



DÍOSPÓIREACHTAÍ PARLAIMINTE  
PARLIAMENTARY DEBATES

**DÁIL ÉIREANN**

TUAIRISC OIFIGIÚIL—*Neamhcheartaithe*  
(OFFICIAL REPORT—*Unrevised*)

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# DÁIL ÉIREANN

*Dé Céadaoin, 5 Nollaig 2018*

*Wednesday, 5 December 2018*

Chuaigh an Leas-Cheann Comhairle i gceannas ar 10.30 a.m.

*Paidir.*

*Prayer.*

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## Ceisteanna - Questions

### Ceisteanna ar Sonraíodh Uain Dóibh - Priority Questions

#### Cancer Screening Programmes

33. **Deputy Stephen S. Donnelly** asked the Minister for Health the risks posed to women by the increase in waiting time of up to 20 weeks or more to receive CervicalCheck screening results, the failure to transfer all samples to slides within the six weeks required and the colposcopy waiting lists now being over one year in some areas; and if he will make a statement on the matter. [51152/18]

**Deputy Lisa Chambers:** I am taking this question on behalf of my colleague, Deputy Donnelly.

**Minister for Health (Deputy Simon Harris):** The delay in receiving smear tests results which has arisen as a result of out-of-cycle smears and a general increase in uptake is a priority concern for me, my Department and the HSE. The HSE is working to source additional capacity, notwithstanding global challenges with cytology capacity and resources, and also works closely with the laboratories in maximising their capacity to deal with the demand. This issue will take some time to resolve.

On the Deputy's direct question about the risks posed to women, we should hear from some of the medical voices on this matter. I note the comments of Dr. Mary Short, director of women's health at the Irish College of General Practitioners, who said there should not be undue concern about the delay. I raise her comments not to minimise in any the genuine challenge but to try to provide some reassurance for women. Dr. Short has said the smear test is not a diagnostic test but rather is used to look for pre-cancerous cells that can be treated in a colposcopy

clinic, that the timeline between pre-cancerous cells and cancer can be more than 20 years and that, therefore, there should not be undue concern about the delay.

On the transfer of smear test samples, the subject of the second part of Deputy Donnelly's question, I have received confirmation from the HSE that since the end of July, this has been happening in the vast majority of cases. Between April and October, there was a 0.29% rate for expired samples and vials, similar to the rate for the same period last year when there was a rate of 0.25%. There may be a small number of cases where the vial used to contain the sample expires, or where a sample may be insufficient. In such cases, a woman and her GP are advised by letter of the need for a repeat smear test after three months.

I can also reassure the Deputy in relation to colposcopy waiting times. While clinics have experienced a surge in activity due to increased demand, in October 89% of women referred to colposcopy, who were classified as having high-grade abnormal cells, received appointments within four weeks. That is just below the national target of 90%. Similarly, 92% of those who had low-grade cells were seen within eight weeks, exceeding the target of 90%. CervicalCheck has advised that it is unaware of any woman waiting a year for an appropriate referral to colposcopy.

**Deputy Lisa Chambers:** I wish to deal with a couple of aspects of the Minister's response. The waiting time to get one's screening result back is up to 20 weeks. Many of the women were part of the CervicalCheck disaster or issue that arose and they are having a repeat smear test because they are worried. They are worried because they think that their previous screening may not have been done correctly or that their cancer may have been missed. The Minister made a political promise that women could have access to additional smear tests. He did not resource that promise fully or properly and now the wait has increased from five or six weeks, which was the normal waiting time, to sometimes in excess of 20 weeks. Those women who are waiting, who are concerned or worried, are now having to wait a considerably longer time to get the reassurance the Minister promised them. I have spoken to some of the women who are waiting on their results.

In addition, if one gets a smear result that is of concern or is abnormal, one is then referred to a colposcopy clinic. We do not have enough histologists to examine the biopsies so there is a backlog. There is then a wait of up to 18 months to see a gynaecologist or to have further treatment. A problem is brewing for the Minister and it is only going to get worse. Could the Minister please advise to the House what additional resources he will provide and when we will have them?

**Deputy Simon Harris:** It is important to remember why I took the decision, which was widely supported in this House, of offering people a repeat smear test. That is because one of the number one queries coming in on the helpline to CervicalCheck was women saying they had a smear test and they would like another one. It is also important to say I did not offer it without a GP consultation so the GP had to feel that as part of the reassurance process the woman would benefit from it.

I assure Deputy Lisa Chambers that it is not a resourcing issue in terms of a financial resource; whatever resource is required financially will be provided in budget 2019. I have made allocations for such resourcing. It is a capacity issue. There are conversations going on as we speak between the HSE, between Damien McCallion, the acting national director of CervicalCheck, and the laboratories to see what additional capacity can be put in place. I am optimistic

that we will have additional capacity to reduce the time. Based on the medical advice available to me I am saying that while the wait is undesirable, in particular for women who are understandably concerned after all of the attention on this issue, the medical advice is that it is not necessarily dangerous and poses a very low risk to women. I need to say that as a reassurance to women.

The large majority of women whom Deputy Lisa Chambers says have been referred to colposcopy clinics are being dealt with in a speedy manner. A total of 89% of women who were referred to colposcopy, who were classified as having high-grade abnormal cells, received their appointments within four weeks and 92% who had low-grade abnormal cells received their appointments within eight weeks, which is above the national target. I accept there is a challenge here and it is one we are working our way through but it was a necessary step to try to reassure women.

**Deputy Lisa Chambers:** No one is suggesting that it was not a good thing to offer the additional smear tests but I take issue with the fact that the Minister did not resource them properly or provide the necessary capacity to deal with them. The GP system is already overwhelmed. The waiting time has increased from six weeks to 20 weeks. Even if one can get a colposcopy appointment within four or eight weeks, one is still waiting 20 weeks to get the smear test result back, which means the wait to get the biopsy done is far longer. When the biopsy is done, one needs a histologist to look at the sample and we do not have enough histologists to examine the samples, which means the waiting time for colposcopy results are increasing. After all of that one must try to get an appointment to see a consultant to get treatment.

The big scandal with CervicalCheck was mainly to do with disclosure and not telling people about their misdiagnosed smear test results. What we have now brewing is the possibility that somebody waiting a significant additional time to get results back from a smear test could find themselves waiting much longer to get a colposcopy, have their biopsy looked at and a far greater time wait to see a consultant. All of that does pose a risk to women, even if it is to a small number of them; it does not matter if it is only one. Having conversations is not really an adequate response. Where are those conversations going and when will the Minister have additional capacity? When will we see the waiting time reduced from 20 weeks back to the five or six weeks that used to be the case?

**Deputy Simon Harris:** We came within hours of the collapse of the cervical screening programme because laboratories did not want to be involved in screening in this country any more in a situation where contracts were due to expire the following week. That would have meant we would have had a pause on screening. That was the priority issue to resolve for the HSE. I pay tribute to those involved, in particular to Damien McCallion for the work he did in ensuring screening could continue.

Deputy Lisa Chambers is correct. I do not intend to in any way minimise the concerns and anxiety that any wait would have on the result of a smear test. We are actively working night and day to try to increase capacity in that regard. I genuinely assure the Deputy that is the case. I also assure her that there is no resourcing issue in the sense that any finances that need to be made available will be made available. It is a capacity issue. I expect that the HSE will make progress in the coming weeks in terms of additional capacity, but this will take some time to work through. The encouraging thing is that even after all of the very important issues that were raised about CervicalCheck, more women are now using the programme than before. Women who had not engaged with the programme previously are now engaging with it so we are seeing

some good come out of a very difficult situation in that women who had not signed up for them before are now getting smear tests.

### **HSE Planning**

34. **Deputy Louise O'Reilly** asked the Minister for Health the status of negotiations between his Department and the representatives of healthcare workers for the rolling out of additional winter measures; and if he will make a statement on the matter. [51000/18]

**Deputy Louise O'Reilly:** I note the publication of the winter plan. It was late but I suppose it is a case of better late than never. Other states and jurisdictions publish theirs in September. It is unfortunate that we wait until winter to do so. However, the plan is of no use and will be of no benefit unless there is commitment from the staff involved to engage with all of the changes and to make sure that it is rolled out. My question is a very simple one about the status of negotiations between the Minister and his office, the HSE and the people who will be delivering it on the ground.

**Deputy Simon Harris:** I may have interpreted the question wrongly. I think there are two aspects to it: one is the winter plan but also how we are engaging with the staff, I presume in relation to the roll out of the winter plan, as opposed to more broadly. Ensuring that services are planned to meet critical periods of demand is a core operational function of the HSE. My Department has engaged extensively with the HSE throughout the year to ensure the most effective response to the challenges faced by the health service this winter. As part of this process, integrated winter preparedness plans have been developed by hospital groups and community healthcare organisations to meet the anticipated surge in demand for healthcare services during the winter months. The plans are designed to optimise existing resources and encompass operational management of patient flow and maintaining public health. The recent patient experience survey found that 81% of people surveyed said that they were always treated with respect and dignity in the emergency department and ensuring the values of patient dignity and respect are upheld at all times will remain a key priority.

The overall winter plan, which runs until 31 March 2019, was endorsed by the emergency department task force, which as Deputy O'Reilly knows is co-chaired by the Irish Nurses and Midwives Organisation, INMO. The plan includes a four-week period of focused action from 17 December to 13 January. During this period nine key hospital sites of concern will be targeted with a suite of enhanced actions including extended opening hours for local injury units, minor injury units and key primary centres; winter-ready clinics in the community targeting at-risk groups; increased diagnostic access for GPs and extending hours of service in hospitals so people do not find themselves delayed or stuck in a hospital while waiting for a diagnostic test; and enhanced senior decision-making across the hospitals.

A central component of the plan which is already under way is the provision of an additional 550 home care packages over the winter period to help patients return home from hospital with the supports they need. The winter plan will also seek to increase bed capacity in quarter 1 of next year. Over the past 12 months, we have added an additional 240 beds and work is nearing completion on a further 78 beds which are due to open in the coming weeks. In addition to winter funding, €10 million is being made available in 2019 to increase acute bed capacity. Further details will be included in the national service plan. Taken together, these initiatives will increase the number of available inpatient beds in the acute hospital system to more than

11,000, a threshold last seen in 2009, showing that the lost decade is perhaps now over.

The HSE advises that a briefing for the staff panel on the overall winter plan will take place this week and any clarifications required will be provided in this forum. The INMO has been very much co-chairing emergency department task force meetings. My understanding is that the plan will be published by the HSE tomorrow.

**Deputy Louise O'Reilly:** I was a member of the emergency task force. It is not an industrial relations forum and the HSE was always very clear with us about that so participation or otherwise does not indicate agreement by any trade union or representative group with regard to what is planned.

The Minister is talking about enhanced actions and clinics among other measures. It should be said that we do not just have a crisis in the winter: thanks to this Government we now have an all-year crisis, but let us just deal with the winter crisis for the moment. I asked specifically whether there had been negotiations because what the Minister is citing here is significant changes in work practices, people moving out to winter ready clinics and enhanced actions. I asked the HSE some very pointed questions about this and it was not able to point to any level of engagement. It is not sufficient to say there will be a briefing two weeks after the plan has been published. I am asking about the status of negotiations. Can the Minister say now that the representative groups for all the people who will be involved in the plan are fully signed up to it and that he has the staff to deliver it?

**Deputy Simon Harris:** At the emergency department taskforce meeting last week we heard from HSE management, as the Irish Nurses and Midwives Organisation, INMO, would have heard at the meeting that it co-chairs, that there was significant buy-in for this plan from health service staff, including its own members around the country. It is important to point that out. Much of what we are asking people to do is a core part of the responsibility to make sure we can deal with increased demand. I do not think it involves protracted negotiations with the unions. I do not think planning for the winter period should involve that. There will be a briefing for the staff panel by the HSE on the overall winter plan this week. Clarifications required will be provided.

I thank the staff who have been involved in formulating these plans in individual hospitals and community healthcare organisations, CHO, and are very much signed up, bought in and invested in these plans. People in our health service work extraordinarily hard. I am very proud of the work they do and it is important that staffing levels in the hospitals, the emergency departments, diagnostics, community and primary care services are sufficient. That is part of proper rostering, which management is paid to do. I have no doubt that is happening at individual sites around the country. The emergency department task force is not an industrial relations forum and I am glad to hear the Deputy make that point. I very much agree with it but there will be a briefing for the staff panel this week. I do not, however, envisage a difficulty in this regard. I do envisage many health care staff working extraordinarily hard over the winter period as they do all year round and I am very grateful to them for that.

**Deputy Louise O'Reilly:** "Signed up, bought in and invested", that is certainly not what individual health care workers are saying. With regard to the plan my question was specifically about the status of negotiations. The Minister is saying that he does not think negotiations will be required, that there will be no changes in work practices and if there are no changes in work practices and everything will be as it was we can expect there to be 500 odd people still on trol-

leys plus whatever number for the winter surge. Is that what the Minister is saying because if there is to be a change in work practice that should be negotiated? If there is not to be a change in work practice it will be the same as before and nothing changes and everything gets steadily worse in the way it has continued to do.

I asked about negotiations, not about whether there is some good feeling towards having a plan, late as it was. There probably is good feeling towards having a plan. Have the changes in work practices that the Minister outlined when he spoke about the new clinics and the potential changes in rosters been agreed with the staff? The emergency department task force is not an industrial relations forum. We were told repeatedly that it is not but every time the representatives of nurses and other healthcare workers tried to raise industrial relations issues at it we were told there is an industrial relations forum. That is not a briefing, that is engagement, which fuels industrial relations. I am curious to know, if there have been any negotiations, what is their status and if not, I can only expect that there will be no change in work practices.

**Deputy Simon Harris:** I do not want to speak for the INMO but my recollection of its request at the emergency department taskforce last week, which it co-chaired - that is an important point - was that there would be a meeting of the staff panel. That is happening this week as a result of its request. We were also told at the emergency department taskforce that staff around the country had volunteered for alternative rostering, put their names forward and put their hands up to play their part this winter in dealing with what is a significantly busy time. I accept that there are challenges all year round but this is a particularly busy time.

We are delivering a winter plan this year that will see in 2019, for the first time since 2009, more than 11,000 hospital beds operating throughout the health service. We are trying to take a different approach this year, considering all of the winter but particularly the period from 17 December to the middle of January when there tends to be a particular surge. The HSE is considering a clinical lead, as we had for the papal visit, so that we can co-ordinate this. I do not believe there is a particular animosity or disagreement between the health service and the unions. I certainly have not been made aware of any.

**Deputy Louise O'Reilly:** I assume the staff are meeting at the national joint council. That is an industrial relations forum. The Minister said that staff have volunteered for change of roster and work practices and have added their names to lists. Could he please advise who is co-ordinating those lists? Is it being done centrally or on a site by site basis? Who advised the Minister of all these volunteers, the HSE or the representative bodies?

**Deputy Simon Harris:** This matter came up at the emergency department taskforce meeting co-chaired by the HSE and the INMO which I attended last week in Dr. Steevens' Hospital. The response from the HSE was that at individual site level rostering was being addressed. It was satisfied rostering was being addressed but, as appropriate, it was seen as beneficial to brief the staff panel this week, which is exactly what is going to happen. I do not think there is an issue here. I thank the staff for developing their own plans. These are not centrally handed down plans but individual sites, hospitals and CHOs have developed their own plans. That is right and proper. It gives people ownership of the plans and I am very pleased that we are in a position as a Government to enforce them.

## Neuro-Rehabilitation Policy

35. **Deputy Margaret Murphy O'Mahony** asked the Minister for Health when an implementation plan for the national neurorehabilitation strategy will be published; and if he will make a statement on the matter. [51153/18]

**Deputy Margaret Murphy O'Mahony:** When will an implementation plan for the national neuro-rehabilitation strategy be published and will the Minister make a statement on the matter?

**Minister of State at the Department of Health (Deputy Finian McGrath):** The national policy and strategy for the provision of neuro-rehabilitation services in Ireland, 2011-2015, was published in 2011. Its focus is on achieving best outcomes for people by providing safe, high quality, person-centred care at the lowest appropriate level of complexity. This must be integrated across the care pathway and provided as close to home as possible or in specialist centres, where necessary. A national steering group, with representation for all relevant stakeholders, was established to oversee the writing and execution of an implementation framework for the strategy.

The HSE recently finalised its implementation framework in respect of the recommendations of the national neuro-rehabilitation policy and strategy. I welcome the completion of the framework, which I received on 20 September. I greatly appreciate the work of the HSE and the national steering group in finalising the framework and I look forward to its roll-out in the coming years.

The framework will guide the reconfiguration and development of neuro-rehabilitation structures and services at national and local level. It proposes the formation of managed clinical rehabilitation networks, with the set-up of one demonstration network suggested as the first step. The delivery of the national neuro-rehabilitation policy and strategy remains a priority for me and is a commitment under A Programme for a Partnership Government. As I stated, the implementation framework is now completed and has been signed off by HSE management. Publication of the framework, and this is the key point, is a matter for the HSE. I am advised, as late as yesterday, by the HSE that the framework will be published in the coming weeks.

**Deputy Margaret Murphy O'Mahony:** I ask the Minister of State to make sure that this does happen. The national policy and strategy for the neuro-rehabilitation services 2011-2015 was published by the Department of Health and the HSE almost seven years ago to the day, on 16 December 2011 with an implementation plan promised within six months. Seven years on, however, this four year plan has no implementation strategy. The Minister of State announced in February 2017 that the plan would be published before the end of that year. A Dáil motion debated and approved this time last year called for it to be published this year. We are nearly at the end of 2018 now and nothing is happening. No date is available for the publication of the plan even though I understand the Minister of State received a completed plan from the HSE in July. Can he confirm this please?

**Deputy Finian McGrath:** I share the Deputy's concerns but it will happen. According to my information, as of yesterday, this plan will be published in the coming weeks. In my diary that is before Christmas.

Of course we have to be very careful about ensuring we have a plan and strategy particularly

for people in these situations. The main premise underpinning all rehabilitation service delivery is the model of care.

We need a person-centred approach to patient care, the development of appropriately resourced interdisciplinary teams, outpatient and community based specialist rehabilitation teams across the country, case management of patients, and management of clinical rehabilitation networks. That is the model of care, but we must also include the implementation aspect. That is centred around the development of local implementation teams, the development and enhancement of neuro-rehabilitation services at each level of the network, the configuration of services into a managed clinical rehabilitation network and governance structures, including all leadership and accountability aspects. This is an issue we have to push and I expect to have further details in a matter of weeks.

*11 o'clock*

**Deputy Margaret Murphy O'Mahony:** I will hold the Minister of State to that. He will forgive me for being slightly suspicious that this may not happen. We have been given several dates already and I will hold him to this one. There are only a few more sitting days before the House adjourns for Christmas. Time is flying and I ask the Minister to do his best to work on this matter.

The national policy and strategy for the provision of neuro-rehabilitation services was published in December 2011. Since then, there has been no new investment in community neuro-rehabilitation services. At least one team should operate in each of the nine community health organisations. However, we still have only three teams, the same number as in 2011, and they are only partially staffed. The HSE has established a critical pilot project for the development of neuro-rehabilitation services in CHO 6 and 7 and appointed a project manager. However, that project cannot proceed effectively without dedicated funding in 2019.

**Deputy Finian McGrath:** I confirm that I received the framework on 20 September. I accept the Deputy's point. I am informed that the HSE will publish it within weeks.

I work very closely with the neuro-rehabilitation services. I visit many of the centres and meet many of the people involved in them. One of the first groups I thought of last Friday when the Minister for Health, Deputy Harris, and I announced changes to the medical card system to give effect to the key recommendation of the Make Work Pay report for persons with a disability was the young men and women I have met in the past three years, particularly those with physical disabilities. I was delighted to be part of the announcement that the earnings disregard for persons in receipt of disability allowance will be substantially increased from €120 to €427 a week. That is an increase of more than 250% in the earnings disregard for people with a disability.

We have to drive this issue. It is very important that we support the rehabilitation strategy and plans. That is a priority for me and I will drive forward this project in the next couple of weeks.

### **Maternity Services Provision**

36. **Deputy Bríd Smith** asked the Minister for Health the way in which he will ensure that women have access to healthcare, including the right to abortion services, at the proposed maternity hospital on the grounds of St. Vincent's Hospital in view of concerns in relation to the

possible influence of a religious ethos on the provision of these services; and if he will make a statement on the matter. [50770/18]

**Deputy Bríd Smith:** This question concerns the urgency with which we need to find out what is happening with the national maternity hospital in terms of the ethos being applied to it. Is the plan to have the building go ahead as soon as possible on track and, if not, what is the reason for that? According to newspaper reports, there is some kind of cold war under way between the Department and the boards of the national maternity hospital and St. Vincent's Healthcare Group. Does the Minister believe that the step to ensure the St. Vincent's Healthcare Group is set up as a charitable status must be taken? If this step has not been taken, when will it be taken? Is the Minister fully satisfied that the hospital will be protected from being dominated by a Catholic ethos in a newly secular Ireland?

