



**Southern Task Group on Abortion and Reproductive
Topics (START)**

Submission to Oireachtas Joint Committee on Health

TOPIC- Safe Access Zones

October 2022

Executive Summary

START (Southern Task Group on Abortion and Reproductive Topics) is a multidisciplinary peer support and education group for over 300 providers of abortion care in Ireland. Our membership has first-hand experience of providing abortion care to women in the community and in hospital. We have contributed to national and international research assessing the experiences of service users and providers. We have trained and supported abortion providers, since the development of the model for abortion services and introduction services on 1st January 2019.

We thank the Joint Oireachtas Committee for your invitation to make a written submission on the topic of safe access zones in the context of the Safe Access Termination of Pregnancy Bill 2021.

Our members have witnessed the the impact that protests and the fear of protests has had on abortion care provision in Ireland since the very beginning of the service in January 2019. We can testify to the difficulties that protests have caused for women seeking abortion care, and for users and providers of services at the affected healthcare facilities.

We recommend the enactment of safe access zone legislation to mitigate the effect of protests at abortion care facilities in our hospitals and communities. The lack of safe access zone legislation to date has placed an additional burden on an already fragile service, and the continuing protests in close proximity to services is a threat to the further development and roll out of abortion care services in Ireland.

START Report and Recommendations

Introduction

The Southern Task Group on Abortion and Reproductive Topics (START) is an advocacy and education support group for providers of abortion care in Ireland. It was formed initially by GPs and Obstetricians following the referendum result to repeal the 8th amendment in May 2018, and it has since evolved into a national group which is inclusive of over 300 providers of abortion care. The majority of START group members are General Practitioners, but there are also Obstetrician and Midwife members. Building on a vision developed by Doctors for Choice, START advocated for the development of an early medical abortion service in primary care, which would capitalise on the existing General Practice infrastructure, and offer the privacy, safety and comprehensive holistic care that can be delivered locally in family medicine.

As providers of most of the clinical care which women have received under the Health (Termination of pregnancy)Act 2018, our submission reflects the collective experiences of GPs who are delivering abortion care. It is informed by the qualitative and multiple experiences from our members. But it is also informed from the research, including Irish researchers, and that from World Health Organisation (WHO) completed a one-year research study, conducted in Ireland in 2020-2021, to examine the barriers and facilitators of the Irish abortion policy implementation (1-4).108 in- depth interviews were performed with 4 participant samples: key policy informants, community healthcare providers, women service users who sought abortion services in 2020 and hospital providers.

In this document, the term 'women' includes women, girls and all people who can become pregnant.

Community Provision of Abortion Care

In 2022 the World Health Organisation published its updated Abortion Care Guideline (5). Under Section 12 of the Irish Act, Ireland's model of community provision before 12-weeks gestation, is in line with best international evidence, providing early medication abortion in local, accessible settings for women.

GPs are delivering abortion care to women in Ireland under Section 12 of the legislation. The provision of abortion care in General Practice has meant that many women can access this safe service right in their own communities. Women could be attending their GP for any reason, and so this setting provides privacy and offers continuity of care. The service has normalised quickly within providing practices, and practice staff report high ratings of satisfaction with providing the service. The clinical outcomes reflect a safe service with high success and low complication rates. At the time of writing 403 GPs hold a contract with the HSE for the delivery of abortion care at their practices, and there are 10 other registered providers at reproductive health centres such as the Irish Family Planning Association and Well Woman Clinic. The geographic dispersal of community providers is not uniform, and some rural areas have few or no community providers, with the North and West of the country being particularly poorly served.

From a GP perspective, it has been a rewarding experience to provide early medical abortion at our practices. It epitomises the type of low tech, high complexity service which can be delivered in an efficient and patient-centred way by skilled general practitioners and community providers. Nonetheless, it can be challenging and demanding service to deliver, being time-sensitive and requiring multiple and prolonged consultations.

Providers Commenced Abortion Care Services in Good Faith and With Assurances From Government About Safe Access Zone Legislation

GPs report high rates of satisfaction and a settled decision to be an abortion care-provider but they continue to experience stigma and fear of protests at their surgeries. Early medical abortion can be a challenging service to deliver, and the sustainability of the service will depend on retaining existing providers as well as making efforts to nurture the growing abortion care community in Ireland.

GPs who made the decision to commence abortion care provision at their practices in January 2019 did so in the context of assurances from government at the time that safe access zone legislation would be expedited.

Protests at GP surgeries and maternity hospitals materialised as early as January 2019. A GP provider or early medical abortion in Galway found themselves publicly “outed” as an abortion care provider in their community when protestors bearing anti-abortion placards assembled at their surgery door.

