;89:360-70.
13. Cleland K, Creinin MD, Nucatola D, Nshom M, Trussell J. Significant adverse events and outcomes after medical abortion. *Obstetrics & Gynecology*. 2013;121:166-71.
14. Aiken ARA, Digol I, Trussell J, & Gomperts R. Self-Reported Outcomes and Adverse Events Following Medical Abortion via Online Telemedicine: A Population-based Study in Ireland and Northern Ireland. *BMJ* 2017:16;357:j2011. http://www.bmj.com/content/357/bmj.j2011