**Deputy Simon Harris:** I welcome this question because it provides me with an opportunity to debunk a few myths. I am not giving any hospital to the nuns. With regard to people handing out flyers stating that I am giving the hospital to the nuns, let us debate facts in politics and not try to demonise each other. I am a strong advocate for the separation of church and State and respecting the role of each while not allowing the role of either to cross over and interfere with that of the other. I saw a newspaper headline at the weekend quoting an anonymous source in some hospital which stated that I was meddling in the development of the new hospital. The definition of the word "meddling" is to interfere in something that does not concern one.

I want to be very clear. The people of this country think it is right and proper that their Minister for Health should be concerned with the development of any new national maternity hospital and should want to know that the hospital will have robust governance, will be able to operate independently and that the State will have a seat at the table when decisions are made by the board. I am very confident that we can reach an agreement that ensures such robust clinical governance. It is important to point out that, notwithstanding Deputy Smith's view or my view on how the world should be, both St. Vincent's Hospital and the National Maternity Hospital, Holles Street, are voluntary hospitals. However, the State is the funder of the capital project and the staff and the custodian of health policies with responsibility for their development.

I assure the Deputy that the hospital will operate with full clinical independence. I note the excellent letter from Dr. Rhona Mahony, the outgoing master of Holles Street, and Dr. Shane Higgins, the incoming master, in *The Irish Times* this week in which both of them, being strong advocates for women's health with impressive track records, stated:

The new NMH will operate in accordance with the law of the land, not canon law - just as it does now. It will have no religious ethos. As the outgoing and incoming Masters of the NMH, we would not countenance supporting anything other than the continued clinical independence of the NMH.

There will be no religious ethos in the new hospital. I agree with Deputy Smith that there must be absolute certainty about the charitable status. I am aware that St. Vincent's Hospital and the nuns have given commitments in that regard. We need to build this new hospital as quickly as possible, but we need to get it right.

**Deputy Bríd Smith:** I do not believe people are accusing the Minister of not delivering the goods. What I think is going on is that nobody knows what is happening. That is the reason I am asking the Minister straight questions. Why has the St. Vincent's Healthcare Group not

yet registered as a charitable organisation? We have been talking about this for 18 months or more and it still has not been done. People suspect that some kind of meddling is going on and that there is, at the heart of this, a cold war between the Minister and the two organisations concerned. If that is not the case, I want the Minister to use this opportunity to explain to us what is happening with the negotiations. When can we expect this group to register as a charitable organisation? I remind everybody that almost €400 million of public money will be spent on this project. Apart from the financial aspect, this is a step forward not just regarding women's reproductive health but in how we see ourselves as a society. We have moved on and become secular. We are a different kind of country and it is important for everyone that we leave behind the advocates of Mother Mary Aikenhead.

**Deputy Simon Harris:** The National Maternity Hospital, Holles Street, is an excellent institution providing wonderful care for women in this country. The current facility is not fit for purpose. The idea of having stand-alone maternity hospitals is not in compliance with our national maternity strategy or best international norms. It makes sense to co-locate maternity hospitals with adult acute hospitals for the times when, sadly, things go wrong during pregnancy.

There are three issues that need to be addressed. The Deputy is right that the charitable status of St. Vincent's Healthcare Group must be sorted out, giving effect to the fact that the nuns have said they are leaving. I cannot comment on where that is at, but the matter needs to be resolved. The second issue is making sure there is a robust and modern governance system in place that sees the State having a seat at the table. The third issue is public ownership. We need to know who owns the building to ensure there are safeguards in place because, frankly, they are not in place today. In that way, if the Minister of the day or any future Minister has any concerns, and I am not envisaging they would, they can say to the taxpayer and, more important, to the women of Ireland who are also taxpayers, that they have the powers and leverage that people would expect them to have in a 21st century republic.

I believe this matter can be resolved and we can reach agreement in the coming weeks. However, I will not be backed into a corner by anybody who suggests that I should ask for anything less for the State or women, particularly after all that has happened in this country in the past year.

**Deputy Bríd Smith:** I am delighted to hear the Minister say he will not be backed into a corner by anybody but we are still not getting answers. That is very concerning. Groups are forming and they will protest at 2 p.m. this Saturday at the Spire, not because they cannot stand the sight of the Minister but because they are genuinely concerned about what is happening. Why has charitable status not been registered? The Minister spoke about public ownership and proper safeguards not being in place. Why has he not secured those safeguards? This has been going on for a long time. The Minister says he cannot comment. Why not? This is public money and involves the public interest and a public hospital. We need answers. I would like the Minister to explain what he means by the State having its feet under the table.

**Deputy Simon Harris:** A seat at the table.

**Deputy Bríd Smith:** What does that mean in terms of the State's influence? Does it mean the Minister will get a golden seat and will have the absolute say in terms of what goes at the board? There is no clarity on that. The Minister should not be surprised that people are protesting and giving out leaflets. We are concerned, having fought long enough to make changes in this country. While I acknowledge the Minister's role in that regard, we need more answers.

We need the truth. This is, after all, a public issue which involve public money. Is someone messing about and delaying this project because there are rumours in the newspapers that it has to be signed off on by the end of the December? Will the Minister clarify what exactly is the problem?

**Deputy Simon Harris:** The issue is very straightforward. The Mulvey agreement was negotiated between St. Vincent's University Hospital and Holles Street Hospital. Many people, in particular women, made their views very clearly known to me, loudly and articulately, that they were not satisfied that it was robust enough on the issues of governance and ownership. In effect, they asked me to revert to seek more assurances and protections and that is what I have been doing. I have had my senior officials engage with both hospitals. It is a statement of fact that they are voluntary hospitals with their own governance structures. It is like the road from County Kerry, of which it is said, "I would not start from here." I disagree, however, with the assertion that we are gifting hospitals to nuns, which I have heard put about at protests. It is very important that we get this right. There will be no gifting of any hospital to nuns. No one is blocking this, but I want agreement. I have made very clear to both hospitals what I expect on the ownership of the building and the governance model. I expect that we can make progress in the coming days. The ministerial representatives on the board of Holles Street Hospital were appointed by Barry Desmond who was Minister for Health a long time ago. The Archbishop of Dublin nominally chairs the board, on which the parish priest sits. We need to change that structure to provide for modern, fit-for-purpose governance of our national maternity hospital. That is what I am going to deliver.

### **Services for People with Disabilities**

37. **Deputy Joan Collins** asked the Minister for Health if staff and resources will be provided to resolve a situation (details supplied) regarding the Dublin south-west school age team. [50999/18]

**Deputy Joan Collins:** There are 298 children on the Dublin south west school age team's waiting list. A further 18 are awaiting transition from the early intervention team to the school age team's waiting list. The waiting time to see the school age team is 41 months which is growing monthly in circumstances in which the team does not have the capacity to safely take on additional cases. There has been no movement on the waiting list in the past ten months. This situation has developed in the past few years. The limited human resources to address waiting lists for intervention, coupled with demand and high deprivation in the area, have been widely reported on. I ask for immediate intervention to resolve this shameful situation.

**Deputy Finian McGrath:** I thank the Deputy for raising this very important issue. The HSE and I acknowledge that waiting times to access the school age team for children with disabilities in CHO 7 which covers Dublin south, Kildare west and Wicklow are unacceptably long. It is due to high demand for services and challenges in staff recruitment and retention in the area. The Dublin south, Kildare west and Wicklow community healthcare organisation area has a growing population, with an increase in the number of children with a disability. The population of the area has increased by 33,175, or approximately 5%, since the 2011 census. In addition to the increase in population, a high proportion of children presenting to disability teams have a diagnosis or suspected diagnosis of autism spectrum disorder. A typical ASD diagnosis can take more than 30 hours to complete.

While the CHO 7 school age team is operating without a dedicated team manager, recruitment to fill the post is under way via a national recruitment process. It is an essential appointment in managing resources and waiting lists within the team. The HSE is engaged in a re-configuration of existing therapy resources to provide geographically-based teams for children from birth to 18 years. The intention is to roll out an integrated care model which will allow children, whatever the nature of their disability, to be seen as close to home and school as possible. The team manager appointment is key to facilitating the reconfiguration. Funding for an additional 100 therapy posts was secured for children's disability services as part of budget 2019, in which I was glad to be involved. Some of the posts will be allocated to CHO 7. The additional posts, with the reconfiguration of services and other innovative approaches, will have a significant positive impact on waiting times for assessment and therapy service delivery over the course of the next year.

**Deputy Joan Collins:** I thank the Minister of State. This situation has developed in the past two to three years. The team in CHO 7 has flagged the pressure it is under and the fact that waiting lists have been stagnant for the past 41 months. In reply to an earlier question I was told that there had been no movement on the waiting list in the past ten months owing to the volume of children transitioning from early intervention services, capacity caseloads among team members, delays in the filling of vacancies and maternity leave positions not being filled. The reply also stated the team was operating without a dedicated manager, which is crucial. There is a lack of services. The resources are as follows. One staff grade educational psychologist post has been filled, but the person in question is soon to move on on promotion. There is a staff grade psychologist. However, because of engagement with psychological initiatives, the person in question is only available at the rate of 0.6. Staffing levels are dire and must be addressed. The children waiting for these services need them today, not next month or next year.

**Deputy Finian McGrath:** I accept completely that it is important to intervene as early as possible. I take that point at a personal level. I also accept that the waiting lists are unacceptably long. However, there is difficulty in filling some of the positions. That is the bad news. The good news is that in recent months I have noticed that a lot of occupational and speech and language therapists who emigrated during the austerity years are returning to Ireland and that some of them are filling these posts. The recruitment of a further 40 occupational therapists is nearing completion, while the occupational service improvement working group is reviewing options in the allocation of posts across CHO areas. This is being done having regard to the occupational therapy service report on improvements in primary care. Funding for an additional 100 therapy posts was secured in budget 2019 and they will have an impact. The reality is that we have to focus on getting people in place in order that we can provide services. There has been a huge increase in the numbers of families and children presenting in CHO 7 with autism spectrum disorder. That is something to which we are trying to respond as quickly as possible.

**Deputy Joan Collins:** I take on board the Minister of State's point about problems in recruiting staff to fill these positions. I took up the issue initially on behalf of a young lad with severe autism in foster care. He went through the Cheeverstown House process and Abacus special school and was discharged to the school age team in Chamber House in Tallaght and placed on its waiting list three years ago. He was put on the waiting list at the age of five years. He is now eight years old and still waiting for basic services. He cannot even get into Chamber House. He is just one of the 298 children on the Dublin south west school age team waiting list. There must be a radical rethink. While I understand there are problems in recruiting, this issue was flagged a long time ago. I am not saying the Minister of State is directly responsible;

he has a legacy he is addressing. However, there has to be a radical approach. I am sure CHO 7 is not the only area in which this is happening. I am sure it is also happening in other parts of the country. We have to think radically, given that 298 children are waiting.

**Deputy Finian McGrath:** I do not dispute the issue. There are problems in the Deputy's area, as well as in counties Kildare, Kerry, Wexford and Cork. That is the reality. What we must do is try to put the resources in place and fix the problems. I managed to secure an extra €150 million for disability services in budget 2019. I give the House a commitment that we are sitting down to finalise the HSE's service plan for 2019 and that I have put early intervention and speech and language services among my top five priorities. Of course, I face issues such as the provision of emergency residential places and personal assistance hours, but I have put the issues of assessment of needs and speech and language therapy services at No. 1 in the discussions. That process will be completed in the next week to ten days and we will I hope have something in that regard. We have an issue that we must resolve. We must ensure there is investment and that staff are provided. The earlier one intervenes for a child with any disability, the better it is in the long term. It is good for the family and the child, but it is also good for the Exchequer in the provision of public funding.

## **Ceisteanna Eile - Other Questions**

### **Services for People with Disabilities**

38. **Deputy Pat Buckley** asked the Minister for Health the respite care services available for parents and guardians of children with intellectual disabilities in CHO 4; and if he will make a statement on the matter. [50600/18]

**Deputy Pat Buckley:** My question is about the respite care services available for the parents and guardians of children with intellectual disabilities in CHO 4.

**Deputy Finian McGrath:** I thank the Deputy for raising this issue regarding the Government's ongoing priority to safeguard vulnerable persons in the care of the health service. This Government's ongoing priority is the safeguarding of vulnerable people in the care of the health service. We are committed to providing services and supports for people with disabilities which will empower them to live independent lives. As part of its ongoing service provision, this year the HSE will provide more than 182,500 overnight and 42,500 day respite sessions throughout the country.

I am informed by the HSE that, in the context of respite services in Cork and Kerry, it is recognised that the expansion of respite services for people with disabilities is essential to support families to continue to care for their family member with a disability, and in particular those with significant disabilities. In Cork, respite services are provided by COPE, the Brothers of Charity, CoAction, St. Joseph's Foundation and Enable Ireland. This year community healthcare organisation, CHO 4, has been able to develop a respite house in west Cork from within existing resources. This house will open on a phased basis from next week and will be open to referrals for respite across County Cork. A number of alternative respite services have been very successful in Cork, with more than 800 children and adults benefiting.

In Kerry, the HSE funds adult respite services for people with intellectual disabilities, which are provided by Kerry Parents and Friends Association and St. John of God services. Kerry Parents and Friends opened the Kilmorna house on a phased basis from the end of March 2018 and has been operating at full capacity since the beginning of July 2018, giving 1,460 bed nights per year. This year, HSE CHO 4 has provided in excess of 17,000 respite nights and 2,000 respite day services to people with a disability. More than 900 people with a disability have accessed respite services across CHO 4.

We are acutely aware that families need support to care for their loved ones at home and, therefore, the Government is committed to providing a range of accessible respite care supports for people with a disability and their families. We will give families more choices as we develop respite services.

**Deputy Pat Buckley:** A reply to a parliamentary question which we submitted states that, from 2017 to quarter 2 of 2018, service hours have gone down. I am interested to hear that the Department is fully committed and the reply we received stated that there were targeted actions to improve supply. However, there is no mention of Cork or of Kerry - it is Dublin, Dublin, Dublin. It seems to me to be an alternative plan. The reply states that the provision of residential respite services has come under increased pressure in recent years. It does not say weeks or days but years, so the Department has known about it for some time. We are getting the same answers over and over again but why is nothing being done? The services are being cut but the demand is increasing.

**Deputy Finian McGrath:** The funding for disability services has not been cut. Anybody who says that is misleading people.

**Deputy Pat Buckley:** I said the hours had been cut.

**Deputy Finian McGrath:** An extra €150 million is being put into disability services in 2019. Respite services are being developed and an additional €10 million has been provided in 2018 for services. I have visited the 12 new houses, the last of which will be completed in the next week or two. They are in each CHO area, with three in the greater Dublin area, and ten new respite centres have been opened to date.

There are issues over the need to develop more services and I will be working with organisations such as COPE in Cork, the Brothers of Charity, St. Joseph's Foundation and Enable Ireland. Additional funding allocated to Cork-Kerry community healthcare has been utilised to progress the development of a respite house in west Cork, which will be open on a phased basis from December 2018. It will be open to referrals for respite across County Cork. We have started investing in services but we are catching up, and I accept the point that there was underinvestment in these services. The reforms have begun and we have begun to put the focus on the person with the disability when we allocate funding.

**Deputy Pat Buckley:** The question relates to CHO 4 in Cork and Kerry, and I mentioned CHOs 7, 8 and 9, which are Dublin. The Minister of State mentioned money but I am talking about hours. The HSE's reply to the parliamentary question we submitted was that there are a number of factors which impact on the increased demand for respite, and an increasing number of children and adults who are seeking to access respite care. It states that this is a reflection of the general population increase but we have known about the increases in population for several years, yet there is still no forward planning to deal with it. It states that there has been an in-

crease in the levels of complexity across the sector due to improved healthcare and an increase in the age of the population with a disability, resulting in the people presenting with challenging and changing needs. We have known this all along but there has been no forward planning to deal with this either. Finally, it states the HSE is fully committed to delivering much-needed new respite services and supports by the end of 2018. I do not think anything will be ready in the next five weeks to help these people.

**Deputy Jonathan O'Brien:** I recognise that funding for disability services has increased and nobody is denying it but there is a fundamental issue here. There is more money going in but fewer services being delivered. There are more people on waiting lists but fewer hours are being provided. Something is not working and we need to get to the bottom of it. The transition from child services into adult services is a disaster, and people who have day services and respite services lose them as soon as they reach 18 and are put back on a waiting list. We need care paths, and it is not just about the money. It is about good management and good strategies being put in place.

**Deputy Michael Moynihan:** On the subject of respite care, the Minister of State mentioned St. Joseph's in Charleville. How many extra nights were made available for respite by that organisation in 2018 compared with 2017?

**Deputy Pearse Doherty:** I wish to focus on the number of places available for overnight respite. In CHO 1, which includes my county of Donegal, there was a cut of one third in the number of overnight facilities for respite between quarter 2 of 2017 and quarter 2 of 2018, amounting to 400 nights being taken out of the system. The Minister of State can talk about increases in budget, something we do not dispute, but for parents on the ground the services are getting worse. The Minister of State can shake his head all he wants but the figures are there to prove it and they show that there was a reduction from 1,334 to 900 in that period. How the Minister of State can claim that represents improvement, or even stabilisation, is beyond me.

**Deputy Finian McGrath:** This year the HSE will provide 182,500 overnight and 42,500 day respite sessions throughout the country. CHO 4 has provided 17,000 respite nights and 2,000 respite day services to people with a disability, while in excess of 900 people with a disability have accessed respite services across the CHO. Deputy Jonathan O'Brien's point is very important. We are putting €1.8 billion into our social care for 2019 but there are issues with the funding. I often ask, in the course of my discussions with the HSE and the Department, why not enough of this filters down to people on the ground. I have set three objectives, which include investing in services and reforming services. I have spoken to parents in Kerry, Cork and Donegal and I will push those points because if there are gaps, they have to be dealt with. There has to be a change in mindset in this House, the HSE, the Department of Health and everybody else so that the focus is on the person with the disability. That is my job as Minister of State and it has been my focus for the past three years.

### Respite Care Services

39. **Deputy Thomas Pringle** asked the Minister for Health his views on the transfer of ownership of respite facilities from the HSE to a third party as in the case of a facility (details supplied); and if he will make a statement on the matter. [50835/18]

**Deputy Thomas Pringle:** This questions relates to the Seaview respite care home in Done-

gal town, which has recently been handed over by the HSE to RehabCare for the provision of respite services for children and young people and for people with an intellectual disability. What are the views of the Department of Health about this? How does the Department see that this change will improve the services? The HSE could not recruit staff to run the health centre so I do not know how the private sector can do it.

**Deputy Finian McGrath:** I thank Deputy Pringle for raising this very important issue. Again, I stress that this Government's ongoing priority is the safeguarding of vulnerable people in the care of the health service. We are committed to providing services and supports for people with disabilities which will empower them to live independent lives. Earlier this year, the Government provided an extra €10 million to the HSE to allow it to open 12 additional respite houses across each community health organisation area. When fully operational, these houses will provide 19,000 extra overnight stays and 2,520 home sharing nights annually. Approximately €2 million of that extra money is being targeted at alternative respite services. These practical and important solutions which include extended day services, summer camps and Saturday clubs are making a difference to families across the country.

In response to Deputy Pringle's specific question, I am informed by the HSE that the executive owns Seaview House respite home in Mountcharles, County Donegal, and has no plans to transfer ownership of the facility to a third party. The HSE is engaging a third party provider to deliver respite services at Seaview House because of ongoing challenges in providing a consistent service. These challenges have resulted in a considerable reduction in the amount of respite care available to service users in south Donegal. This is relevant in the context of the issues raised by Deputy Pearse Doherty earlier.

The tender process is now complete and a provider has been identified to deliver this care. The HSE is confident that this new arrangement will be in place by the first quarter of 2019. There will be a planned transfer from the HSE to the new provider to minimise disruption to services and to ensure continuity of care. I assure the Deputy that I will keep a close eye on this matter.

**Deputy Thomas Pringle:** With all due respect, that is a lovely outline of my question but not an answer. I specifically asked how these changes will improve the service. The HSE failed to provide an adequate service and put it out to tender. A third party will now provide the service and the only difference that this will make is that the HSE will be able to blame the third party. Is that all the Department of Health is interested in doing here? That seems to be the case, based on the response from the Minister of State. I am sorry to say that the response from the Department is very poor.

The HSE is transferring responsibility for respite services at Seaview House to a third party. That is all that is happening here and I cannot see how that will improve the service. I ask the Minister of State to explain how that will improve matters. The only way the service can be improved is by improving working conditions for staff. I ask how the transfer of responsibility for service provision to a third party can help.

**Deputy Finian McGrath:** There was a lack of consistency in service provision but there are no plans to transfer the ownership of the facility to a third party.

**Deputy Thomas Pringle:** I know that.

**Deputy Finian McGrath:** I am not directly involved in the day-to-day issues here but there

are obviously problems with regard to the delivery of services. The HSE has asked a third party to provide respite services and there are some very good service providers all over this State who provide such services on a regular basis. I am confident, as is the HSE, that the new service, with new efficiencies, will be in place in the first quarter of 2019.

