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Dear Senator Noone,

I write to you as chairperson of the Joint Committee on Eighth Amendment of the Constitution. It has come to our attention that statements have been made during the meetings about Denmark's policy and practice on abortion, which are not correct. I would therefore like to draw you and your committee's attention to the following points.

The Embassy has been in contact with the Danish health authorities. Let me summarize our views in the following points:

1. The right to abortion in Denmark

According to § 92 of the Health Act, a woman may have her pregnancy interrupted without permission, if the procedure can be implemented before the end of the 12th pregnancy week.

In cases where the woman is beyond the 12th pregnancy week, she may under certain conditions have an abortion, cf. § 94 of the Health Act.

In any case it is important that the women who want an abortion be provided the necessary advice and help so that they have a good basis for deciding if they really want to have their pregnancy interrupted.

2. Abortion due to the finding of Down's syndrome (trisomy 21) at the fetus.

According to § 94, subsection 1, No. 3, of the Health Act it is possible to have an abortion after the 12th week if there is a danger that the child

will have a serious physical or mental disorder, due to hereditary systems or damage or disease in the fetal condition including Down's syndrome.

The need to obtain a permission after the 12th week is based on the fact that a number of studies have shown that Down's syndrome and other malformations can only be determined when the woman is close to her 12th pregnancy week.

There are no limits as such in the legislation when an abortion may be authorized. However it follows from § 94 (3) of the Health Act that if the fetus is considered to be viable, abortion can only be allowed if there is a significant danger for the child's physical or mental suffering. In practice, the limit of viability is considered to be about 22 weeks.

As there must be special circumstances for having an abortion, if the fetus is viable, the existence of Down's syndrome in the child is **not** sufficient to get the abortion.

3. Abortions in the Nordic countries.

Table 1
Number of abortions per 1000 live births

	Denmark	Average for the Nordic Countries ¹⁾
1973 ²⁾	230	262,3
2015 ³⁾	263,5	265,9

Annotations:

¹⁾ Denmark, Finland, Sweden and Norway

²⁾ Free abortion was implemented in 1973

³⁾ The most recent figures

Source: DCCR

Table 2
Number of abortions per 1000 women aged 15-49 years

	Denmark	Average for the Nordic Countries ¹⁾
1973 ²⁾	14,2	15,6
2015 ³⁾	12,3	13,3

Annotations:

¹⁾ Denmark, Finland, Sweden and Norway

²⁾ Free abortion was implemented in 1973

³⁾ The most recent figures

Source: DCCR

The figures can be found at:

<https://www.thl.fi/en/web/thlfi-en/statistics-by-topic/sexual-and-reproductive-health/abortions/introduced-abortion-in-the-nordic-countries>

4. In 2016, there were 4 children born in Denmark with Down's syndrome after prenatal diagnosis and there were 20 children born with Down's syndrome diagnosed after birth.

5. In general it should be noted that it is not the policy of the Danish health authorities to eradicate Down's syndrome, but it is their duty to provide the pregnant woman with the best possible basis for her to make her own decision about her pregnancy.

Best wishes



Carsten Sondergaard
ambassador