Irish Family Planning Association

Opening Statement – Oireachtas Joint Committee on Health

Review of the Health (Regulation of Termination of Pregnancy) Act 2018

27 April 2022

Thank you for the invitation to share our perspectives as a specialist provider of reproductive health services, including early abortion care, contraception and specialist pregnancy counselling, and as an advocate since 1969 for sexual and reproductive health and rights.

The last time we addressed an Oireachtas Committee on abortion, we were calling for the introduction of an abortion service: to be here to discuss the review of that service feels genuinely historic.

The inclusion of the review clause in the 2018 Act was a wise and prescient measure—we have insights now from the provision of abortion care in practice that were simply not available in 2018.

Our first insight is that the Act has been transformative for reproductive rights in Ireland: abortion provision is an established social good;

Our second is that significant challenges for the operation of services arise from the interaction of the legal framework with health system challenges and pervasive abortion stigma;

The IFPA's view is that we need actions on the part of the Oireachtas and measures on the part of the health system to ensure the sustainability and quality of abortion care into the future.[1]

To start with the positives:

The availability of services to terminate pregnancies and the public funding of those services convey unambiguously that abortion care is essential healthcare.

The law provides for access to abortion on request: those who seek early abortion care do not have to explain or justify their decision about their pregnancy—we know from our service-users how important this is.

These are elements of a patient-centred, rights-based approach to healthcare: their protection in law is a real strength of the Act.

[1] Please note that sentences in italics will not be included in the oral delivery of this statement due to time constraints.

The model of care is working well for those who can access it:

The availability of broadly accessible services within mainstream, local healthcare and without cost greatly reduces the stress of unintended pregnancy and helps reduce the stigma associated with abortion.

And, in principle, women[2] can choose their provider: they can opt for a specialist reproductive healthcare centre—such as the IFPA—attend their regular GP, or find a GP through My Options.

The introduction of telemedicine has broadened women's choices and their access to essential, time-sensitive healthcare.

Critical additional supports—including specialist pregnancy counselling—and a 24/7 medical helpline, are also available without cost, and are funded by the HSE.

But there are problems:

The structure of the Act is based on the Protection of Life During Pregnancy Act: a restrictive, criminal statute. And that framing gets in the way of access and choice. *Outside Sections 9 to 12, the Act treats abortion as an offence, subject to prosecution and harsh punishment on conviction.*

Criminalisation causes harms. It relegates abortion to the margins of healthcare. As the European Court of Human Rights recognised in A, B and C v Ireland, criminal laws—even when they are not aggressively enforced—create a 'chilling effect' on healthcare providers.[3]

It fosters stigma towards the conscientiously committed providers of abortion and discourages others from its provision.

Section 23 undermines the significant work of the HSE and healthcare providers to integrate abortion into the public health system.

Moreover, while the right of healthcare practitioners to deny care on grounds of individual beliefs is recognised through a conscientious objection provision, this implies, erroneously, that only those who refuse care, and not those who provide it or access it, act with conscience.

The Act is restrictive.

The IFPA knows from our services that the vast majority of people who present for abortion care have already thought through their personal circumstances, assessed the supports available to them and made a clear decision *that parenting is not right for them at this time*.

Yet, Section 12 requires that they must first see a doctor and then wait three days. So, in fact, the gestation limit is 11 and a half weeks.

---

[2] We understand that not all individuals who become pregnant are women and girls – transgender, gender diverse, and non-binary people face significant barriers to sexual and reproductive healthcare, including abortion care. In this submission we use the terms women and girls because our experience of providing abortion services to date has been predominantly to women and girls.

[3] A, B and C v. Ireland, No. 25579/05 Eur. Ct. H.R. (2010).

Some people take more time than others to make a decision. The model of care supports that. But the law requires that every single person who needs an early abortion has to endure this delay, for no medical reason whatsoever.

This demeans women. It implies distrust of their capacity to make rational decisions in pregnancy.

It forces doctors to impose a delay for no reason related to women's health, even when that delay pushes her past the gestational limit.

Most women and girls living in Ireland avail of abortion care well before 12 weeks of pregnancy. But crisis in pregnancy cannot be neatly confined to the first trimester. And the IFPA's experience is that those excluded by the 12-week limit are disproportionately the young, the vulnerable, the marginalised and disadvantaged.

After 12 weeks, access is restricted to narrowly defined grounds of health and fatal foetal anomaly.

Only around 20 terminations were carried out in 2019 and 2020 on health grounds.[4] And the narrow definition in Section 11 excludes many serious foetal anomalies. We know from our specialist pregnancy counselling service how traumatising this exclusion is.