As far as I am concerned, we cannot accept a reduction in the level of respite service provision in Donegal, as referred to by Deputies today. We must ensure that adequate respite services for adults with intellectual disabilities are provided. Their needs must come first. I make no apology for saying that the person with the disability comes first.

**Deputy Thomas Pringle:** I will ask the question again. How will this improve the service? The service is being taken from the HSE and given to a third party. In that way, the HSE can blame the third party when the service does not work. That is the only change here. How does that benefit service users? The Minister of State has said that he does not get involved in day-to-day issues but surely the Department of Health has an interest in how the service is being provided and how the new arrangements will work. The only thing this will do is to provide cover for the HSE so that when things go wrong and are managed badly, it can blame the service provider. That is the only difference here. The Department of Health must take an interest in how the HSE provides services and there is no way that this represents an improvement for either the staff or the service users.

**Deputy Pearse Doherty:** I have been raising this issue for many months and it is connected to my previous question. The Seaview House service provided 316 hours of service in some weeks while in other weeks, service levels were down to 36 hours. There were six weeks last year in which the service did not operate at all and the people who are being caught out here are those who need the service. I have been given assurances by senior managers in the HSE that this service will become a five-day rather than a three-day service in February when the service provider agreement is signed off. They have also assured me that there will be no issues in terms of ensuring that the service runs continuously. Can the Minister of State give the same assurances here on the floor of this House? I ask him to confirm that this service will move from a three-day to a five-day week basis and that the service provider will be able to operate it on that basis. What if it does not do so? What if the third party provider fails to provide an adequate service? What are the Department's plans in that event?

**Deputy Finian McGrath:** I assure both Deputies that the HSE, the Department and I, as Minister of State, will keep a very close eye on this situation. According to information provided to me, there were serious challenges in the delivery of services and the HSE came up with a plan to address those challenges. The plan is not about providing cover for the HSE. As I said earlier, we must ensure that high quality services for people with disabilities are delivered. We cannot have a situation where services are only provided three days per week. I totally accept that point. In response to Deputy Doherty's question about a five-day week service, I assure him I will push strongly for that. I am happy to give him a commitment that I will prioritise that issue in talks with the HSE on the service plan for 2019. I would like to see a five-day service in operation at Seaview House.

### **National Dementia Strategy**

40. **Deputy Mary Butler** asked the Minister for Health if the 2019 HSE service plan will provide for new and expanded services for persons living with dementia. [50724/18]

**Deputy Mary Butler:** Will the 2019 service plan provide for new and expanded services for people living with dementia?

**Deputy Simon Harris:** I thank the Deputy for her succinct question. The short answer is “Yes” but the slightly longer answer is that we must wait for the service plan for 2019 to be finalised. There is ongoing engagement between my Department and the HSE in that regard and, as would normally be the case, I expect to be in a position to approve the service plan this month and to publish it before Christmas.

I wish to acknowledge Deputy Butler’s work and leadership in the cross-party group on dementia in this House. She will be very familiar with the national dementia strategy which aims to improve dementia care so that people with dementia can live well for as long as possible. Plans are progressing to further implement the strategy through the national dementia office, NDO. I had the pleasure of attending a really good meeting with that office about a month ago and heard about its work on the areas of diagnosis, post-diagnostic supports and the prescribing of anti-psychotic medications. The Deputy will also be aware that the HSE provides intensive home care packages to people with dementia to enable them to continue living with assistance at home but I accept that we will need to see the provision of more of these packages. The Department has also secured funding through the Dormant Accounts Fund for additional projects to improve care for people with dementia. One such project is the development of assistive technology memory resource rooms. I had the pleasure of visiting one such room in St. Colmille’s Hospital in Loughlinstown and another in Clonmel.

A recently completed mapping exercise provides a useful snapshot and baseline study into what, where and when dementia-specific community based services and supports are being offered. The study has also been used to inform a service finder hosted on the NDO’s website. This allows people to search for dementia-specific community services in their area. I acknowledge that there are gaps in access to services and a large variance in the services that are provided across the country. The NDO has met senior HSE officials in each community healthcare organisation, CHO, area to highlight the gaps that exist and to develop local action plans to improve service provision.

My Department is continuing to work with the HSE to prepare the 2019 national service plan. Pending a final agreement, I am unable to give specifics but it is my hope that we can improve services in this area in 2019.

**Deputy Mary Butler:** Long-term planning is required for the approximately 55,000 people living with dementia and their carers. Population ageing is happening all over the world and Ireland is no exception in this regard. We are all living longer, which is good, but people want to live at home, safe and secure in the knowledge that if they need medical assistance, it will be provided to them. The number of people with dementia in Ireland is expected to increase. It stands at 55,000, but that figure is expected to increase in the next three years to 68,000. My question is specifically about dementia care advisers, of whom there are eight in the country and who cover 11 counties. When a person is diagnosed with dementia, the support of a dementia care adviser cannot be underestimated. In order to provide a service for everyone with dementia, 32 dementia care advisers are required to cover the entire country. If we could see an increase of eight advisers year on year for the next three years, we would meet that target.

**Deputy Simon Harris:** The Deputy is right to highlight the fact that more and more people are being and will continue to be diagnosed with dementia. Eleven of us will receive that diag-

nosis each and every day. It is estimated that there are over 55,000 people who have a form of dementia. There are about 4,000 new cases each year. After the age of 65 years, the prevalence of dementia nearly doubles every five years, but, of course, onset can occur at a much younger age. There are 4,000 people under the age of 65 years with early onset dementia. Based on population projections from the CSO, the number of people with dementia will double to 115,000 by 2036 and treble to 157,000 by 2046. Therefore, we have a lot of work to do to prepare our society to enable people with dementia to live and live well. I am very much aware of the work done by dementia care advisers and that the Alzheimer Society of Ireland provides a dementia care adviser service which is funded by the HSE at eight locations nationwide. I am aware that an evaluation was conducted by UCC to investigate how well it worked and provide recommendations on the future development of the service. The evaluation was published in September and recommended the continuation and expansion of the service. This is being considered as part of the national service plan process.

**Deputy Mary Butler:** The mid-term review of the national dementia strategy which was launched in May acknowledged that people with dementia and their families were still dealing with inadequate services and supports. Unfortunately, the level of support varies according to one's address. I acknowledge that there is a lot of good work being done, of which there is no doubt. The Alzheimer Society of Ireland has been leading the way in providing help and support throughout the country. How we care for older people with dementia, in particular those with early onset dementia, will demonstrate the Government's determination to be inclusive and compassionate. I welcome the money allocated from the Dormant Accounts Fund. In my constituency of Waterford a memory clinic has been set up in St. Patrick's. It is the first in the area. I reiterate the importance of dementia care advisers and the need for people with dementia to have access to one, no matter where they live.

**Deputy Simon Harris:** I have heard the Deputy advocate for dementia care advisers and appreciate and acknowledge the role they play at the eight locations. I also acknowledge that an independent evaluation has been conducted by UCC which very much sees the merit in and the need to expand the service. Obviously, we are having this conversation at a time when the HSE has received a budget of €17 billion. It needs to map the services it will provide in 2019. I expect that process to conclude shortly. One of my views which I am happy to share with the Deputy is that while she is right that a lot of good work has been done with moneys allocated from the Dormant Accounts Fund, as she has seen in Waterford and I have seen in my community and others, we need to look at how we can move beyond that funding to have a proper budget line for the National Dementia Office. I hope we can make some progress on that issue in 2019 and build on it further. Given the number of people being diagnosed with dementia on a daily basis, the direction of travel in terms of the services we need to put in place is clear for all to see. I hope we can make progress in that regard in the national service plan.

### **Health Services Staff Remuneration**

41. **Deputy Pearse Doherty** asked the Minister for Health when pay will be restored for section 39 workers; and the full cost of this measure. [49020/18]

63. **Deputy Joan Burton** asked the Minister for Health if he has been in consultation with the Department of Public Expenditure and Reform on the outcome of the audit of pay restoration for section 39 workers; and if he will make a statement on the matter. [43835/18]

85. **Deputy Thomas P. Broughan** asked the Minister for Health the status of the restoration of pay for section 39 organisations; if the necessary funds have been allocated to his Department; if not, the timeframe for payments to be restored; and if he will make a statement on the matter. [48839/18]

**Deputy Pearse Doherty:** Cathain a bheidh pá oibríthe in eagraíochtaí section 39 curtha ar ais mar a bhí sé? When will pay be restored for section 39 workers and what will be the full cost of this measure? This issue has been discussed at length by my party colleague, Deputy Louise O'Reilly, my party leader, Deputy McDonald, and others. It is an issue of equality, in particular, for workers who had their pay cut at the same time as public servants but who did not have it restored at the same pace, if at all. It is also an issue about the delivery of services which, in some cases, are becoming unsustainable owing to the lack of funding.

**Deputy Simon Harris:** I propose to take Questions Nos. 41, 63 and 85 together.

I thank the Deputy for his question and acknowledge the fact that he has raised this matter on a number of occasions. He will be aware that in February an agreement was reached at the Workplace Relations Commission, WRC, between my Department, the HSE and health sector trade unions on a process aimed at resolving the pay restoration issue for staff employed by section 39 bodies in 50 pilot organisations. The 50 organisations included were agreed to at the WRC by all parties, including the unions.

I asked the HSE to engage with the section 39 organisations to establish the facts which varied from organisation to organisation in regard to what cuts had been applied and how and when they had been implemented. The HSE has completed the first phase of its work on the agencies identified as part of the WRC process. This exercise has shown that, of the agencies which returned data, a majority applied pay reductions of some form. It also shows that some agencies made provision for some form of pay restoration between 2016 and 2018.

Following constructive engagement, with the assistance of the WRC which I thank for its work, an agreement was reached on 2 October between all parties. Pay restoration will commence, with an annual pay increase of up to €1,000, in April 2019 for those employed by the 50 organisations involved in the pilot programme. Any outstanding balance will be paid in two equal amounts in 2020 and 2021. The cost of this phase of pay restoration will be €7.7 million.

The HSE is undertaking a validation exercise in respect of those 50 pilot organisations and their funding requirements to ensure pay restoration. Further information was requested from them in November and the returns are either being assessed by the HSE or, in some cases, still being worked on by the organisations. I urge those organisations to provide the necessary information as a matter of urgency.

In respect of the organisations which did not form part of this phase, it is recognised that some of them will also have pay restoration issues and a process of engagement to address the issue will commence in 2019. We have agreed a way forward between all parties. Phase one of restoration will proceed in 2019. We will then move on to the other organisations.

**Deputy Pearse Doherty:** The Minister gave dates and some indication of the cost. He referred to a figure of €1,000 in the context of pay restoration in April 2019 and an overall figure of €7.7 million. When will pay for employees who had their pay cut in line with public sector employees be completely restored and when is the end point for all section 39 workers, given the need to provide clarity for them? The Minister might outline the incremental steps to

be taken to achieving this. It is clear that the instruction given at the time was that section 39 agencies should look at their cost base and follow public pay policy. This was confirmed by the former head of the HSE to Deputy Louise O'Reilly and also made clear by Mr. Jim Breslin, Secretary General of the Department, when he was before the committee. Therefore, it is only right that there be full restoration in line with what has happened in the public sector.

There is a second issue related to how the costs will be absorbed. Will the Minister inform the House that the cost of pay restoration will be met for the section 39 agencies to ensure they will not reduce services in dealing with the issue?

**Deputy Simon Harris:** The answer to the Deputy's last question is "Yes". They will be provided with funding to meet the cost of pay restoration to ensure it will not impact on the delivery of services. I accept that many section 39 organisations applied pay cuts. I also accept, as I think the Deputy does, that section 39 employees are not State employees. Therefore, it is different and the position varies from organisation to organisation. In the WRC process it was found that there were different levels and that cuts had been applied in different ways and that there had been restoration for some but not for others. It was important to analyse the issue correctly and I thank the unions for working with us in that regard.

For those employed by the 50 organisations, the following will apply. Pay restoration will commence, with an annual pay increase of up to €1,000, in April 2019; 50% of the outstanding sum due will be paid on 1 October 2020, with the remaining 50% to be paid on 1 October 2021. That is the agreement. Based on the information available to me, it appears that almost 90% of those staff who suffered a pay cut will, on average, have 75% restored in 2019. The payments are being made on the basis of the following criteria. First, it is pay restoration, not pay progression; second, the intention is to restore pay reductions made and no more; and, third, only staff in the 50 organisations are eligible. We will have to do a further body of work in 2019 on the additional organisations.

**Deputy Pearse Doherty:** I want to tease out the issue of the additional organisations and the number involved to see why we are in a situation where we have to wait until next year to quantify the number of additional employees not covered by the arrangement agreed to at the WRC. Will the Minister outline the organisations not included in the 50 organisations and indicate when we can expect pay restoration to commence for employees in these agencies?

**Deputy Simon Harris:** I ran out of time during my last reply. On the issue of information and returning information for those 50 organisations, there was a deadline date of 23 November. As of 29 November, of the 50 organisations, just over half had returned their applications. A further group have asked for an extension and this has been granted until this Friday, 7 December.

The Deputy logically asked what will happen with the other organisations. The plan is to begin a process of engagement similar to what we did this year for the 50 organisations. Truthfully, I do not have a specific date for when this will happen in 2019 but I will make enquiries and revert directly to the Deputy. Phase 1 of the plan is to begin the restoration of those 50 organisations, starting in April 2018 and then use 2019 to carry out a similar exercise with the other section 39 organisations.

*Dáil Éireann*  
**Hospital Staff Data**

42. **Deputy Michael Moynihan** asked the Minister for Health the number of medical, nursing and care posts vacant in Mallow General Hospital; and if he will make a statement on the matter. [50785/18]

**Deputy Michael Moynihan:** I want to introduce a question on medical nursing and care posts in Mallow General Hospital. Is the hospital working to full capacity in light of the crises in the city hospitals in particular and will the Minister make a statement on the matter?

**Deputy Simon Harris:** I thank the Deputy for the question. As the Deputy knows, Mallow General Hospital is part of the South/South West hospital group. It is a model 2 hospital providing acute general hospital services to the people of north Cork. The hospital has 54 acute beds, in excess of 220 staff and a budget of approximately €17.5 million in 2018.

There are approximately 20 staff vacancies at present in Mallow General Hospital across medical, nursing and health and social care. The HSE has advised me that the overwhelming majority of these posts have been sanctioned for funding and we are awaiting the advertisement through the national recruitment services division. I will ask for that to happen urgently.

Retaining and increasing the number of nursing, medical and health and social care staff in the public health service is a key priority. The total number of consultants, non-consultant hospital doctors and nurses has increased despite these challenges.

I have no doubt that we need to continue to do more, not just in Mallow General Hospital but in all of our model 2 hospitals. I had the pleasure of visiting Bantry General Hospital and Clonakilty Community Hospital this week as well. There is definitely capacity in some of our smaller hospitals and I want to see us do more there. I am told that there are very few medical post vacancies in Mallow General Hospital and the majority of vacancies are nursing posts. I would be very happy to visit Mallow General Hospital in due course to meet the management there and to look at what the opportunities are to expand services there.

One of the areas that I am particularly interested in is whether we can take pressure off the larger hospitals where there is bed capacity in some smaller hospitals and whether we can use the National Treatment Purchase Fund, NTPF, to insource into some of our smaller hospitals as well as outsourcing. There is more that we can do in these hospitals and Mallow General Hospital certainly has an important role to play.

**Deputy Michael Moynihan:** I thank the Minister for the reply. Mallow General Hospital has had large investment in its theatres and so forth in recent times. Right through various crises this year, especially in the earlier part of the year from January to March, the theatres were closed for a long time. Up to and including 1 April, there were four weeks when no work was going on there because of issues, and at that time there was massive pressure on Cork University Hospital, CUH, and on the city hospitals.

There are approximately 20 vacancies, as the Minister said. When will they be advertised and filled? We have to be serious about making sure that all services are utilised to the fullest extent that is humanly possible to make sure that Mallow General Hospital can continue to provide fantastic work and services. I have personally experienced it throughout the years and I cannot praise the people who are working there enough. Top of the range surgeons are working there but it is underutilised, particularly when there are massive challenges in the city hospitals.

It is high time that we looked at Mallow General Hospital and other hospitals to make sure they are working to full capacity.

**Deputy Simon Harris:** I will ask the HSE to revert directly to the Deputy in terms of when the advertisements for those vacant posts will be placed, but my understanding is that it is pretty imminent and that they have been sanctioned for funding so it is a matter of placing the advertisements. I had an opportunity to meet the CEO of the South/South West hospital group with my colleague, the Minister of State, Deputy Jim Daly, in Bantry on Monday where we had a discussion about better utilising the model 2 hospitals within the South/South West hospital group. The Minister of State will follow up on that for me but we agreed with the South/South West hospital group that when new consultant posts are being sanctioned anywhere in the group, part of the requirement in the contract will be that the consultant goes out to the model 2 hospitals and carries out more of their clinics and theatre practice there. Through that we can drive more patients and citizens through the model 2 hospitals and keep them out of the larger hospitals, which are very busy, as the Deputy rightly said.

I will come back to the Deputy directly through the HSE on when those posts will be advertised. I have made it very clear to the South/South West hospital group that I want to see plans to better utilise our model 2 hospitals, and I am happy to engage with the Deputy further on that.

**Deputy Michael Moynihan:** How long have these positions been vacant in Mallow General Hospital? When was it decided that these 20 vacancies would be filled? When was that decision taken by the South/South West hospital group? The Minister has used fine words about utilising Mallow General Hospital as much as possible to make sure that it takes pressure off other hospitals. That is a fine aspiration, but how long have these vacancies been there? My information is that they have been there for quite some time. When will they be filled so that we will have Mallow General Hospital working to its full capacity?

From my experience within the hospitals, I am being told that when theatres are closed and there is a large cancellation of planned surgeries in the city hospitals, at the same time Mallow General Hospital's theatres are lying idle. How long have these positions been vacant? When were they identified? Have they been advertised as of now and, if they have not, when will they be advertised and when will they be filled?

**Deputy Pat Buckley:** I want to be associated with Deputy Michael Moynihan's comments and I congratulate the staff at Mallow General Hospital. I had a parliamentary question on this on 29 November asking about Mallow General Hospital, Midleton Community Hospital, St. Finbarr's Hospital, Youghal Community Hospital and so forth and I have not received an answer yet. The Minister gave an answer that there are 20 staff vacancies today in Mallow, but we are still having problems getting answers from the HSE. These community hospitals are the heartbeat of the country and we need to have them fully staffed.

I urge the Minister to keep an eye on the parliamentary questions that we are putting to the HSE because we are not getting the answers at all.

**Deputy Simon Harris:** I will follow up the matter that Deputy Buckley raised. That is not acceptable and the HSE is meant to answer those questions within a specific timeframe, so I will follow that up directly with it.

I answered Deputy Michael Moynihan's second question by saying that I would get the HSE to revert to him directly on when those advertisements will be placed. It is important to

point out that some vacancies have arisen very recently. I believe the two staff nurse posts have arisen only in the past month. Another one of the vacant posts for a clinical nurse specialist in cardiac rehabilitation has become vacant because one of the candidates has been promoted to a candidate advanced nurse practitioner which will ultimately be good for the hospital. Some of the vacancies are looking ahead towards three maternity leave posts which will arise in 2019.

It is not aspirational. We will do more in our model 2 hospitals. In fact we are already doing so and the evidence is there throughout the country. I had these discussions with the chief executive of the South/South West hospital group on Monday and there is capacity to do more in Mallow General Hospital. I am determined that we will do so and I am happy to keep in touch with the Deputies on that.

*Questions Nos. 43 to 47, inclusive, replied to with Written Answers.*

### **Home Care Packages Provision**

48. **Deputy Michael Moynihan** asked the Minister for Health if extra home care packages will be provided in north-west County Cork this winter; and if he will make a statement on the matter. [50784/18]

**Deputy Michael Moynihan:** I refer to the 550 home care packages that were promised and which were discussed in the House last week. How many of them will be in north Cork? When will they be rolled out or are they also aspirational? I would love to come back on the second or third week of January and see how many of those 550 home care packages have been put in place because, as we head into the second week of December, it is very difficult to get home care packages or to even get answers from HSE staff on how they will be allocated or who will get them.

**Minister of State at the Department of Health (Deputy Jim Daly):** There will be 300 this side of Christmas and 250 the other side of Christmas. That is the commitment that we have been given from the HSE to deliver those 550 home care packages.

### **Ceisteanna ó Cheannairí - Leaders' Questions**

**Deputy Micheál Martin:** The housing crisis continues to deepen and to impact on many people across the country. The annual report from Threshold published today makes for depressing reading and illustrates how existing Government policies and initiatives have failed, particularly in relation to security of tenure, substandard accommodation and on-going homelessness. Threshold has seen a dramatic rise in the number of calls it received from tenants in danger of losing their homes because their landlords claim they are selling their house or must have a deep refurbishment of their house. In 2017, 32% of calls were from renters who had been told their tenancies were coming to an end, up from 18% in 2016. That should be no surprise to Members of this House because every week people are coming into our clinics with letters from legal people and landlords stating the landlord swears he or she is refurbishing the house and will have to evict the tenant or that he or she is selling the house. The crisis in this specific area has been going on for the past two years. To date in 2018, the percentage of calls to Threshold related to notices of termination has increased to

*12 o'clock*

40%. We are all experiencing that.