GPs subsequently received a communication from the Department of Health via the HSE contracts office (copy attached), which recommended that GP Providers would “engage with local Gardaí” in an effort to find “a local solution, tailored the circumstances and the needs of each individual case”. We feel that such an approach places an unfair burden on the local provider to ensure the safety of staff and service users.

Importance of Privacy and Confidentiality in the Context of Abortion Care

General Practice is by its nature the heart of community care, and surgeries by their nature cater for all sorts of vulnerable patients with mental health difficulties, social disadvantage, dementia, learning disability, infertility, recurrent pregnancy loss etc. who may be very upset and confused by such protests. Maternity hospitals have mothers who are vulnerable attempting to access care for healthy happy pregnancies and those encountering complex pregnancy problems .

The delivery of abortion healthcare is is time sensitive and frequently emotionally and medically complex. Women attending for abortion care are often stressed and upset , and so more vulnerable to the negative effects of anti-abortion protests.

Sometimes abortion care needs to be delivered in secret, for example, when a woman is in an abusive relationship. The right to confidentiality is a cornerstone of Irish medicine for all patients seeking assistance from healthcare providers, but there is an added responsibility to safeguard this for care which is stigmatised and judged by some in society.

Obstruction and intimidation of staff and patients outside GP surgeries and maternity hospitals compromises human dignity and should be illegal. Patients trying to navigate private life events with their doctors should not be subjected to protestors with placards and value judgements.

Protests As a Barrier to Current Service Provision

Anti-abortion protests have been reported at several community and hospital facilities in Ireland . This is a concern for patients and staff at those facilities. The UnPAC study which looked at service user experience documents the fact that women experience fear of judgment and protests. (7). To compound matters, the effect of protests is disproportionately impactful in small rural communities, where provider numbers are low and where providers are more likely to experience professional and geographical isolation. This is important in the overall context of the service where women in rural areas are already having to travel longer distances to access community provision of abortion care.

For example, one GP surgery in a rural town in the West of Ireland has experienced protests on a regular basis. This has taken the form of a gathering of 10 - 20 people with placards and religious symbols, sometimes praying or singing. The protests take place directly across the road and within clear sight of the surgery entrance. This is upsetting for all patients attending that practice, regardless of what health care service they are seeking. It is intimidating for the staff at the practice, including staff members who are not providing abortion care. The GP providing early medical abortion at that practice lives nearby . They and their family have been enduring the intimidation from protests as they go about their daily lives moving between home , school and work. Thus , there is a potential role for safe access zone legislation to protect the homes of providers from protest also.

Fear Of Protests is a Threat to Future Service Implementation

Protests have an effect on abortion care services which have far-reaching effects beyond the local facility that has been targeted.

The recent WHO review of service implementation found that fear of protests was a significant barrier to providers commencing provision, and that fear was significant, even if local protests did not actually materialise. Protests perpetuate stigma, and provide a chill effect to future potential providers of abortion care. Thus, they are a threat to the future of the service.

A further example is the that a GP who is located in the north-west had planned to provide abortion services in January 2019 ,but felt intimidated by protests at their surgery and so withdrew their name from the list of providers.

A GP practice in the Midlands was defaced with graffiti and anti-abortion slogans in 2019, and this reinforced fear amongst providers that their practice buildings could be subjected to similar damage.

GPs who provide abortion care are not blind to the potential threat to their own safety that is posed when they are publicly identified as an abortion care provider. We are aware of physical threats and harm that have been visited on abortion care providers abroad, and protests in the immediate proximity of providers work (and in some cases home) here in Ireland, serve to perpetuate that concern.

We acknowledge the Right to Free Speech and the Right to Protest

The START group acknowledges the right of groups and individuals to free speech and the right to protest. We ourselves have enjoyed such rights and exercised them to advocate for our patients. However, when they conflict with the rights of our patients to access safe legal healthcare, we feel that safety must be given priority. There are many alternative locations where protests can be appropriately facilitated, without the need for close proximity to health care settings.

Conclusion

Abortion care provision began in Ireland on January 1st 2019 on a background of assurances from government to providers that safe access zone legislation would be subsequently enacted.

We have witnessed many examples of protests at abortion care facilities in Ireland since the beginning of the service . The protests are distressing to patients and to staff at those facilities, and have far reaching consequences beyond the protest itself. They perpetuate stigma and contribute to provider isolation: an effect that is disproportionately impactful in rural areas where provider numbers are low . Thus, protests pose a threat to the sustainability of this fragile service.

We recommend the urgent enactment of safety zone legislation to mitigate the effect of protests in the proximity of hospitals, GP surgeries and women's health centres.

References

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<https://www.sexualwellbeing.ie/for-professionals/research/research-reports/unpac.pdf>