We recommend that Ireland follow the international human rights standards outlined by the World Health Organization (WHO) Abortion Care Guideline.[5] Published just last month, the guideline calls for decriminalisation of abortion in all circumstances. It recommends that instead of the imposition of mandatory waiting periods, grounds and gestational age limits in laws, access to abortion should be on request.

This would mean aligning service availability with the best interests of women and girls who need abortion care, rather than organising this part of the health system around exclusionary, restrictive provisions as is currently the case.

I want to briefly draw your attention to some other non-legal barriers to access.

There are glaring geographical disparities in community and hospital provision within and between different counties, and some women are denied locally accessible care.

We have concerns about bias and delay experienced by women we have referred for dating scans to the private provider contracted by the HSE.

We have concerns about lack of choice of method. Women have a right to accurate information about all treatment options and a choice of either medical or non-invasive surgical methods. *However, in Ireland, most women are only offered one method: home-self-management of medical abortion.*

---

[4] Notifications in accordance with Section 20 of the Health (Regulation of Termination of Pregnancy) Act 2018, *Annual Report 2019*, published 30 June 2020; Notifications in accordance with Section 20 of the Health (Regulation of Termination of Pregnancy) Act 2018, *Annual Report 2020*, published 29 June 2021.

[5] World Health Organization. 2022. *Abortion Care Guideline*. Available at: https://www.who.int/publications/i/item/9789240039483

Many pregnant women, for example those in abusive relationships, or who share living spaces with others, or are homeless, don't have a suitable "home" environment and are not eligible for hospital referral on these grounds.

The lack of clear arrangements for the reimbursement of abortion care we provide to undocumented services users is very problematic: and isn't sustainable.

In conclusion, action is needed to address these inequities in the operation of abortion services. *We are confident that this will be borne out by the review of the Act.* Following the review, we believe the Oireachtas must:

- address the flaws in the legislation;
- align the law with international best practice and human rights standards in relation to reproductive autonomy;
- identify the health systems measures that will institutionalise the current strengths of the service and ensure excellence, leadership, innovation and sustainability into the future;
- continue to monitor the operation of abortion care in Ireland to ensure that it is equitable, of high quality and is available, accessible and acceptable to all who need it.

Thank you.

About the Irish Family Planning Association

The Irish Family Planning Association (IFPA) is Ireland's leading sexual and reproductive health charity. The IFPA was founded in 1969, by a group of volunteers, mostly young nurses and doctors, who were motivated by the devastating impacts on the health of women and families in Dublin's inner city of the ban on contraception. A 2019 commemorative leaflet, The IFPA at 50, outlines key milestones of the IFPA's role as an advocate and service provider.

Services

The IFPA clinics, which are based in Tallaght, on the outskirts of Dublin and on Cathal Brugha Street in Dublin's inner-city, are at the forefront of reproductive healthcare in Ireland. We also have a network of counselling centres nationwide. IFPA services include: early abortion care, post-abortion care, contraception, specialist pregnancy counselling, cervical screening, vasectomy, menopause check-ups and screening and treatment for sexually transmitted infections (STIs). The IFPA operates Ireland's only dedicated free clinic for women who have undergone female genital mutilation (FGM). We specialise in sexuality education—the IFPA pioneered peer-to-peer sex education in the 1990s and now provides a range of courses for students, parents, health and social care professionals.

Advocacy

Since its foundation, the IFPA has been active as an advocate for the highest attainable standard of reproductive health and for the implementation of the State's obligations under international human rights law. As a respected authority on sexual and reproductive health in Ireland and internationally, the IFPA has addressed numerous Oireachtas Committees, UN human rights bodies, the Citizens' Assembly and Joint Oireachtas Committee on the 8th Amendment. We campaigned for decades for the repeal of the 8th Amendment and the introduction of legal abortion in Ireland. The IFPA supported three women, known as A, B and C to take a case to the European Court of Human Rights. *A, B and C v Ireland* recognised that the State was violating and interfering with women's rights under the European Convention on Human Rights.

International links

The IFPA is a member association of the International Planned Parenthood Federation and is one of 12 organisations across four regions in the IPPF's Globalcare consortium on abortion care. The IFPA provides the secretariat to the All Party Oireachtas Interest Group on Sexual and Reproductive Health and Rights (APG). The APG is affiliated to the European Parliamentary Forum on Sexual and Reproductive Rights. The IFPA is also the Irish collaborating partner of UNFPA, the UN sexual and reproductive health agency. The IFPA is a member of the European Society for Contraception and Reproductive Health and FIAPAC, the International Federation of Abortion and Contraception Providers.