This is in the context of 73,000 calls to Threshold. Unaffordable rent is a huge issue, as is the sale of rental properties, leading to the hidden homeless and many tenants going back to their mothers. Across this city and the country, it is now commonplace for multiple families to live in a house because of this pattern of evictions. The rent pressure zones have not worked. Despite the 4% cap, rents in Dublin increased by more than 10% last year. As a result, tenants are being evicted into homelessness and the sale or refurbishment of the property is being used to circumvent the rent pressure zone. Threshold and others have called for a strengthening of the legislation to remove these loopholes and for an open register so that people can see transparently the rents that are being levied across the country. When will the Government introduce legislation to give effect to the proposals and recommendations of Threshold?

I recalled earlier the hidden homeless phenomenon. I do not know whether the Taoiseach listened to the “This Week” programme on RTÉ on Sunday last where there was an interview with a young mother, Ms Maria Dunne, who is currently living in her mother’s house in Rossfield estate in Tallaght. She has five children and described how she would be homeless unless her mother had given up a room in her home to accommodate them. She described how she and her five children, one of whom is a small baby, were in one room and that her sisters, who also have children, live in the house as well. There are 12 people living in that house. She spoke calmly and eloquently about the practical and emotional pressures her family are under. Maria’s story is one that perhaps most Deputies have heard from different people in different clinics and it derives from the central problem that has been identified by Threshold in its annual report. When can we expect the legislation to eradicate these loopholes that are being exploited?

**The Taoiseach:** We would all agree that the core to the solution to the housing crisis is additional supply. That alone is not the solution but it is the core to it. We are making real progress when it comes to additional supply. This year, between 18,000 and 20,000 new homes and apartments will be built. That is the biggest increase in the number of new homes built this decade and a significant increase on last year and the year before that. Supply is ramping up and new houses and apartments are being built all over the country. It is not ramping up as fast as we would like but it is very much going in the right direction. That means, to put it in human terms, this Christmas there will be 20,000 Irish families sitting around a tree in houses that did not exist this time last year. In those houses, there will be 50,000 or 60,000 people. That is a significant change on this time last year. We want to see supply continue to increase next year. We have set the target of building 25,000 new homes - houses and apartments - next year and adding to our social housing stock by a measure of approximately 10,000.

In terms of the Threshold report which the Deputy raises, I had a chance to listen to Ms Aideen Hayden on the radio this morning. Threshold is a very good organisation that has done much important and valuable work for tenants since its foundation 40 years ago. The Minister for Housing, Planning and Local Government, Deputy Eoghan Murphy, was with Threshold today to launch the report. We will certainly examine the recommendations and reflect on all that Threshold says.

In terms of rent, as the Deputy will be aware, the Government, with the help of his party, has brought in new protections to protect those who are renting. Many people now rent, including nearly one third of people in Dublin, one third of people in my constituency, one third of people in Galway and approximately one quarter of households in the country. It is important, there-

fore, that we have protections in place for tenants. The protections we have put in place include the 4% rent cap in the rent pressure zones, the requirement that tenants be given adequate notice if they are asked to leave the property they are renting, and an increase of 60% in the budget of the Residential Tenancies Board, RTB, to ensure it has the resources it needs to enforce the law.

We will do more. We will bring in new laws to make the rent pressure zones more enforceable by giving the RTB, the power it needs to enforce them. We will introduce a rent register, as recommended by Threshold, so that people have transparency about the rents that are being paid by others in the same area and know what rents are being charged. In addition, we will double the notice to quit period so that if somebody needs to leave their rental property because the owner wants to move back in, needs to carry out substantial renovations, wants to accommodate a family member in it or for one of the other reasons, the notice period will be doubled giving the tenant much more time to find alternative accommodation. That legislation will be at Cabinet on Tuesday and, all things going to plan, will be published thereafter.

**Deputy Micheál Martin:** That sums it up. The legislation will be published next Tuesday, a week before the recess. This report relates to 2017 when 32% of calls to Threshold were from people being evicted, a figure that increased to 40% in the first half of 2018. The lack of urgency is incredible.

The Taoiseach mentioned all the apartments that are being built. I invite him to go around Dublin where thousands of student apartments are being built and rented out for €299 a week or whatever. I visited Greek Street two weeks ago and noted the contrast between Dublin City Council's apartments, St. Michan's, which are poor and substandard, and the juxtaposed luxury student apartments built next to the block, which will achieve a very high yield. That is fine. No one has a problem with it but it seems the greatest success story in housing right now is student apartments. That is not dealing with Maria's problem. She is living in a house of 12 people, including her mother and sisters.

The Taoiseach spoke about Christmas for 20,000 families. There are thousands more who will not have that Christmas experience. We can go through all the initiatives his Government has taken in the past two or three years which have not borne fruit. The rent pressure zones have not worked. That needs to be faced up to. The measure simply has not worked and it seems the loopholes in it have exacerbated the problem for many families and created a hidden homeless phenomenon, with many people going back to their parents' homes to live in overcrowded conditions. They are altogether separate from those who are actually homeless.

**The Taoiseach:** The 18,000 or so new apartments and homes that I referred to do not include student apartments. If one adds the student apartments to those 18,000, the figure increases by 2,000. If one adds some of the ghost estates that are still being brought back into use and vacant properties being brought back into use, the number of new places to live being built will increase to well over 20,000. Student accommodation is freeing up other accommodation. Students who are staying in student accommodation might otherwise be living in overcrowded accommodation in the private rented sector, with their parents or in digs. Any form of additional accommodation is welcome.

One thing we definitely have to do is reform the planning guidelines. We have done this in the case of apartments because it should not be more profitable to build student accommodation than it is to build one-bedroom and two-bedroom apartments for those who are not students to buy.

**Deputy Brendan Howlin:** It is.

**Deputy Micheál Martin:** It is.

**The Taoiseach:** One of our policies was to change the regulations that made it more economic for developers to build offices and student accommodation than one-bedroom or two-bedroom apartments.

On the *daft.ie* report versus the RTB reports, it is important to put on the record that the figures on the *daft.ie* website relate only to new properties being advertised on that website. The Residential Tenancies Board takes account of all properties. Rent pressure zones have worked for many people. Hundreds of thousands of people in Ireland have had a rent increase of less than 4% because of the rent pressure zones.

**An Ceann Comhairle:** The Taoiseach's time is up.

**The Taoiseach:** Those increases would otherwise have been far higher. However, it does not apply to new properties coming on the market or to certain parts of the country and that contributes to the rate of increase presented in the *daft.ie* figures.

**Deputy Micheál Martin:** The rent pressure zones have caused evictions and exacerbated the position for many families.

**Deputy Mary Lou McDonald:** Yesterday, I raised with the Taoiseach the crisis impacting on those in the private rental sector and he brushed the concerns I raised aside. I note he is doing the same this morning. As he acknowledged, Threshold has published its annual report, the findings of which illustrate the extent of the plight facing renters across the State. It states:

It became evident in 2017 that some landlords and agents were not adhering to the RPZ legislation or were finding ways to circumvent it. The standardised rents in all RPZs rose, some by as much as 10% in the 12-month period following the RPZ designation.

As the Taoiseach has acknowledged, that is borne out in other reports.

The *daft.ie* quarterly rental report published last month found that the 4% rent pressure zone cap is being breached in every county in the State. The same trend has been recorded in the RTB quarterly index. There have been 20% rent increases in areas such as Limerick and Waterford cities. It is absolutely ludicrous. It is time for the Government to accept that its approach to tackling rent increases has categorically failed. The chairperson of Threshold, Ms Aileen Hayden, stated on the "Morning Ireland" radio programme this morning that she has never seen a crisis like this. She has been working in this field for a long time. She highlighted the fact that vacant possession notices to quit are the single biggest cause of homelessness in the State. I have raised that previously with the Taoiseach.

I have consistently raised these matters with the Taoiseach, who has consistently given glib responses such as his remarks yesterday about not singling out groups of people such as renters for a tax break. I remind the Taoiseach that the Government, along with its friends in Fianna Fáil, was quite happy to single out one group in the budget for a tax break and that group was landlords. What did we get in the budget? Landlords received 100% mortgage interest relief. There were tax breaks, but they were for landlords rather than struggling tenants. In spite of rents going up and up with no end in sight, the Government chooses to do precisely zero for those who are struggling. That tells it all. It has made the wrong choices and pursued the wrong

priorities. While rents go up and up, the Government is found wanting. We need urgent and decisive action to tackle these issues. We need tax relief for renters and a three-year emergency rent freeze.

The Focus Ireland amendment which would prevent landlords seeking vacant possession - in other words, booting people out of their homes in order to sell the property - was put to a vote of the Dáil. It addresses one of the loopholes described by Deputy Micheál Martin .

**An Ceann Comhairle:** The Deputy's time is up.

**Deputy Mary Lou McDonald:** It proposes a very necessary change in the law. I remind Deputy Martin and his party that Fianna Fáil voted against that amendment, along with its Fine Gael colleagues in Government. Shame on Fianna Fáil. It is a disgrace for it to have done that-----

**Deputy John Brassil:** Deputy McDonald is one to call others a disgrace.

**Deputy Timmy Dooley:** The Deputy has a brass neck.

**Deputy Mary Lou McDonald:** -----and contributed to the haemorrhaging of families, in particular, into homelessness. It did so with its eyes wide open.

**An Ceann Comhairle:** The Deputy's time is up.

**Deputy Mary Lou McDonald:** Yesterday, I asked the Taoiseach to address these issues. I will try again today. When will the Government bring in a rent freeze, a tax break for renters rather than the landlord friends of the Government and the amendment that is necessary to protect people and keep them in their homes when landlords choose to sell?

**The Taoiseach:** I answered the Deputy's question yesterday regarding a tax break for people who are renting. Through the Finance Bill and the budget, the Government is providing an income tax or universal social charge reduction for more than 1 million people because we recognise that there are people who are struggling to pay the rent. We also recognise that there are people who are saving for a deposit on a new home and people who are facing significant childcare costs, for example. Rather than an income tax cut for one group of people, we decided to have a package of income tax and USC reductions which will benefit many more people than would the Sinn Féin plan. It is important that the Irish public know that our tax plans will benefit the many, not the few. Millions of people will benefit rather than the hundreds of thousands who would benefit under the Sinn Féin plan.

**Deputy Brendan Howlin:** The Taoiseach will not do anything about it.

**The Taoiseach:** On the *daft.ie* report, it is important to note that its figures relate to a sample of rents advertised on that particular website and do not include people who remain in the same apartment or house year on year. That is the reason the figures are as they are. The RTB figures are far more accurate and cover the entire rental market. They indicate that rents are rising too fast, but certainly not at the rate Deputy McDonald described.

For her information, Limerick is not a rent pressure zone. Perhaps it ought to be, but it is not.

**Deputy Maurice Quinlivan:** The Government ensured it is not.

**The Taoiseach:** It is wrong to demonise landlords. Before anybody asks, let me clarify that I am not a landlord.

**Deputy John Brady:** The Taoiseach's colleagues are.

**The Taoiseach:** We need landlords and property owners in this country. Without them, there would be no properties to rent and people would find themselves paying higher rents or unable to find a rental property. Approximately half of rental properties in Ireland have a mortgage against them. In such cases, the property owner needs to pay the mortgage before gaining an income from the property. As has been acknowledged by Sinn Féin representatives, many people who own a property out of which they moved in order to emigrate or move to a bigger property with space for their family are now selling up. Once property prices rise, such people decide they do not want to be landlords any longer. They sell up and get out of the private rental sector. That is contributing to the problems we are now facing.

We must find an appropriate balance between the rights and protections we afford tenants and those we afford landlords. For example, should a person who bought a house and then had to emigrate to England or Australia during the recession but who is now returning to Ireland to take up a job in the public service and wishes to move back into the house be allowed to do so?

**Deputy Aengus Ó Snodaigh:** Not if that means throwing a family out onto the street.

**Deputy Mary Lou McDonald:** The figures I quoted are not my figures; they were produced by Threshold, the RTB and *daft.ie*, which all Members will accept are reputable sources. Of course, this is not about figures and statistics. It is about people. Anybody with eyes, ears and a brain can process what is clearly evident all around us and understand the depths of the crisis we face.

The Taoiseach's reply to me this morning is, once again, a complete cop-out. The reality is that the Government was quite prepared to give favourable treatment to landlords in the budget. Although the Taoiseach may not be a landlord, many of his colleagues are.

**The Taoiseach:** As are many colleagues of the Deputy.

**Deputy Mary Lou McDonald:** However, the Taoiseach has steadfastly refused to give the same focus to renters. The Government can make one of two choices. It can continue with this claptrap, this trend it is on, and Nero can fiddle while Rome burns, or it can accept the objective facts.

**An Ceann Comhairle:** The Deputy's time is up.

**Deputy Mary Lou McDonald:** While the Taoiseach talks about striking what he regards as an appropriate balance of rights, an article was published in the media today-----

**An Ceann Comhairle:** That may be so, but the Deputy is still over time.

**Deputy Mary Lou McDonald:** -----which states that many people who are in homelessness and relying on hotel accommodation may be turfed out from that accommodation as Christmas approaches. We raise these matters with the Taoiseach and we get nonsense and cop-outs and claptrap about Christmas trees. What is the Taoiseach going to do for renters? What contingency plans are in place for people who may face being thrown out of the hotel accommodation on which they are relying?

**The Taoiseach:** The Deputy will recall that concerns were expressed in the run-up to the papal visit that people would be thrown out of hotels and find themselves on the streets unable to find hotel or bed and breakfast accommodation during that period, but that did not happen. It did not happen because we had dealt with the issue and we will deal with this issue also. The Deputy will know from previous years that the number of people in emergency accommodation during the December period tends to go down because many return to their families or move in with them during the Christmas period. It is something we will manage. The Deputy is, however, correct that this is about people. I, too, read a story in the newspaper today. It was a very heartwarming story about James McClean who I know is a republican and also a very able footballer. He is paying out of his own pocket to accommodate homeless people in the city of Derry. That is really admirable for him to do. He must be a very generous person. Derry is the city that has a Sinn Féin MP and a council in which Sinn Féin is the largest party.

**Deputy Gerry Adams:** It serves the people of Derry well.

**The Taoiseach:** It is in Northern Ireland where Sinn Féin is supposed to be in government. Deputy McDonald comes into the House to make out once again that her party has a monopoly of compassion.

**Deputy Mary Lou McDonald:** No. I asked the Taoiseach for answers, but he has singularly not given any.

**The Taoiseach:** The Deputy does not. If she really did care about homeless people, she would get busy in dealing with homelessness in Derry where there is a Sinn Féin MP and Sinn Féin is the largest party in the council. It should be at Stormont. According to Simon Communities, there are 200,000 people homeless in Northern Ireland. Sinn Féin does not want to do what I suggest because it does not really care. It just wants to weaponise-----

**Deputy Mary Lou McDonald:** Unlike the Taoiseach, I do care.

**The Taoiseach:** The Deputy wants to weaponise homeless and vulnerable people to score political points for her party, which is just disreputable.

**Deputy Mary Lou McDonald:** That is pathetic. The Taoiseach is the Head of Government.

**Deputy Brendan Howlin:** I do not want to weaponise a scandal. The scandal of homelessness continues unabated in our jurisdiction, the jurisdiction for which the Taoiseach has responsibility. One hundred and fifty-six rough sleepers were counted in Dublin, up from 110 in the spring. We do not know how many families in emergency accommodation will be displaced from hotels and bed and breakfast accommodation rented by the State that will close during the Christmas period. Whatever facts the Taoiseach trots out, the Government is not delivering in the supply of housing.

The Taoiseach's predecessor said he had a performance monitoring system for all Ministers and their Departments. Does the Taoiseach have such a monitoring system? Is he satisfied with the performance of all his Ministers. In particular, is he satisfied with the progress being made in the Department of Housing, Planning and Local Government? Does he stand over it? The Minister for Housing, Planning and Local Government, Deputy Eoghan Murphy, has made a number of high profile commitments. Photographs have been taken and statements issued, but where is the legislation?

Bills introduced two years ago by the Labour Party and the Green Party to curb the use of micro-plastics were rejected at the time but subsequently accepted in principle. Two years on the Minister has launched the heads of a Bill, but we have yet to see the legislation arrive in the Oireachtas.

My colleague, Senator Humphreys, spent two years seeking the regulation of short-term lettings. In September the Minister, Deputy Eoghan Murphy, finally agreed to legislate in this area, but where is the legislation? We have been promised a rental register, for which Threshold was calling again today as a tool to expose massive hikes in rent. The Taoiseach has repeated the promise. Promises have been made, but there has been no action. We were told about a new land agency and that draft legislation which was promised months ago would be before the Government in November. Has that happened? We were told that new height regulations for the building industry would be published. Developers are still awaiting them and those concerned are holding back in making planning applications until they see them. Where are they? In September we were told that Waterford, Limerick and Cork would have directly elected mayors. There is to be a plebiscite held in each of these areas next year to allow for the mayors to be elected, but where is the supporting legislation to tell voters exactly what the mayors will do? Are people expected to vote for a pig in a poke?

I could go on, but my question is whether the Taoiseach is satisfied with the performance of the Minister for Housing, Planning and Local Government. Does he stand over and accept the performance of the Minister's Department? Will he undertake a review of all of these matters? Will he publish that review in order that the House can judge whether it should continue to have confidence in the Minister?

**The Taoiseach:** It is my understanding that the Deputy already does not have confidence. As I believe he voted to demonstrate it, I do not know what he means when he talks about continuing to have confidence. He has already made the decision not to have confidence, but I do have confidence in the Minister. I have confidence in all of the Ministers who serve with me around the Cabinet table and I also have confidence in the Ministers of State.

The Deputy is right to point out that I have political responsibility for this jurisdiction, but he should not forget that there was a time, not that long ago, when he and his party had political responsibility for it. Sitting beside him are Deputies Jan O'Sullivan and Kelly who, together, held the housing brief for five years. Deputy Kelly promised to abolish homelessness by 2016 and introduced measures that most people now accept probably made a bad situation worse.

**Deputy Brendan Howlin:** The Taoiseach should account for himself for once.

**The Taoiseach:** Does the Deputy have confidence in his deputy leader? Does he have confidence in Deputy Jan O'Sullivan, given her performance and that of Deputy Kelly when they held the housing brief together for five years?

**Deputy Micheál Martin:** Was that the Taoiseach's Government also?

**The Taoiseach:** It appears that Deputy Howlin is applying some pretty unfair double standards in that regard because the situation emerged and got worse during the tenure of the two former Ministers. It is unfair to target the Minister, Deputy Eoghan Murphy, personally when the Deputy is not willing to express a lack of confidence in his own colleagues. Let us not forget that 40% of the Labour parliamentary party held the housing brief for five years.

The Government is delivering on the issue of supply. As I pointed out, we will have built more new homes and apartments this year than in any other in this decade. Between 18,000 and 20,000 new homes and apartments have been built this year, but we acknowledge that it is not happening fast enough. We are going to do everything we possibly can to get around the constraints and reach our new housing targets of 25,000 next year and 30,000 the year after. They are the numbers we need to reach in order to get on top of the crisis.

The Land Development Agency has already been established under law. We established it using a statutory instrument. It has a CEO and started its work.

We are absolutely committed to producing the micro-beads legislation. The Minister has been in contact with Deputy Sherlock to discuss how we can co-operate to bring it into law.

On directly elected mayors, we always said there would have to be a plebiscite first. There will be a plebiscite and it will be held in May.

**Deputy Brendan Howlin:** Without people knowing what they will do.

**The Taoiseach:** Long before the people vote on the proposition in May, they will understand what they are being asked, just as they understood what they were being asked in the referendums on the eighth amendment and blasphemy.

**Deputy Brendan Howlin:** I am not interested in rewriting history or the rules of collective Cabinet responsibility; rather, I am interested in addressing the issues of today. It well suited the Taoiseach to take the credit for the progress made when he was sitting at the Cabinet table with us. Let me put to him the issues for which he is now responsible in a recovering economy, not one that is in freefall. We have heard today that notices have been sent to families by Túath Housing in south Dublin, telling them that they will have to leave at the end of an 18-month stay in transitional housing. They are not counted in the Government's homelessness statistics, but they face a return to homeless accommodation as they have been unable to find private accommodation or afford the private accommodation that might be available. These are the issues I expect the Taoiseach to address. I expect him to explain the position rationally to our national Parliament, rather than think he is on the back of some lorry electioneering right now. There are people in desperate straits who need a straight answer from a Taoiseach who should have answers for them.

**The Taoiseach:** The straight answer to that question is that Túath Housing is a housing association. It issued a notice to quit to people with 18-month tenancies, but none of them will be evicted to emergency accommodation. The Deputy has that assurance.

**Deputy Róisín Shortall:** There is an urgent need to provide a replacement hospital for the National Maternity Hospital, Holles Street, where conditions are completely unacceptable. It is one of the busiest hospitals in Europe. Staff and patients must contend with extremely overcrowded, cramped and poor conditions in a building that clearly is not fit for purpose. In choosing a site at St. Vincent's University Hospital for the new national maternity hospital it seems that the issues of ownership and ethos were not even considered. Given the complexities and financial exposure of the old-style model of healthcare in this country, whereby services were essentially outsourced mainly to religious bodies, what is needed now is a modern model of public and secular ownership of our healthcare facilities. Instead, the Minister for Health seems to regard the ownership and ethos of the new hospital as a matter to be decided by two private religious entities, namely, Holles Street and St. Vincent's. A private deal was done between

these two entities without any regard to the public interest. The idea of a very valuable hospital asset funded by the taxpayer being gifted to a private entity is outrageous. That this private entity is a religious one is entirely unacceptable and flies in the face of the clearly expressed public opinion in this year's repeal referendum.

The new company, to be called the National Maternity Hospital at Elm Park DAC, will be 100% owned by St. Vincent's. Under Article 44 of the Constitution, a religious order can control what it owns, and this right has been upheld by the Supreme Court on a number of occasions. Therefore, irrespective of any assurances or the fanciful idea of a golden chair, the reality is that St. Vincent's will own and control the new national maternity hospital. This reality has now dawned on the Minister for Health who, we are told, is now seeking a public interest director for the board of the new company. I ask the Taoiseach to consider that we will have a new public hospital, to be funded by the taxpayer and operated using public money, and the Minister is pleading for one director on the board to protect the public interest. Apart from the fact that this constitutes an admission that the Mulvey report got it completely wrong, is it not pathetic that the Minister has put himself and taxpayers in this position? Will the Taoiseach now request the Minister to pursue the State purchase of the site at Elm Park in order that this much-needed hospital may be built as an entirely public and secular hospital, thereby protecting the public purse and ensuring that women have access to all health services provided under the law of the land, which should not be governed in any way by Canon Law? Alternatively, will he agree to compulsorily purchase this site and get on with the job?

**The Taoiseach:** I thank the Deputy for raising this important matter. It is an issue in which I have a real, personal interest. The national maternity strategy, which was produced when I was Minister for Health, provides for us to co-locate all our maternity hospitals adjacent to or on the campus of adult hospitals. This is the best way to provide modern maternity care. If a pregnancy goes wrong, all the adult services a mother needs, for example, an intensive care unit, vascular surgeons and cardiologists, will be available if she needs their specialist input. Thankfully, this is a rare occurrence, but it does happen. This is why it makes sense to co-locate all our maternity hospitals on the sites of adult hospitals, just as we have done in Cork, for example, and as is the case in Galway.

If we were to start from scratch, we would perhaps do things differently, as is often the case. We would find or purchase a site and build on it a new adult and maternity hospital and defund, close down or abandon those sites currently owned by voluntary hospitals. However, that is not a practical solution. What we have are two voluntary hospitals with existing staff and an existing legal structure, namely, Holles Street and St. Vincent's. We are looking to bring Holles Street onto the site of St. Vincent's and, to the extent necessary, integrate the two hospitals.

It is important we get the governance right, and I am with the Deputy on that. We are working towards a solution whereby the hospital will be owned by the State; the State will control the land on which the hospital is built; the staff will be public servants; the ethos will ensure that any procedure which is legal in this State, including abortion, *in vitro* fertilisation and tubal ligation, will be available; and the laws that apply in the hospital will be those enacted by this Oireachtas, not Canon Law.

**Deputy Róisín Shortall:** No one is arguing with the need for co-location. The Taoiseach has made a number of statements, including that the site will be controlled by the State. This implies it will be owned by the State. In that case, does he agree with the proposal I put to him that he should give an undertaking that the site be purchased by the State and, if this is not possi-

ble, that it be the subject of a compulsory purchase order? This Saturday, the Campaign Against Church Ownership of Women's Healthcare will stage a demonstration on O'Connell Street to express its extreme concern about how this issue is shaping up. The campaign is supported by a wide range of non-governmental organisations, political parties, trade unions, etc. The Taoiseach needs to give an assurance today to those who will be out on the street on Saturday that their fears will be allayed. The only way of doing so in law is by the State actually owning the site as well as the building. Will he give an assurance today that this will be the case? That is the only way we can protect people's right to access healthcare.

**The Taoiseach:** I am glad everyone in the House agrees with the principle of co-location, but saying one agrees with something and wanting or demanding something are very different from delivering it. As someone who has spent a good bit of time in government, I understand this more and more. We are not starting from scratch. We have the Coombe, the Rotunda and Holles Street, voluntary hospitals that have existed since before the foundation of the State. It is not a simple matter of closing them down, laying off the staff, getting rid of the board of the NMH, extinguishing its legal identity and setting up from scratch again somewhere else. We are moving existing hospitals to new sites. I have laid out to the Deputy what the Government is trying to achieve in these negotiations, which are still under way, namely, that the hospital will be owned by the State; the land on which it is located will be controlled by the State; the staff in the hospital will be public servants; the ethos will ensure that it is not a religious ethos; any procedure, including any women's health procedure, that is legal in this State will be provided in the hospital; and the laws that apply will be those enacted by this Oireachtas, not Canon Law.

**Deputy Róisín Shortall:** Control does not mean ownership.

### **Ceisteanna ar Reachtaíocht a Gealladh - Questions on Promised Legislation**

**Deputy Micheál Martin:** Many years ago, a former Minister, Michael Woods, engaged with an iconic member of the credit union movement, Brendan Roche of the Lough Credit Union in Cork. Out of this evolved the Money Advice & Budgeting Service, MABS. Essentially, that credit union, with the then Department of Social Welfare, put together a financial proposal and vehicle to allow people in difficult financial circumstances to emerge from those circumstances and not be dependent on moneylenders. The Society of St. Vincent de Paul is this Christmas again commenting on the role and impact of moneylenders, whose charges are exorbitant. It seems that the Government is being lethargic in its broader initiatives on social protection and working with the credit union movement proactively to ensure credit unions have far greater coverage than they currently have and to allow people to circumvent moneylenders as a means of credit, particularly during the Christmas period. There are many areas across our cities where families will be under enormous pressure, will borrow a lot before Christmas and, come February, will face huge difficulties. I pick this up all over, and something needs to be done proactively with the credit union movement to replace these exorbitant rates charged by moneylenders.

**The Taoiseach:** This is a very important issue, and I share the Deputy's concern that people in some families turn to moneylenders at this time of year in order to pay for Christmas and then find themselves in the spring having to pay back massive loans, much greater sums than the money they borrowed because of the high interest rates charged. The Department of Employment Affairs and Social Protection has a programme with the credit unions. It is called the It

Makes Sense loan programme.

**Deputy Micheál Martin:** No-----

**The Taoiseach:** I launched it when I was Minister for Social Protection. When last I checked, about 100 credit unions around the country were offering the loan-----

**Deputy Micheál Martin:** About 3,000 loans were given out.

**The Taoiseach:** -----but it was difficult to get some credit unions to sign up.

**Deputy Micheál Martin:** For example, Drogheda does not have any.

**The Taoiseach:** I will certainly remind the Minister for Employment Affairs and Social Protection, Deputy Regina Doherty, of the matter and we will be proactive in encouraging credit unions to take part in the scheme. It is important to point out in addition that the Christmas bonus is being paid last week and this week. For the first time in a very long time it is being paid at 100% of the weekly payment. I hope that will help hundreds of thousands of people to afford the Christmas bills. As the Deputies know, that was abolished by the Fianna Fáil Party and Deputy Micheál Martin when last in government.

**Deputy Mary Lou McDonald:** The Society of St. Vincent de Paul stated yesterday that it expects that energy price increases in the coming weeks and months will force low-income households to go without heat and light. Ms Caroline Fahey, head of the Society of St. Vincent de Paul social justice team, said that price increases are really going to hit struggling households hard as so many are already finding it difficult to make ends meet. It also means that the increase in the fuel allowance in budget 2019 will be completely wiped out by the latest price hikes. This is not a minor issue. Fuel poverty affects tens of thousands of families across the State and is only going to get worse as these price increases take effect. What plan is in place to assist families that are going to struggle with these price increases? Will consideration be given to extending the fuel allowance to those in receipt of the working family payment?

**The Taoiseach:** As Deputy McDonald will acknowledge, the Government does not set the price of energy. It is regulated by an independent regulator and is largely related to the cost of oil and gas on international markets. That is not something anyone in this country can control. It is, however, important to help people who may be struggling with fuel bills. What supports are available? There is the fuel allowance, of which the Deputy will be aware. It is means tested and I believe that it is a fair means test. We are extending the fuel allowance next year, having extended it last year as well. That is the kind of assistance being offered to people on low incomes. For people who may not have access to the fuel allowance, they can apply for an emergency needs payment or an urgent needs payment from their community welfare officer.

**Deputy Brendan Howlin:** In the last year, there have been calls from media organisations for a review of and changes to the defamation laws in Ireland. I understand that the Department of Justice and Equality opened a review of the Defamation Act 2009 in November 2016 with an invitation for submissions. More than two years later, can it be clarified if the report on that review has been completed? Has it been submitted to the Government? My understanding is that a number of suggestions have been made for reform of the Defamation Act 2009. Will the Taoiseach indicate where stands that review and will the Government legislate in this area?

**The Taoiseach:** It has not been submitted to the Government yet. I am not quite sure of

the status of the report. I am advised that the draft report, with options, is due to be submitted to the Minister for Justice and Equality, Deputy Flanagan, in January. I imagine that we will have the report in January 2019. After the Minister has had a chance to review it, it will come to Cabinet with a view to publication. As is always the case, and I know Deputy Howlin will agree with me on this, defamation is always a bad thing. We do not want to make it easier for people to be defamed, so we need to find the right balance between protecting the free press, and ensuring we have a free press in Ireland, and ensuring we do not make it easier to defame people and trash their reputations. I do not think that would be a good thing either. We need to make sure we get the balance right.

**Deputy Richard Boyd Barrett:** Of all of the promised legislation before this House, the abortion legislation has the most unequivocal democratic mandate from the people of this country. It also has a very definite timeline to make abortion facilities available to women in this country. A minority of people, however, seem to wish to frustrate the democratic wishes of the people in this country, regardless of the consequences for Irish women, and there is now a real danger that legislation will not pass in time. I want to know a number of things. Amendments are normally given a very strict deadline but some have now been accepted from this minority for the Order Paper today. They were debated yesterday but are being brought in again today. I want to know if they are in order. We are never allowed to do that.

**Deputy Mattie McGrath:** They are not out of order.

**Deputy Richard Boyd Barrett:** Regardless of that question, given the obvious attempts by some to frustrate the democratic wishes of the people of this country, at this stage we need to send a clear signal. I refer to sitting on Friday, if necessary, and sitting until this legislation finishes this week. This legislation could also be amended in the Seanad, so the Dáil, if necessary should sit on extra days before Christmas to deal with any amendments that might come from the Seanad. We need a clear signal that this attempt to frustrate the abortion legislation will not succeed and that the legislation will pass into law before Christmas.

**The Taoiseach:** I understand that seven and a half hours have been set aside for debate tonight. That is a large block of time and I hope that will be sufficient for us to pass the legislation through the Dáil today. I encourage any Deputies making contributions on this legislation to be pithy and to not repeat arguments they have already made. That is unnecessary and only causes us to take more time than needed. It is fair to say there was a time when things were different, when we had majority Governments and the Government controlled the House. When that was the case, perhaps we stifled debate too quickly and used the guillotine too frequently.

**Deputy Richard Boyd Barrett:** I am not asking for a guillotine. I am asking for a Friday sitting.

**The Taoiseach:** That led to bad legislation being enacted. Now we have the other extreme. Legislation is being held up in this House and in the other House. As a consequence, all sorts of other legislation is backing up behind it and that is very frustrating.

**Deputy Richard Boyd Barrett:** What about the Friday sitting?

**The Taoiseach:** That is a matter for the Business Committee.

**Deputy Mattie McGrath:** I was not going to raise this but I have to refute that allegation that we are delaying anything. We are doing our democratic job here. We had no pre-legislative

scrutiny of this legislation. I appeal to the Taoiseach to withdraw his disgusting remarks from yesterday when he said that we were filibustering this Bill. We are not. Check the record. Some members of Deputy Boyd Barrett's own party are using their seven minutes and their two minutes. We are not and we are entitled to put down amendments.

**Deputy Richard Boyd Barrett:** I have not said a word about abortion for two days.

**Deputy Mattie McGrath:** If mistakes are made in the Bills Office, we regret that.

**Deputy Danny Healy-Rae:** Do not be-----

**Deputy Mattie McGrath:** Please withdraw those remarks from yesterday. I will now ask the Taoiseach what I wanted to ask him about road safety. A young man in Tipperary, an entrepreneur called Jason Maher, has developed a tyre app for road safety. He is up and down with the Road Safety Authority, RSA. The tyres are the most important part of the vehicle in regard to its connection with the road. Will the Taoiseach please ask the Minister for Transport, Tourism and Sport, Deputy Ross, to engage with him? We have advertisements every day of the week asking people to slow down and the Minister has a battle against rural drivers as well. We, however, are accused of being anti-democratic in that as well, even though we are representing our people. Ask the Minister for Transport, Tourism and Sport, Deputy Ross, and the Road Safety Authority to engage with a positive project that will save lives.

**The Taoiseach:** For the benefit of the parliamentary reporter, I think the Deputy said "tyre app".

**Deputy Mattie McGrath:** That is correct.

**The Taoiseach:** I thought he said "tie rack".

**Deputy Mattie McGrath:** It is the Taoiseach's Dublin 4 accent.

**Deputy Michael Healy-Rae:** There is no need to be smart.

**The Taoiseach:** I was not quite sure what use a tie rack would be to the Road Safety Authority. If this person has an innovative piece of technology that can help us with tyres, and bald tyres can be a cause for collisions and for injuries-----

**Deputy Mattie McGrath:** He does and it can.

**The Taoiseach:** -----if there is something that can be done to help, I am sure we can arrange to put him in contact with the RSA. If Deputy Mattie McGrath passes on the details, I will make sure that happens.

**Deputy Mattie McGrath:** Will the Taoiseach withdraw those remarks?

**The Taoiseach:** I cannot withdraw something I believe to be true.

**Deputy Mattie McGrath:** It is not true.

*(Interruptions).*

**An Ceann Comhairle:** No. Please, Deputies. I call Deputy Catherine Murphy.

*(Interruptions).*

**An Ceann Comhairle:** Please, Deputies. The House is being brought into disrepute. I ask the Deputies to resume their seats, please. This is not Ballymagash.

**Deputy Mattie McGrath:** It is not true.

**An Ceann Comhairle:** Please, Deputies.

**Deputy Mattie McGrath:** He knows it is not true.

**Deputy Michael Healy-Rae:** So the Taoiseach can tell lies and put them on the record of the Dáil?

**An Ceann Comhairle:** The record stands.

**Deputy Michael Healy-Rae:** That is wrong. It is a disgrace.

**Deputy Brendan Howlin:** Deputies cannot call other Deputies liars.

**An Ceann Comhairle:** I ask Deputy Michael Healy-Rae to resume his seat, please. I call Deputy Catherine Murphy.

**Deputy Catherine Murphy:** A Programme for a Partnership Government stated in respect of housing and homelessness that the Government's approach to governing would be clearly seen in how those issues would be addressed. There was a count of people sleeping rough in this city last Saturday night. There were 108 men and 10 women sleeping on the streets. I was tagged in a tweet by an individual on Monday night, along with others. The tweet said that one more person could be added to that figure. The person tweeting stated it was not possible for him or her to get a bed or a mat for the night. The person went on to say that he or she was ashamed to be sleeping in doorways and his or her worst fear was now a reality. We have been told, constantly, that there is a bed for everyone that wants one. Clearly, there is not. Can the Taoiseach stand over the statement that there is a bed for everyone who wants one? The figures and the experiences of people are not what we are being told.

**Minister for Housing, Planning and Local Government (Deputy Eoghan Murphy):** I thank the Deputy for the question. We did have the latest rough sleeper count. It is down on last year but is up since the spring. As we have been planning ahead, we are putting in place emergency beds to ensure 200 new permanent beds come into the system which is more than what we need based on the count. In addition to that, there are also 130 emergency places should something happen.

**Deputy Catherine Murphy:** When?

**Deputy Eoghan Murphy:** Those beds are being put in place at the moment. That programme has already begun because we were planning ahead knowing that, what we knew anecdotally from our outreach teams, numbers have been creeping back up again. Beds are being put in place. There is always emergency availability of a cot or other temporary measure. We will have permanent beds in place for 200 people which is more than the number recorded on the night of the recent count.

**Deputy John Brassil:** Under the programme for Government and promised legislation, new guidelines were promised for the wind energy industry. Following repeated questions and lobbying, approximately 18 months ago, the then Minister for Housing, Planning, Community

and Local Government, Deputy Coveney, announced the new guidelines had been developed, were going out to public consultation and would then be implemented.

Nearly 18 months later, however, they still have not gone to public consultation. In areas such as Gneevgullia, Ballydesmond and Ballyhorgan in Lixnaw, developments are being granted by An Bord Pleanála although they have been refused by Kerry County Council. If these guidelines were in place and implemented as promised, An Bord Pleanála would not be in a position to grant these wholly inappropriate developments right down on top of people's houses. With advances in technology, one can put in turbines 150 m high, suitable to be located in low-lying flatland areas on top of people's houses. There is a place for wind farms on high land but not down on top of people's houses. The people in the areas in question are up in arms. Those guidelines were promised but are not in place when they should be.

**Deputy Eoghan Murphy:** I updated the Seanad on this yesterday afternoon. We are about to go to public consultation on the new draft wind guidelines. I have also spoken to the Minister for Communications, Climate Action and Environment, Deputy Bruton, about the possibility of solar energy guidelines.

**Deputy John Brassil:** When?

**Deputy Willie O'Dea:** There is a commitment in the programme for Government to develop a new help-to-buy scheme to assist first-time house purchasers. Does the Taoiseach agree with me that this scheme is not working particularly well? In my experience, it takes up to six months to get a decision on whether one can get a loan to purchase a house. There are more refusals than acceptances. Does the Government recognise the problems in the scheme? Does it intend to refine it to ensure it will achieve the purpose for which it was designed, namely to enable first-time house purchasers to get on the housing ladder?

When is the Government going to meet its commitment to overhaul the tenant purchase scheme for local authority tenants?

**Deputy Eoghan Murphy:** I thank the Deputy for both those questions.

The Deputy is referring to the Rebuilding Ireland home loan scheme. More applications to the Housing Agency for this scheme have been successful than unsuccessful. More than 1,000 loans have gone through the Housing Agency. The delay is happening at the credit committees at local government level.

During the budget process, I reviewed the Rebuilding Ireland home loan scheme. There are proposed reforms and I am in conversation with the Department of Public Expenditure and Reform as to how we progress those reforms to ensure the loan can work for more people and more quickly.

The review of the tenant purchase scheme is ongoing and will be completed shortly. I should be in a position to make an announcement on it in January.

**Deputy John Brady:** In June 2017, the then Minister for Communications, Climate Action and Environment, Deputy Naughten, announced changes to the waste charges regime in place. He said he would also introduce an annual support of €75 for persons with lifelong and long-term medical incontinence to be rolled out by the end of 2017. Some 19 months later, there is nothing in place for people in these horrendous circumstances. I spoke recently to one

individual affected whose waste collection company has introduced pay-for weight charges. Her charges jumped from €7 a lift up to €15. The proposed €75 support is minuscule and needs to be larger. Will the Taoiseach give a commitment as to when this support will be introduced?

**Minister for Communications, Climate Action and Environment (Deputy Richard Bruton):** The implementation of this measure has run into significant administrative difficulties, including data protection issues. Discussions are going on between my Department and the Department of Employment Affairs and Social Protection with a view to finding a way of paying it. We hope to be in a position to make an announcement on it shortly.

**Deputy Margaret Murphy O'Mahony:** On Monday in Bantry I met with the chief executive of Irish Community Rapid Response, John Kearney. I was given a tour of its helicopter and Mr. Kearney went through the services the organisation will be offering people in Munster. It is ready to go but is waiting for the go-ahead from the Minister for Health, Deputy Harris. What is the hold-up and when will Irish Community Rapid Response get the go-ahead?

**Minister of State at the Department of Health (Deputy Jim Daly):** I will have to come back to the Deputy on that as it is a bit more complicated than how she has just presented it. It has the go-ahead, funds and the equipment. There is a difference of view between the organisation and the HSE on the medical cover necessary to be provided.

**Deputy Mattie McGrath:** The Minister of State is blocking a good group.

**Deputy Danny Healy-Rae:** I too wish to raise the issue concerning the planning guidelines for wind turbines. Will the Minister for Housing, Planning and Local Government, Deputy Eoghan Murphy, explain why the issuing of these guidelines has taken so long? They were promised for last year, as well as the end of this year. Now it seems it is going into next year. As Deputy Brassil said, there are concerns that wind turbines are being allowed near homes in Gneevgullia at a massive height. There needs to be some regulation to address this matter. Last year, I asked here that before the decision was made that the new planning guidelines would be adhered to. Neither are there directions to local authorities concerning solar panels.

**Deputy Eoghan Murphy:** It is important that when we go out to public consultation on this sensitive but important issue that we get it right to ensure that we do not have to go back to the drawing board later. It took a little more time to finalise these guidelines. They are now finalised and will be going out to public consultation shortly.

**Deputy Mary Butler:** We are all upset and distressed by the horrific images from Yemen and the fact so many children are starving. There are reports that up to 85,000 children may have already died from starvation. Under the budget for overseas aid, is there any capacity to offer humanitarian assistance? Has the Government any response to this crisis?

**The Taoiseach:** I thank the Deputy for raising this important matter. I share her concerns, horror and disgust at what is happening in Yemen and the impact on civilians there in particular. The Government has made a decision to provide funding through the UN and other agencies for humanitarian assistance in Yemen. We will increase that next year. We have joined with our EU and UN colleagues in calling for a ceasefire in Yemen to allow peace talks to begin.

**Deputy Michael Healy-Rae:** Unfortunately and sadly, many people suffer from the condition, Lupus. There is a life-changing drug available to them but, unfortunately, it is not available through current schemes. What progress has been made by the Department of Health in

making this great drug available which would make the lives of the people affected more tolerable and bearable?

**Deputy Jim Daly:** Already this year, 23 new drugs have been approved. It is an independent process and is not done by ministerial order. Negotiations have taken place with the companies involved. It is not as straightforward as looking at the clinical side of it and if it is effective. There is also a cost issue. We want to be fair to the entire population to ensure as many people as possible can avail of these drugs. The process takes a little bit longer than any of us would like but that is necessary to ensure we get value for money, which I am sure the Deputy would like to see, to allow us to purchase as many different types of these drugs as possible. However, we cannot give a blank cheque to the drug companies. The process is continuing under the remit of the Health Products Regulatory Authority, HPRA.

**Deputy Aindrias Moynihan:** There are commitments in the programme for Government on improving farm incomes and rewarding farmers who produce quality food. Beef factories are contravening regulations when trimming carcasses, resulting in a direct loss of income to farmers because the beef is being cut away. Margins in beef farming are already *I o'clock* tight, yet the factories in question are only receiving minimal fines of a couple of hundred euro. Contrast that with beef farmers whom the Department comes down on heavily if they fill out a form wrongly. Farmers are furious about how factories can get such a soft penalty. How is the Government going to address this matter? Is it going to identify the factories that are contravening the regulations? Will farmers know? How will the Government ensure that farmers are not being robbed and such a situation does not happen again?

**Minister of State at the Department of Agriculture, Food and the Marine (Deputy Andrew Doyle):** The Deputy outlined many issues in the beef sector. On the specific issue of trimming, I understand from my colleague, the Minister for Agriculture, Food and the Marine, Deputy Creed, that the Department is providing additional resources for on-the-floor monitoring of the current situation. He has asked to be kept apprised. It is unacceptable if excess trimmings are being taken from animals, particularly at this time when prices are under pressure. I will get an update for the Deputy from the Minister and the Department.

**Deputy Aindrias Moynihan:** Are the factories going to be identified?

**Deputy John Curran:** I previously raised with the Taoiseach the situation of two boys in my constituency, Sam and Glen, who suffer from spinal muscular atrophy. With their parents and 20 other children around the country, they are looking for access to a drug called Spinraza. The Taoiseach indicated that it had not been approved by the HSE. In subsequent replies, he indicated that the matter was under review and negotiation between the HSE and the drugs company, which has given these children some hope that they will get access to the drug in a short time. Were they in many other European countries, they would have access to it today. Will the Taoiseach update the House on where the negotiations stand and whether there is any prospect of the drug being made available before the end of the year?

**Deputy Jim Daly:** At the outset, I acknowledge the Deputy's consistency on this issue. I have often said in this forum that consistency is my favourite attribute in a politician. I asked a question before I came to the Chamber today, as I expected the Deputy to raise the issue again, given that he has constituents about whom he is very concerned. I acknowledge the frustration he feels as a public representative who raises this matter continually only to get the same answer each time. As I outlined previously, though, there are two sides at the negotiating

table - the HSE and the drugs companies, which are charging incredibly high prices. We must ensure value for money. The negotiations are continuing. I wish they were concluded, but we cannot do so at the cost of giving the company an open cheque book. The negotiations are at a relatively final stage, but I cannot predetermine their outcome or when they will close. As soon as there is a breakthrough, I will let the Deputy know.

**Deputy Eugene Murphy:** The health section of the programme for Government used caring language about looking after the less privileged in our society, particularly people with disabilities and older people. The Minister of State, Deputy Jim Daly, probably knows the matter I am going to raise again, namely, the Rosalie unit in Castlerea, County Roscommon. When the Taoiseach was the Minister for Health, his Department issued a letter stating that the unit would not be closed. I am seeking an update. According to an article in today's *Roscommon Herald*, a local newspaper, the HSE is ploughing ahead with closing the unit. As the Minister of State and the Taoiseach know, this is a concern for the people of Castlerea. The battle of Castlerea will continue. This is no way to treat people who have been in those surroundings for many years, are quite content and are well looked after. The Minister of State visited the unit. It is a fantastic unit and is well catered for and staffed. Will the Taoiseach provide an update on the unit? Will he also guarantee that its patients and their families will not be further upset by such newspaper articles?

**Deputy Jim Daly:** I cannot give any guarantee about what the *Roscommon Herald* will or will not print on any given day.

**Deputy Eugene Murphy:** It is a reputable newspaper.

**Deputy Jim Daly:** However, I can give the Deputy an assurance. As he is aware, there are 23,600 fair deal patients under my brief, of whom the 12 patients in the Rosalie unit have probably occupied approximately 20% of my time in this role. I have engaged with representatives and visited the unit numerous times. Indeed, I have often engaged with the Deputy. Regarding the up-to-date position, local representatives insisted on an independent review of the clinical assessment of patients' needs. We undertook that review process, but it was halted half way through because the person undertaking it did not feel like the most appropriate person to do it. The process was reinitiated, but it has not concluded yet. As soon as the independent review of the clinical advice given to us and the HSE is completed, it will be given to me. Then and only then will the next steps of this process take place.

**Deputy Eugene Murphy:** Has the new person been appointed?

**Deputy James Browne:** I wish to raise the grave issue of suicide, in particular suicide by young people, and the growing menace of cyberbullying. Ireland has the fourth highest rate of teen suicide in Europe. No corner of Ireland is unaffected by these tragedies. Cyberbullying is increasingly cited in the deaths. Bullying can lead to depression, anxiety, sleep deprivation and the drastic decision by a young person to take his or her own life. Desperate children and distraught parents need help and the bullies need to be addressed. Young people need to be given hope, access to services and coping skills. What steps is the Government taking to address the menace of cyberbullying and the issue of young people taking their own lives?

**Deputy Richard Bruton:** As the Deputy probably knows, there is a whole-of-Government initiative on Internet safety. It was being led by the Department of the Taoiseach. It involves strengthening criminal law, actions to improve the education supports for young people through

schools and Webwise, and making online supports available for people with mental health difficulties, an area that the Minister of State, Deputy Jim Daly, has been pioneering. Under the initiative, 25 actions will be implemented over the next 18 months. It is now being led by the Department of Education and Skills.

**An Ceann Comhairle:** With just three Deputies remaining, I will give them 30 seconds each before calling for a response.

**Deputy Robert Troy:** Longford-Westmeath was one of the first constituencies to have its commercial rates revalued, and many small independent retailers saw a significant increase in their rates. I attended a public meeting more than two years ago where a Government representative reassured retailers not to worry because new valuation legislation would go through the Oireachtas and they would not have to pay any of the new charges. That has not happened, though. Two years on and no legislation has been published, never mind enacted. Will the Taoiseach advise commercial ratepayers, who are facing many challenges, not least in the form of out-of-town shopping centres and online shopping, of when a fairer and more equitable valuation rate system will be in place?

**Deputy Declan Breathnach:** As expected, the legal advice of the UK's attorney general was issued in the past hour, but an equally important document prepared by the EU and UK concerns the more than 150 issues identified by the mapping exercise on cross-Border co-operation and the implications for the Good Friday Agreement. Like many others, the Taoiseach is on record as saying he would like to see that document published. In the interests of transparency and clarity, does he not believe it to be important that the document on the 150 issues, which are particularly pertinent to people in the Border communities, including the area that I represent, be published?

**Deputy Martin Kenny:** I wish to raise an issue in the context of the Finance Bill, namely, the double Irish tax loophole. It was announced in 2015 that this loophole was to be closed to new companies. According to a publication last week, Google Ireland, which has until 2020 to continue using the same format because it was an existing company in 2015, paid €164 million in tax in 2016. But for the double Irish, it would have had to pay €1.1 billion, meaning that 85% of it was forgone. In 2017, it paid €171 million. Were it not for the double Irish, it would have had to pay €1.6 billion. This means we are seeing a significant amount of tax forgone by these major multinational companies. Google is one example. There are numerous other companies in the same position. Hard-pressed workers feel they are overtaxed for the services they receive yet these corporations are getting away with significant tax breaks in the Finance Bill. Will the Government close the double Irish now for existing companies?

**Deputy Eoghan Murphy:** I will reply to Deputy Troy's question. I cannot speak to commitments that were given previously or locally but I can say that the Minister of State, Deputy Phelan, met officials this morning and raised the commercial rates Bill because it is priority legislation. I will ask him to correspond directly with Deputy Troy on the timelines for its publication and enactment.

**The Taoiseach:** With regard to the matter raised by Deputy Breathnach, I would also be happy to see that document published. I thought it had been published as an annexe to the withdrawal agreement but perhaps it has not been so I will double-check. As a UK-EU paper, it is not in our gift to publish it but I see no reason it should not be published. That information should be available to people in this House and the House of Commons as well, demonstrating

the extent to which North-South co-operation and daily life between Northern Ireland and the Republic of Ireland are underpinned by European law.

The double Irish has been closed but there is a phase-out period, as Deputy Martin Kenny pointed out. That is in place for a good reason.

**Deputy Martin Kenny:** It is wrong.

**The Taoiseach:** The tax affairs of any individual company are kept confidential by the company and the Revenue Commissioners so I would not assume that the figures the Deputy put on the record are correct.

### **Ceisteanna (Atógáil) - Questions (Resumed)**

#### **Departmental Staff Data**

1. **Deputy Mary Lou McDonald** asked the Taoiseach the number of staff in his Department who provide supports for Independent Ministers in government. [50348/18]

**The Taoiseach:** My Department, as outlined in the strategy statement, provides assistance to the Taoiseach and the Government, including the Independent members of Government, through the Government secretariat, the parliamentary liaison unit, the programme for Government office and the Cabinet committee structure to ensure Government business is managed to the highest standards. The chief strategist for the Independent Alliance and the political coordinator for the Independent Ministers in government are also based in my Department.

The Government press secretary acts as a spokesperson for the Taoiseach and the Government and is assisted by the press office in his role of co-ordinating the media relations of all Government Departments. The deputy press secretary, who is also based in my Department, is tasked with co-ordinating communications for all the Independents in government.

**Deputy Mary Lou McDonald:** The question was about Independent Ministers in government but I notice that Fianna Fáil's negotiators are to report back to their party leader on the state of talks with Fine Gael to renew the confidence and supply arrangement. Will the Taoiseach or even the leader of Fianna Fáil enlighten the rest of us as to the state of play in that regard? What is on offer and what is being demanded? What timeframe will the new confidence and supply arrangement cover? What role, if any, will the Independents who are propping up the Government play? Are they party to these negotiations? What is their role in the process? What asks, if any, have they tabled or are they, like the rest of us, in the dark about all of this? It is now two months or thereabouts since the budget. We are told discussions and negotiations have taken place in that time. Fine Gael and Fianna Fáil, the parties of Government, talked a great deal about stability and certainty, not least because of Brexit, yet we have this most uncertain of situations. Will the Taoiseach enlighten us regarding my questions? I am sure that if he is not able to give full and comprehensive answers, his partner in government, Deputy Micheál Martin, will no doubt oblige.

**Deputy John Brassil:** At least we have a Government.

**Deputy Micheál Martin:** I remind Deputy McDonald that this jurisdiction has a Government and that this House facilitated its formation unlike Northern Ireland, which has been without a government for two years, a record length of time. The people of Northern Ireland have no voice in any democratic forum because of very wrong decisions that were taken.

The Taoiseach will remember that he repeatedly said that everything needs to be branded as coming from the Government and that the extraordinary amount of attention paid to promoting himself and his colleagues is important because people need to understand that it is the State that is helping them. He then identified the expansion of childcare as a particular priority for Government publicity. In this respect, is the profile the Minister for Children and Youth Affairs is giving herself regarding initiatives such as the Government-funded website, *affordablechildcare.ie*, acceptable? This website is headlined with a photograph of the Minister whose introduction implies that every support for childcare was created in the past 14 months. In addition, there is not the slightest mention of the Government or indeed the Oireachtas, which applied the pressure that delivered much of the new funding. Is this good or acceptable practice? Can the Taoiseach confirm to the House that Independent Ministers are subject to the same standards of oversight and accountability as those who belong to a party?

In the same vein, it has become a regular occurrence that public bodies are being requested to delay announcements and grants until a Minister is available to claim credit. While it has always been the case that a ministerial presence at an announcement can be helpful, it has been suggested to me that there are cases where the efficient running of programmes is being impacted by a loud demand from the centre of Government that nothing happen until the politicians are ready. Can the Taoiseach assure the House that this is not the case?

**Deputy Brendan Howlin:** I am interested in the issue of branding because it seems that anything that is good or perceived to be good is delivered by the Government but I have noticed that all the very strong radio and television advertisements demanding people pay their TV licence or face jail are a matter for the Minister for Communications, Climate Action and Environment. Is it only good things that result from collective decisions? Who makes the decision about what gets branded? Is it an official, a committee or a working group? Who determines whether initiatives taken by the Minister for Children and Youth Affairs are her initiatives or initiatives of the Government?

Regarding supports to Independent Ministers, where stands the former Minister for Communications, Climate Action and Environment, Deputy Naughten? Is he getting supports from Government? Is he part of the support base? If so, what specific supports are assigned to him?

**The Taoiseach:** The talks on the review and renewal of the confidence and supply agreement are ongoing between Fianna Fáil and Fine Gael. The House and members of the public will know the outcome I have put forward, which is that we should not have an election until the summer of 2020 and we should agree a date for an election in the summer of 2020. I am very keen to get down to talking about the nitty-gritty and detail of what can be achieved for the public by the Government and Oireachtas between now and then in areas such as the economy, tax, jobs, health, housing, education, infrastructure and climate change - everything that we care about.

Given the way Brexit is unfolding in the United Kingdom, it may go on for quite some time and it would be responsible to give Ireland the stability and certainty of having a Government in place until the summer of 2020 so we can get through the entire Brexit period and perhaps

most of the transition period. The talks are going on longer than I would like but I respect the fact that Fianna Fáil wants to do a detailed and in-depth review of what is happening in different Departments and I respect its wish that this be done. That is being done. I think eight or nine Departments have been reviewed. While the talks have been ongoing for a long time, they have certainly not gone on as long as the DUP-Sinn Féin on-and-off talks. In fact, I do not think those two parties are talking at the moment. It is always better to talk than not talk when it comes to getting things done for citizens. As Deputy Micheál Martin rightly said, the DUP and Sinn Féin now hold the international record for failing to agree a government and form a coalition. As a result of that, people in Northern Ireland, Irish and British citizens alike, have been left largely voiceless over Brexit, unlike south of the Border. The number of people on waiting lists for operations and procedures is spiralling. Homelessness in the North is getting worse and people are forced to live on meagre welfare payments and pensions worth half of those in the Republic of Ireland. A large share of the responsibility for that lies with the failure of Sinn Féin to form a government in Northern Ireland.

The Independents in Government are not involved in the confidence and supply talks because it is an agreement between Fianna Fáil and Fine Gael but I have given the Independents my commitment that Fine Gael will not sign off on a new confidence and supply agreement, or renewal, without them also being happy with it. Ultimately, any new agreement would fall to the Government, not just Fine Gael, to implement and I could not sign up to something which the Independents, in good faith, did not feel they could deliver on. That is where it stands. The Independents are not involved in the negotiations because Fine Gael has already negotiated a programme for Government with the Independent Alliance and the Independents in government and that runs for five years.

Childcare is a particular priority for Government and it is particularly important, and more important, to families, many of which struggle with the cost of childcare. It is an area in which the Government has made much progress in recent years. Everyone is guaranteed two years of free preschool, early childhood care and education, which I know many parents find extremely valuable. The Government has introduced the universal subsidy which gives a subsidy to any child in childcare between the ages of six months and three years. That is not means tested, which is important because hard-working middle income and middle class parents, who pay a lot of income tax, should also benefit from childcare subsidies and that is why we made sure there was no means test for that particular subsidy.

There is also the affordable childcare scheme and there will be further improvements to that scheme in 2019. It will be put on a universal basis, merging the existing schemes into one. There will be an increase in the subsidies paid to low income families because they need it most, but it will also be extended to many more middle income families because they need help too. Middle income families, with combined incomes of about €100,000, will receive childcare subsidies from next year and that is only right and appropriate, given that they are the same parents who pay an awful lot of income tax so they should also get things back from the system.

It is absolutely appropriate that the public are informed about all this and I am glad that the Minister for Children and Youth Affairs, Deputy Zappone, is making sure that the public is informed of what is available to them in childcare supports. I do not regulate or control that in any way.

**Deputy Micheál Martin:** That is a big problem with the Government.

**The Taoiseach:** She is the Minister in her own Department and is doing an exceptional job.

Deputy Howlin complained about the Government claiming credit for anything that is good but not wanting to associate itself with things that are bad. Often, when I am in this House, it feels like the shoe is on the other foot. The Government gets no credit for all the things it is doing and the successes it has achieved, whether that is employment at a ten-year low, a budget that is balanced, or perhaps even in surplus, ahead of schedule this year, rising living standards, falling poverty and so many other things I could list. The Government is solely to blame for everything that is going wrong and nobody else has any responsibility, not the Opposition, local authorities - nobody. I can understand Deputy Howlin's frustration but he can be sure that it works both ways.

The Government does not have any agreement with Deputy Naughten at present. As is the case with all Independents, we do our best to assist them with queries they may raise, particularly about their own constituency.

### **British-Irish Council**

2. **Deputy Mary Lou McDonald** asked the Taoiseach if he will report on the recent meeting of the British-Irish Council. [48021/18]

**The Taoiseach:** I attended the 31st British-Irish Council, BIC, summit in the Isle of Man on Friday, 9 November, hosted by Chief Minister Howard Quale. I was accompanied by the Minister of State with responsibility for natural resources, community affairs and digital development, Deputy Sean Canney.

The discussion at the summit covered political developments for administrations since the last summit in June, including on the implications of Brexit, particularly for relationships across the islands and all seven jurisdictions. The council also discussed the current political situation in Northern Ireland and I restated my regret that Northern Ireland was not represented at the meeting. In fact, everyone expressed their regret that the deputy First Minister and First Minister of Northern Ireland were not present because they do not exist. That was the strong view around the table.

The council also endorsed plans for a future programme of work for the council's digital inclusion work sector. The Minister of State, Deputy Canney, took part in a thematic discussion on the subject of digital inclusion. Topics covered included digital rights, digital skills and literacy and partnership working between the BIC administrations.

Cabinet Office Minister, Mr. David Lidington, MP, and the Secretary of State for Northern Ireland, Ms Karen Bradley, MP, attended the summit meeting for the UK Government, along with the First Ministers of Scotland and Wales and the Chief Ministers of Guernsey and Jersey. I took the opportunity to have bilateral discussions with First Minister Carwyn Jones and First Minister Nicola Sturgeon. In both meetings we exchanged views on issues of mutual interest and continued co-operation with discussions focusing mainly on Brexit and its impacts on business and citizens and on developments in Westminster and Brussels. I wished First Minister Jones well in his future because it was the occasion of his last BIC summit because he will step down as leader of the Welsh Labour Party and First Minister on 11 December.

I also held brief discussions with David Lidington on Brexit and on the absence of an agreement between the parties in the Northern Ireland Executive. I underlined the importance of the restoration of the institutions in the context of the full implementation of the Good Friday Agreement and undertook to continue to work with the British Government to assist the Northern parties to achieve this outcome.

**Deputy Mary Lou McDonald:** The Taoiseach referred to full restoration of the institutions in line with the full implementation of the Good Friday Agreement. That may rhetorically be the Taoiseach's position, but it is not his position politically. Week on week, he amplifies that reality when he takes to his feet in this House. I am not going to waste the time that I have on tit-for-tat politics.

Brexit has thrown up a whole myriad of legislative and logistical issues, one of which is future EU representation in the European Parliament for citizens in the North, whom the Taoiseach cares deeply about. Sinn Féin and others have pressed to ensure citizens in the North are afforded a means of maintaining representation in the parliament, whether through the allocation of seats to the North, the two additional seats that were afforded to this State, or indeed by extension of the franchise. I see a report in *The Irish Times* yesterday which states that an internal Government note has been prepared on this matter and it would appear that these suggestions have been dismissed. If that is true, I think it is regrettable. In fact, it does not chime at all with the Taoiseach's pledge that no one in the North would ever again be left behind. Is there such a note? Does it dismiss these propositions? Has it been accepted by Government and will the Taoiseach publish it?

**Deputy Micheál Martin:** The BIC meeting last month was, unfortunately, a reminder of just how bad things are in the operations of the agreed structures of the 1998 Good Friday Agreement. Yet again there was no democratic voice for Northern Ireland at the meeting because of the continued suspension of the Assembly and Executive. We were then told that Sinn Féin's concerns about the operation of a heating scheme mean that the people of Northern Ireland have no voice at these or any other discussions about the future of relations on these islands.

When a scandal happens, it should never bring down the edifice of Government or Parliament. It is incomprehensible when looked at it in that context. A scandal should be dealt with, rather than bringing down the whole operation.

More importantly, there is no evidence from the communiqué or any of the press conferences that there were substantive discussions about the need for much more active and constructive relations. I take on board what the Taoiseach has just said, but Fianna Fáil proposed over two years ago after the result of the Brexit referendum that there is a need to replace the current constant east-west contact which happens between the UK and Irish Governments in European Union forums with something which stops the inevitable drift which will happen if we rely on current approaches. The common travel area and mutual recognition of rights and other areas cannot function without constant interactions between the two Governments. I do not think the British-Irish Council, as it currently works, is the answer. Something far more dynamic and focused on urgent issues is required. At the time, I proposed something like the Nordic Council, which is very interesting. It has a permanent secretariat. It includes countries in the region that are members of the European Union and countries that are not. There is no doubt that there will be an issue with British-Irish relations after Brexit. We have developed familiar and frequent contacts in the past 40 years in going to various meetings in Brussels. In an informal way, that has been of significant assistance to relations between Ireland and the

United Kingdom which I do not think we should understate. Given the urgency of this issue, we need to work substantively on the idea of what will replace the frequency, level and quality of contacts we have enjoyed with British Ministers and officials in the context of the European Union. With what will we replace it? Is the existing British-Irish Council the correct forum? Is it substantive enough to meet the requirements I have mentioned? I got an indication from the Tánaiste and the Taoiseach that they were coming around to this view. I am interested in hearing the Taoiseach's perspective.

**Deputy Brendan Howlin:** It is not surprising that Brexit was the main topic of conversation and the main focus of the discussion. Since June 2016, the British Parliament has been deadlocked on the question of Brexit. After two and a half years of wrangling, we still have no solution that we believe will command a majority at Westminster. Despite the wishes of most Members of this House, there is a growing likelihood that the deal negotiated will not command a majority in the House of Commons next week. There is certainly no majority for a no-deal scenario. The only thing on which the British Parliament seems to agree is the need for more information before MPs make up their minds. Obviously, it is an internal matter for the British Parliament, but there is a real risk that it will be unable to agree on anything before March 2019. That could mean a disorderly exit by the United Kingdom from the European Union, perhaps by accident more than by design. Having discussed these matters at some length, we all agree that that would be disastrous for Ireland. I agree that we cannot interfere in any way in the British decision-making process. It would probably be counterproductive to do so, but if it becomes apparent that more time is needed to enable a rational decision to be arrived at, what will the Taoiseach's attitude be? The Advocate General of the European Court of Justice decided yesterday that the United Kingdom could, of its own volition, withdraw the Article 50 application. We are less clear, however, on the postponement of the Article 50 process. If the view of the House of Commons is that more time is needed, will the Government support a postponement of the Article 50 process? What, in the Taoiseach's view, would be the attitude of the other 26 member states to such a proposal?

**Deputy Richard Boyd Barrett:** One of the more frustrating aspects of the endless finger-pointing that has been a feature of the Brexit debate is that issues which have a real day-to-day impact on people in the North, particularly those who are vulnerable and less well off, are being completely forgotten. The UK Welfare Reform Act 2012 was one of the most obnoxious pieces of legislation to come from Westminster. It was passed at Stormont with the support of Sinn Féin and the DUP. The impact of this really horrific piece of austerity is being felt by some of the most vulnerable people in the North. This austerity legislation affects all of Britain. The personal independence payment, PIP, assessment is truly obnoxious. When people need to renew their payments, they have to fill in forms that ask them questions like "are you incontinent?" and "can you wash yourself?" Those who are embarrassed by such questions and would rather not answer them can have their payments cut off. I do not know whether other Deputies have seen the Ken Loach film "I, Daniel Blake". This is the incarnation of the stuff passed at Stormont, but it is now being implemented. Somebody with stage 4 cancer recently had their PIP payment cut off. Someone else who was shot in the head at the age of 15 years and has been suffering from depression ever since has been denied their payment. A similar point can be made about universal credit, another so-called welfare reform. Incredibly, one receives welfare payments for up to two children only. If someone has more than two, he or she cannot receive a welfare payment for the third or fourth child unless he or she has been a product of rape. The stuff being imposed in the North is absolutely incredible. Are these matters discussed at the British-Irish Council? They are having a real impact on some of the most vulnerable people in

the North in the most obnoxious way.

**Deputy Eamon Ryan:** I presume we have all been following developments in the House of Commons in recent days. I refer, for example, to the publication of the legal advice earlier today. There is a sense of bewilderment. It seems that the backstop is the focus of all of their attention. It seems that in many ways it is being used as a proxy for the real internal war between those who want a hard Brexit and those who want a soft Brexit. In that regard, it is interesting to note that the Taoiseach would have had an opportunity to engage in informal discussions at the British-Irish Council with the leader of the Welsh Labour Party. I presume he could easily have used that opportunity to articulate the concerns of his party. The same point can be made in the case of Mr. Lidington. Did they raise fundamental concerns about the backstop? If so, what did they say? What is the argument we have to counter or challenge? It is clear from our perspective that the backstop embodies the protections delivered by the Good Friday Agreement. I am interested in knowing whether this matter was raised by representatives of the Labour Party or the Conservatives at the British-Irish Council and, if so, what is their real concern?

**Deputy Joan Burton:** I would like to make a brief point about North-South relations in the context of what has been said about PIP assessments. I have seen the Ken Loach film mentioned. I admire Ken Loach and have seen his films during the years. The situation depicted in the film in question would never arise in Ireland. Deputies will recall that the main character had worked all of his life. He became a widower when his wife died following a terminal illness. As every Deputy in the House knows, under our system, he would entirely qualify on a paid basis for a full widower's pension, which, of course, is much more substantial in the Republic than in the North or the rest of the United Kingdom. I am concerned that people might become frightened as they listen to the examples being given. There should be no suggestion the people who work in our social protection system handle their clients in the same way as has happened in the United Kingdom. It should be mentioned that much of this activity in the United Kingdom is outsourced, whereas very little of it is outsourced here. In fairness, Ken Loach's system is striking in what it teaches us about the United Kingdom. I assure Deputy Boyd Barrett, in case he is advising people, that the system in Ireland is totally different.

**Deputy Richard Boyd Barrett:** I was talking about the North.

**Deputy Mary Lou McDonald:** It was clear that the Deputy was talking about the North.

**The Taoiseach:** I thank the Deputies for their questions. Deputy McDonald asked about representation for Northern Ireland in the European Parliament after Brexit. The sad reality is that after Brexit, Northern Ireland will no longer be part of the European Union. We hope it is the case that if the withdrawal agreement is ratified, important elements of EU law and regulations will continue to apply in Northern Ireland, but that will not change the fact that the United Kingdom as a whole will leave the European Union. Northern Ireland, against the will of the majority in it, is being taken out of the European Union and will leave with the rest of the United Kingdom. No non-EU country or territory has representation in the European Parliament. Provision is made for accession countries to have observers but it is not the case that any non-EU country or non-EU territory is represented in the European Parliament. An issue could arise whereby, similar to accession countries, Northern Ireland could have observers in the European Parliament, perhaps contributing to the debate, particularly when it comes to rules and regulations that may apply to Northern Ireland. One of the difficulties I have is it is not something we can impose on Northern Ireland from here. It has to be something that a Northern Ireland Executive or Assembly seeks. We do our best on all occasions to preserve

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the rights of EU citizens who will be living in Northern Ireland after Brexit and to maximise the freedoms and benefits they will continue to receive. We are slightly weakened by the fact it is the Government in Dublin asking for those things and not a Northern Ireland Assembly or Executive. In many cases, Northern Ireland elected representatives are saying they do not want them. It has definitely weakened our position.

It is important to make a distinction between citizens' rights and rights that are linked to residency. We have ensured Irish citizens living in Northern Ireland will continue to be EU citizens and have all the rights that come with EU citizenship. That is the right to travel freely, work, study and access education in any part of the European Union. An Irish citizen who lives in Northern Ireland, for example, Belfast or Derry, will be able to work in Berlin, study in Athens and travel freely to Spain. A British citizen living in Belfast might not be able to do those things. He or she might need a work visa or work permit or some other sort of permission to do those things. Irish citizens in Northern Ireland, by virtue of being EU citizens, will continue to have all the rights that are attached to citizenship.

However, there are some rights that are linked to residency in the same way an Irish citizen living in Canada does not have the same rights as an Irish citizen living in Ireland. Rights that are linked to residency will be more difficult to secure but we want to secure them. We have had some positive discussions on this. The rights we are seeking to secure are the ability of Irish citizens in Northern Ireland to continue to participate in programmes such as Erasmus and to continue to benefit from the European health insurance card. We are getting a good hearing on those things in the European Union. We would have a much better chance of achieving them if there was a deputy First Minister and First Minister from Northern Ireland also looking for them. It would put us in a much stronger position.

### **Brexit Issues**

3. **Deputy Seán Haughey** asked the Taoiseach if he will report on the outcome of the special European Council meeting held in Brussels in November 2018 to consider the Brexit issue. [50056/18]

4. **Deputy Joan Burton** asked the Taoiseach if he will report on the EU summit held on 25 November 2018. [50349/18]

5. **Deputy Joan Burton** asked the Taoiseach if he has spoken to Prime Minister May since the EU summit on 25 November 2018 and to the other heads of state. [50351/18]

6. **Deputy Eamon Ryan** asked the Taoiseach if he has spoken to Mr. Jean-Claude Juncker since he met Prime Minister May on 21 November 2018; and the issues that were discussed. [50479/18]

7. **Deputy Eamon Ryan** asked the Taoiseach if he will report on meetings he had at the special meeting in Brussels on 25 November 2018. [50480/18]

8. **Deputy Mary Lou McDonald** asked the Taoiseach if he will report on the recent special meeting of the European Council. [50556/18]

**The Taoiseach:** I propose to take Questions No. 3 to 8, inclusive, together.

I attended the special meeting of the European Council in Brussels on 25 November. At our meeting, we endorsed the withdrawal agreement and approved the political declaration. This was a positive step, representing the culmination of more than 20 months of difficult negotiations.

The withdrawal agreement sets out the terms for the UK's withdrawal from the European Union. It ensures the withdrawal will happen in an orderly manner, avoiding the United Kingdom crashing out, with all the severe consequences that would imply. It provides for a period of transition, during which detailed negotiations on the future relationship between the EU and the UK can take place. It provides for the rights of UK nationals currently resident in other EU member states and EU citizens resident in the UK. It also provides for the orderly winding down of current arrangements across a broad spectrum of EU co-operation and it sets out the financial settlement and governance structures for the withdrawal.

The protocol on Ireland and Northern Ireland, which is an integral and fully legally operational part of the withdrawal agreement, fully protects the Good Friday Agreement and peace. It translates the commitment to avoiding a hard border into a legal guarantee.

As I have said many times, I hope the backstop will never be needed but it is vital the withdrawal agreement contains this essential insurance policy, which is a fallback option should other options fail. The protocol also contains provisions on other important areas for Ireland, including the maintenance of the common travel area and all the rights, freedoms and benefits for citizens that flow from it, North-South co-operation, and the single electricity market on the island of Ireland.

The backstop also ensures there will be no diminution of rights, safeguards or equality of opportunity as set out in the Good Friday Agreement and it confirms the people in the North will continue to enjoy rights as EU citizens, as I explained earlier. Importantly for Northern Ireland and the Border counties, it confirms PEACE and INTERREG funding will continue.

I had no formal bilateral meetings in Brussels on 25 November but engaged *en marge* with many of my EU counterparts, including Chancellor Merkel, President Tusk, President Juncker and Prime Minister May. I also spoke to President Juncker by phone on Friday, 23 November, two days before the summit. I thanked him for the continued solidarity and work of the Commission and I assented to the course of action he proposed.

**Deputy Seán Haughey:** There is no Brexit outcome that will be good for Ireland or the EU. I welcome the withdrawal agreement ratified in Brussels. It represents the best way forward from the point of view of avoiding a hard border on the island of Ireland and for protecting the Good Friday Agreement. I also welcome the unfailing support for the Irish position shown by the other 26 EU member states. A vote will take place in the House of Commons on 11 December. I am conscious we should not say anything on this side of the water to interfere in that process. I guess the Taoiseach does not want to say anything about the legal advice to the UK Government on the Brexit deal, which was just published.

We are in for a period of uncertainty. It is clear there is no plan B under consideration, so uncertainty prevails. It would seem we are in for a rocky road ahead or we certainly could be. Are we prepared for Brexit? Are we prepared for all eventualities and scenarios? Are we upgrading our ports and airports? Are we providing sufficient supports to businesses and SMEs to be Brexit ready? We now have the withdrawal agreement. The future relationship will have

to be negotiated. Is Ireland actively engaged in preparing for these new negotiations on the future relationship? What work has been done in that regard in the context of working with the European Commission?

**Deputy Joan Burton:** Yesterday in the discussions in the British Parliament, Mrs. May stated the backstop would have to be short term. She stated the EU would not allow it to remain for long because the EU would not want the UK to have access to EU markets for an indeterminate period of time. The explanation by Mrs May, notwithstanding the enormous support we have received from other EU member countries, has to be of concern to us in the context that if the backstop was to disappear, as people such as those in the DUP would like, it would leave the North and South very exposed if there were no alternative arrangements. In that context, has the Taoiseach had any opportunities to discuss what might happen? The opinion of the Advocate General of the European Court of Justice is possibly very helpful to us. It seems to me Mrs. May is now being boxed into a corner where she is offering a fairly quick withdrawal from the backstop and is not clear about the alternatives. The implications for the North and the South are pretty worrying.

**Deputy Eamon Ryan:** It is impossible to work out what will happen with regard to Brexit following the vote next week in the House of Commons. I was in Westminster last week talking to my colleague, Caroline Lucas, from the Green Party, who is involved in the People's Vote campaign. We support it while being respectful from a distance. I do not believe there can or should be any reopening of the deal that is on offer.

There is one variation I want to put to the Taoiseach as a possible addition to what is available or as a possibility the Taoiseach might consider. It is related to the Advocate General's advice that it is possible to stall Article 50. One alternative, if it becomes useful to use it, is to offer a backstop guarantee for the UK. It could work in the following way. At the end of a transition period, should the UK decide at any stage to rejoin the European Union, we could commit to or try to get agreement among the European Union Council to that outcome without the usual strictures around having to join the currency or changing the voting system or any other such measures. We could give the UK a backstop guarantee such that if, at the end of the transition period, it is not working out, then the UK can rejoin easily, quickly and at no cost. That might give the UK some space or help the political situation. Lord knows how that will evolve in the coming weeks, but that may help as one of the options. Would the Taoiseach consider that? Would he share the idea with his European Union colleagues and consider putting forward the idea, if needs be, in the coming weeks?

**Deputy Mary Lou McDonald:** I wish to place on the record my agreement with Deputy Boyd Barrett in respect of the changes to the personal independence payment and universal credit. The moves have been seriously damaging to working and vulnerable people. I remind the Deputy that, believe it or not, this scenario would have been far worse but for mitigation that was secured. That is not to defend those responsible but it is a function of ongoing British jurisdiction and the fact that the Tories are in government.

I do not believe we should make the mistake of going down the line of imagining, as Deputy Burton has, that the backstop disappears. The backstop will not be disappearing. It is clear to me from the legal advice that has been provided that the backstop stays in place unless and until, which is the wording. We should not get into a false discussion or give succour to those who would wish to ditch the backstop. If there is no backstop, there is no withdrawal agreement – sin é. That has been enunciated clearly and that line has been held.

The only circumstances in which we do not have a backstop are, of course, in the event of a crash. Whereas there is no majority for that, we cannot discount that it may happen. I am making the point to the Taoiseach more for him to have it in his line of thought rather than anything else. In addition to preparation for Brexit and the immediacy of that, we need to be mindful that, in the event of a crash, no hardening of the Border would be tolerable. We cannot philosophically sit back and simply absorb the damage that would arise. In such circumstances we would have to look to the scenario of removing the Border, that is to say, a border poll, a referendum, and putting the constitutional question. It is important the Government has this in its line of sight as well.

**Deputy Richard Boyd Barrett:** I will respond briefly to the point made by Deputy McDonald. I am glad she accepts that these are obnoxious so-called reforms. They are vile intrusions and cuts on particularly vulnerable people. To my mind they have to be resisted full stop. Mitigation is not enough. This is appalling. These are private companies - those involved not even medical practitioners - telling people whether they are entitled to disability support. It is disgusting. There is a lesson for us. We must not go down that road.

**Deputy Mary Lou McDonald:** That is right.

**Deputy Richard Boyd Barrett:** I accept that, as Deputy Burton said, it has not happened here yet, but we must not allow it to happen. Sinn Féin should not have passed that Bill. This is the point about whether Stormont is in place. We have to resist these measures regardless of who is in government and regardless of the Administration that is in place because these measures are vile and obnoxious. This is not welfare reform. Rather, it is an assault on the most vulnerable people in society.

I wish to make one brief point about issues that get obscured by all of this. I asked about this matter yesterday. I believe the yellow jackets protest to be an absolutely justified protest against fuel hikes in France. To what extent is the Taoiseach discussing this question with his European colleagues? We need urgent radical action on climate change but we must also ensure that action does not hit at vulnerable low-income people and rather is directed at the big polluters, including the fossil fuel industry and so on. It goes against what we are trying to do to allow public transport fares in this country to increase at a time when we need to get people out of their cars and into public transport.

**Deputy Micheál Martin:** There is not much to be achieved by trying to discern any final outcome from the chaos in Westminster at the moment. There are many different groups and constantly shifting coalitions. For example, the vote yesterday on the Dominic Grieve amendment was interesting. It saw European-positive Tory MPs, who will mostly support the deal, vote with the UK Opposition while the deal's most bitter opponents actually supported the Government. The week's events raise serious issues. We have also seen the Keir Starmer parliamentary manoeuvres in forcing the publication of the advice of the UK Attorney General. In many ways this illustrates the strength of the British Parliament, its parliamentary tradition and its power *vis-à-vis* the UK Executive. It is something we might look at here.

I put it to the Taoiseach that the advice of the British Attorney General is now published. I gather we are waiting for the European legal advice and it is due in the coming period. Should our own Attorney General's advice not be published given the unique circumstances governing this issue? It is a serious issue for all concerned. The Taoiseach indicated to me that the EU legal service will make a statement at some stage about the legal implications of the withdrawal

treaty. It might be useful if we had our own advice.

I accept that, as the British Attorney General pointed out, there is a political dimension and a legal dimension. He made the point that the backstop can never be permanent while at the same time saying that the UK could be trapped because of EU law and so on. He then made the strong point that, politically, there will be a desire to have an agreement and suggested that we should look at the positive side of that. Nonetheless, it would be helpful if we were to reflect on what is happening in Westminster in terms of the power of parliament there and compare it with what is happening in this Parliament in terms of access to important advice.

**An Ceann Comhairle:** The Taoiseach has 29 seconds to respond.

**The Taoiseach:** I am not sure if the UK Parliament is an example we want to follow given the chaos we are seeing in Westminster.

**Deputy Micheál Martin:** That is politics. It is not the UK Parliament.

**The Taoiseach:** The agreement we have took 18 months to negotiate. It is 500 pages long and 28 Governments agreed to it. The suggestion that somehow, if it is defeated, we would find ourselves negotiating with a parliament really is quite unworkable. The idea of a parliamentary delegation entering the tunnel to reopen the talk is not feasible.

**Deputy Micheál Martin:** I did not say that. Stop the ráiméis.

**The Taoiseach:** I appreciate Deputy Martin did not say that but that is how some people could interpret one of the motions passed yesterday. When it comes to legal advice from the Attorney General, it is my strong view that legal advice should be privileged. It is the case with the legal advice provided to many people that it should be privileged to those who receive it.

Deputy Haughey also asked about the legal advice of the UK Attorney General. I am not in a position to comment on it because I have been here for two hours and the advice was only published in the past two hours. I hope to get a chance to read it tonight sometime. In any event, I doubt it will be fundamentally different from what the UK Attorney General outlined in the House of Commons the other day. We did something similar with the eighth amendment. We are willing to produce summaries of the Attorney General's legal advice. That is what the UK Attorney General did and the summary came across as sound to me. It will be interesting to see if there is any significant or meaningful difference between what he released and what comes out today. We will see that when we see it.

Deputy Haughey also asked if we are actively preparing for the future relationship talks. The answer is "Yes". In fact, we used the opportunity of the summit in Brussels to undertake a round of the 27 Prime Ministers and Presidents to express our priorities, particular interests and concerns for the future relationship. As Deputies can imagine, these are all the ideas we would expect. People want there to be free and frictionless trade with the UK in the future relationship, but people also want to ensure that is linked to a level playing field on environmental standards, labour rights, workers' rights and so on. There is particular concern around fisheries. Many coastal states, including Ireland, are concerned about the impact on our fisheries industry. As someone who hails from a seafaring background and family, I know Deputy Haughey will have a particular interest in that too.

**Deputy Seán Haughey:** I am a landlubber.

**The Taoiseach:** He will also have an interest in guarding the interests of our fishermen, who take many of their most valuable catches, including mackerel, shrimp and prawns, from UK waters.

That work is under way.

Many people also expressed the view that, given that the Barnier task force model had worked very well as the agent in negotiating for the 28 member states, we should have a similar model for the future relationship and treaty talks. It may not be headed by Michel Barnier, but the model of a task force to represent the 28 member states and the institutions of the European Union might work better than the alternative where the Commission, the Council and different European governments try to carry out different bits of the negotiations. The task force model seems to have been very successful.

Deputy Eamon Ryan asked about the views of the Scottish First Minister, Nicola Sturgeon, and the Welsh First Minister, Carwyn Jones. We discussed the backstop, on which they gave their views. It is important to bear in mind where they are both coming from. They both voted to remain and would like the United Kingdom to remain in the European Union. However, they both know that that is probably impractical at this stage. They both have a particular perspective of the backstop, one that we do not often hear here, but it is heard in the United Kingdom. They have a concern that the backstop actually confers an economic advantage on Northern Ireland businesses and exporters that will place them at an advantage over those in Scotland and Wales and raises the possibility that trade might be diverted from the Dublin to Holyhead route to the Larne to Stranraer route. That is one of the reasons Northern Ireland businesses came out in favour of the backstop. They see that what we have negotiated could be of economic benefit to Northern Ireland in terms of jobs, the economy and living standards. It is always interesting to get the perspectives of others.

Deputy Eamon Ryan also asked about the possibility of inserting a rejoining provision, which would allow the United Kingdom to rejoin the European Union on the same terms. While that would have been worthy of consideration at the time, the United Kingdom did not want such a provision because, as far as it was concerned, it was negotiating a withdrawal treaty; it was leaving and not coming back. It did not want to entertain discussion of a rejoining provision, but there were mixed views on the idea at EU level. If the United Kingdom was ever to decide to rejoin, I would celebrate and welcome it back in the way one would welcome home an old friend. However, some other EU countries believe the United Kingdom already receives special treatment, including a rebate other countries do not receive, an opt-out from the euro, among other opt-outs in the area of home and justice affairs. Many countries take the view that if the United Kingdom decides to stay, it should decide to do so fully this time and not be allowed to opt out of various aspects.

*Written Answers are published on the Oireachtas website.*

### **Ábhair Shaincheisteanna Tráthúla - Topical Issue Matters**

**An Ceann Comhairle:** I wish to advise the House of the following matters in respect of which notice has been given under Standing Order 29A and the name of the Member in each case: (1) Deputy Aindrias Moynihan - to discuss the need to upgrade Crossbarry wastewater treatment plant; (2) Deputy Michael Harty - deterioration in admissions from emergency de-

partments to wards and the recent INMO figures for trolley numbers; (3) Deputy Mary Butler - to discuss the initial funding announcement for the north quays project in Waterford; (4) Deputy Noel Rock - to discuss service provision on the privatised Dublin Bus routes; (5) Deputy Alan Kelly - to discuss the admission policies for patients of model two hospitals in the mid-west; (6) Deputy John Lahart - the implementation of Operation Open City all year around to tackle the year-round traffic congestion in Dublin city; (7) Deputy John Brassil - to ask the Minister of State with responsibility for disability issues if he will reconsider the current school leavers process, with special attention being paid to the application process and the allocation of funding for the adult placement service; (8) Deputies Michael Fitzmaurice and Jonathan O'Brien - the closure of post offices, as well as the provisions included in the protocol for population thresholds and distances, and the closure of Shandon Street post office in Cork city, after a reduction in funding by An Post, before the end of the year; (9) Deputies Dessie Ellis and Richard Boyd Barrett - to discuss the closure of the Grafton Academy language school; (10) Deputies Declan Breathnach and Pat Casey - to discuss the Ice Cast road weather system used by local authorities for warnings to treat the road network; (11) Deputy Brian Stanley - the funding needed for a new building for Kolbe special school, Portlaoise, County Laois; (12) Deputy Pearse Doherty - the need for the Minister for Culture, Heritage and the Gaeltacht to state if the appropriate consultation with all relevant staff and personnel of the National Parks and Wildlife Service, NPWS, was undertaken prior to the formal introduction of the most recent revision to the policy on and procedures for firearms and ammunition in the NPWS; (13) Deputy John Curran - the need to address funding issues for drugs and alcohol task forces; (14) Deputy John Brady - to discuss the newly released costs associated with the JobPath scheme; (15) Deputy  
3 o'clock Clare Daly - to discuss overcrowding and the use of mattresses on floors as sleeping accommodation in the State's prisons; (16) Deputy Martin Ferris - the future of wind turbines as a source of renewable energy; (17) Deputy Peadar Tóibín - the provision of a railway line from Dublin to Navan to relieve the worsening commuting problem; (18) Deputy Mick Barry - the Threshold report on evictions; (19) Deputies Ruth Coppinger and Paul Murphy - the protests in France regarding the cost of living and the fuel tax by the yellow vests - *gilet jaunes* - protest movement; (20) Deputy Jackie Cahill - to ask the Minister for Health about the withdrawal of ancillary medical services by the HSE from Milford Hospice Centre.

The matters raised by Deputies Aindrias Moynihan, Noel Rock, Alan Kelly and Dessie Ellis and Richard Boyd Barrett have been selected for discussion.

*Sitting suspended at 2.05 p.m. and resumed at 3.05 p.m.*

### **Estimates for Public Services 2018: Messages from Select Committees**

**Acting Chairman (Deputy Eugene Murphy):** The Select Committee on Agriculture, Food and the Marine has completed its consideration of the following Supplementary Estimate for public services for the service of the year ending 31 December 2018: Vote 30 - Agriculture, Food and the Marine.

The Select Committee on Transport, Tourism and Sport has completed its consideration of the following Supplementary Estimate for public services for the service of the year ending 31 December 2018: Vote 31 - Transport, Tourism and Sport.

The Select Committee on Health has completed its consideration of the following Supplementary Estimate for public services for the service of the year ending 31 December 2018: Vote

## **Saincheisteanna Tráthúla - Topical Issue Debate**

### **Water and Sewerage Schemes Provision**

**Deputy Aindrias Moynihan:** The wastewater plant at the southern end of Crossbarry has been malfunctioning for many years causing blockages, flooding, foul smells and a serious nuisance for locals. Cork County Council, Irish Water and the Department have all agreed that it needs to be upgraded. As it was privately developed, the only option to solve the issues is to have it taken in charge. The Minister must release the new taking-in-charge scheme and give Crossbarry the chance to carry out the much-needed repair work and clean up the mess at the plant.

In addition to the large plant at the lower end of the village, there are a number of smaller temporary plants. Individuals in the village want to build houses and others want to upgrade their businesses. They are all stuck because of the inadequate sewerage connection. When Cluain na Croise was built in 2004 the plant at the end of the estate offered the best option for connecting the rest of Crossbarry village. Pipes were laid around other parts of the village and temporary plants were installed, pending the connection of these developments. The estate was not taken in charge and the developer collapsed when the building boom crashed. When problems arose at the plant, residents were left stuck, experiencing blocked sewers and unable to flush their downstairs toilets.

When emergencies occur local councils step in to resolve the problem. However, because the council is no longer a water authority, it is not in a position to carry out the upgrade. This is impacting on the wider village because the plant was meant to service the village and link up existing plants. The 2016 taking-in-charge initiative offered hope because €180,000 was approved for Crossbarry at that point. The expectation that works would be carried out was not realised and no works were carried out. Irish Water wanted to connect to Inishshannon to solve the problem. Surveys were carried out and the company came back with the same solution, namely, the big plant at the lower end of the village was needed.

That pilot scheme, which was the best option, did not advance for Crossbarry. It was the only scheme in the pilot that did not advance to construction. We have been seeking to have the scheme reopened since 2017. I have raised the matter repeatedly in the Dáil with the Minister of State. It was possibly the first question he addressed in the summer of 2017. At that point, we understood a review was to be conducted shortly, but here we are again. I have raised this repeatedly in a series of questions and have been told the review would take place shortly. People are stuck. We know that €31 million has been allocated to the new taking-in-charge initiative but the scheme needs to be opened in order that an application for the project in Crossbarry can be made. The project has already been assessed under the pilot scheme. We know exactly what is needed so it could even be fast-tracked in the new initiative when it opens.

I appeal to the Minister of State to act in order that we can put an end to the blocked sewers, overflowing gullies and smell affecting a particular corner of Crossbarry and give people in the village the opportunity for an improved quality of life. To be fair to them, these people have

put up with this for far too long. This initiative is a real possibility for them. The funding is available and I ask the Minister of State to open the scheme so that Crossbarry and other places can apply.

**Minister of State at the Department of Housing, Planning and Local Government (Deputy John Paul Phelan):** I am taking this Topical Issue matter on behalf of the Minister for Housing, Planning and Local Government, Deputy Eoghan Murphy. I thank Deputy Aindrias Moynihan for raising this issue and providing me with the opportunity to outline the position on wastewater treatment in Crossbarry, County Cork. Crossbarry is not serviced by a public wastewater collection and treatment system at present. However, I understand that there are three housing developments in the village, Cluain na Croise, Cúl na Gréine and Gleann Álainn, which are not taken in charge and are serviced by developer provided water services infrastructure. The taking-in-charge of housing developments is a matter for the relevant local authority under section 180 of the Planning and Development Act 2000.

The Department launched the national taking-in-charge initiative in April 2016, as the Deputy noted, to trial new approaches and working methods in supporting and accelerating national and local action on the process for the taking-in-charge of housing estates, including estates with developer provided water services infrastructure. Under the terms of the initiative, which was underpinned by €10 million in funding, developments subject to valid taking-in-charge applications were eligible for inclusion in the associated call for funding proposals. Ultimately, €7.5 million of the allocated funding was paid to local authorities in respect of 330 developments containing some 14,930 homes. Cork County Council was allocated funding under the initiative for several proposed schemes to resolve developer provided water services infrastructure issues. The Deputy said the figure was €180,000, but I am told that €90,000 was allocated to estates in Crossbarry in County Cork. I understand the funding was used by the council to investigate the optimum sustainable solution for resolving these three developments, while also taking account of the wastewater needs of the entire village.

Findings and recommendations from the national taking-in-charge initiative process will be included in a report on the initiative that the Government intends to publish shortly. The publication of this report will be of value to local authorities and other stakeholders in applying the lessons from the pilot programme in a more general roll-out of a streamlined approach to taking-in-charge, including through co-ordination, with capital works by Irish Water.

In addition, the national development plan includes a provision of €31 million for the taking-in-charge of developer provided water services infrastructure in the period until 2021, demonstrating the Government's commitment to transition from the pilot phase under the initiative to a programme phase. The Department intends to write to local authorities to advise them of the future funding arrangements for housing estates with developer provided water services infrastructure that are not taken in charge following the publication of the report of the review of the initiative, which I am told will be published at the start of 2019.

**Deputy Aindrias Moynihan:** As the Minister of State knows, the council is not a water authority and, as such, it does not have funding to do this work. It is all very much dependent on the taking-in-charge initiative with the €31 million in funding that is already in place. Not all of the funding that was allocated was used. In fact, very little of it was used because it was identified that there was a bigger job needed on it and that the taking-in-charge initiative would be the only show in town to benefit people in Crossbarry.

I have raised repeatedly the launching and reopening of this scheme so that places such as Crossbarry can apply. In summer 2017, it was happening shortly. In summer 2018, it was happening shortly. In the autumn, it was happening shortly. Now, the Minister of State is telling me that it is slipping off into 2019. People in Crossbarry need a result on it. They need to see that there will be action on that treatment plant at the end of the village and that they will not be pushed on further and further. Each time, we are being told it is some other time. In the interests of people in Crossbarry, we cannot afford to let those timelines slip. They need to see that there will be a result on it. Hearing that it is slipping off into the start of 2019 is not good enough for people in Crossbarry.

When the new scheme opens, because Crossbarry has been through the pilot and assessed and we know exactly what is needed there, can it be prioritised? Can it be fast-tracked through it or do they have to make a new application because it was the only one in the original pilot that did not go to construction? All of the assessments have been conducted on what is needed in linking up the various services in Crossbarry. Can it be fast-tracked?

Will the Minister of State give an assurance that the timeline will not continue to slip? We have seen it already slip from summer 2017 to summer 2018 to autumn and now into the start of 2019. In the interests of people in Crossbarry, will the Minister of State give an assurance that it will happen?

**Deputy John Paul Phelan:** Seeing as it is end of the first week in December, I expect that people in Crossbarry probably realise at this stage that the start of 2019 is the earliest date that this report can be completed. The Government is committed to resolving such issues, not only in Crossbarry but throughout the country.

I reassure Deputy Moynihan that, following the imminent publication of the review, a multi-annual funding programme will be initiated to look at the needs of such housing estates and villages and towns throughout the country. Under the 2016 pilot scheme, the Department established a bids evaluation panel to assist in the evaluation of bids from local authorities and I expect that, under the forthcoming multi-annual funding programme, a similar approach will be implemented for the proposed new programme. In that case, it will be the panel that will make recommendations to the Department on the suitability of projects for funding based on the objective criteria ensuring independence, openness and transparency. The initial selection of the individual projects for funding will be a matter for the relevant local authority, in this case, Cork County Council. The Department will then consider the recommendations of the panel and, based on these, proposed projects for funding will be approved by the Minister.

**Acting Chairman (Deputy Eugene Murphy):** We have a Minister for the second topic but we are missing the Deputy, who is Deputy Rock.

**Deputy Aindrias Moynihan:** The bus is late.

**Deputy Alan Kelly:** The two of us could always stand in.

**Acting Chairman (Deputy Eugene Murphy):** We have a Deputy for the third topic but not a Minister. I would say Deputy Rock might be just held up. We will hold on for a minute or two and see if we can get him.

Unfortunately, I must suspend the House for five minutes.

5 December 2018

**Deputy Alan Kelly:** The Minister of State, Deputy Jim Daly, might be on his way here.

**Acting Chairman (Deputy Eugene Murphy):** We will suspend for a few minutes until the Minister comes. There is no point in us sitting here.

*Sitting suspended at 3.16 p.m. and resumed at 3.22 p.m.*

### **Hospital Overcrowding**

**Deputy Alan Kelly:** I became involved in politics while fighting for my local hospital in Nenagh which, in fairness, the Minister of State, Deputy Jim Daly, visited recently. I have been involved with the Friends of Nenagh Hospital group ever since. There is a serious overcrowding problem in University Hospital Limerick. There are four hospitals in the mid-west, namely, St. John's Hospital, Ennis General Hospital, Nenagh General Hospital and University Hospital Limerick. The first three are model 2 hospitals. University Hospital Limerick has the highest rate of overcrowding in Ireland. We are facing the worst ever overcrowding crisis. There was record overcrowding in the hospital in November, accounting for 15.5% of the nationwide total. It has had the highest overcrowding rate for 18 months in a row, with 1,071 patients on trolleys in recent months. Rather than Members shouting and roaring that it is a disaster, we should work to address it.

Two of my family members who are in their late 70s and late 80s, respectively, were recently admitted to University Hospital Limerick. It is a nightmare to wonder how they will get on in the light of the level of overcrowding.

In the short term, we need to come up with policies and changes that will work and have an impact because the current situation cannot continue. We must consider the role which could be played by the other hospitals in the mid-west, namely, Nenagh hospital, Ennis hospital and St. John's Hospital. The pathways and protocols for accepting patients need to be widened, as does the smaller hospital framework across the country. The minor injuries units do not have enough scope to deal with the type of injuries with which patients are presenting. In addition, too few patients are being directed to those units, which should have longer opening hours. Different protocols in regard to the type of patients who can attend model 2 hospitals post procedure, before procedure and so on are needed. That will require a better ambulance service and intermediate vehicles - not ambulances - to transport patients who are not at risk but need to be transferred to or from hospital. All of this needs to happen quickly.

There is an anomaly in University Hospital Limerick whereby a 60 bed modular unit has been announced for next year but the funding for the unit has not been allocated. Will the Minister of State clarify if that funding will be allocated? The number of consultants in the mid-west is, *pro rata*, the lowest in the country, as is the number of staff. Last year, 77,600 patients attended the new state-of-the-art emergency department, which includes a new theatre, in Limerick hospital, an increase of 10,000 attendances over three years. The hospital has the lowest length of stay, bed stock, rate of readmission and number of consultants in the country.

I make no criticism of management of the hospital network in counties Limerick, Tipperary and Clare. They are doing as good a job as they can. I have no criticism of the non-acute side either, which is also doing the best it can. The obvious problem is that University Hospital Limerick is too small and does not have enough staff. That will have to be addressed in the

coming years. In the meantime, we need to loosen the terms under which the other hospitals in Nenagh, Ennis and Limerick are operating to allow them to relieve some of the pressure. I am fearful about how people will be treated in University Hospital Limerick over the Christmas and winter period. It does not have enough beds and its emergency department is in crisis to such a degree that I doubt it would pass a fire inspection.

**Minister of State at the Department of Health (Deputy Jim Daly):** I thank the Deputy for highlighting this issue. Of course, all Members accept the seriousness of the overcrowding issue. On several occasions in various forums I have addressed overcrowding at the emergency department in Limerick. We are determined to tackle it. Deputy Kelly made a valid point about more joined-up thinking and better utilisation of the model 2 hospitals which offer great value for money, service, capacity and huge benefits in terms of dealing with chronic overcrowding. Some 82% of respondents to the recent patient experience survey indicated that they had a wonderful or excellent experience in our hospitals. The issue is access. The only way to be admitted to our hospitals is through an emergency department. We must address that.

As Deputy Kelly rightly stated, we face a particular challenge over the winter months. The winter plan will be published tomorrow. As the Deputy is aware, many of its elements are already in the public domain and more will be teased out. The winter plan is not an annual event. Rather, the HSE has been progressing a three-year plan to deal with the acute pressures in our hospitals throughout the year for some time.

The Deputy is aware of the measures being taken to tackle these issues. He is a member of the Oireachtas Joint Committee on Health and is up to speed on measures such as the 550 intensive home care packages and the €10 million that has been allocated for aids and appliances. We also need to utilise better the capacity in the model 2 hospital system and step-down and transitional care. Efforts in that regard are working very well in some areas. The Deputy is familiar with Bantry General Hospital which is a model 2 hospital in my constituency. It is the only remote rural hospital. This issue was debated at length on Monday with the hospital management group.

I have done a lot of work over the past three or four months with the chair of the University Limerick hospital group, Mr. Graham Knowles, on the issue of delayed discharges. For far too long, our focus has been on the number of people waiting on trolleys. It has been an obsession for some politicians and the media. RTÉ and similar agencies periodically highlight the number of people waiting on trolleys. That misses the point substantially.

Deputy Kelly will agree that it is far more important to put energy into recognising the number of people who are in hospitals but ought not to be. As the Deputy is aware, I have particular responsibility for older people. The most dangerous place for an older person who is vulnerable to infection to be is in an acute hospital for any longer than he or she ought to be.

The amount of time spent on trolleys is of more relevance than the number of people on trolleys. To focus on the latter is to miss the point, but it is an easy headline to generate. Many politicians and members of the media focus on trolley numbers rather than examining the more substantive issues in regard to the causes of delays in our hospitals, such as freedom of movement into hospitals and the issue of delayed discharges. The chairman of the UL hospital group chaired a working group for me in recent months to identify several initiatives to address that issue in a constructive attempt to create space in our hospitals. We will roll out those initiatives to free up emergency departments and stop the chronic overcrowding. We obviously have a

lot of work to do with general practitioners to ensure patients go to the emergency department only when they absolutely have to do so and avail of healthcare at more local level in primary care centres. That is the objective of the Sláintecare project in the medium term. There is also a short-term objective which comprises the winter plan and the winter initiative. In that regard, a sum of €10 million has been announced. There is a medium-term plan, with which the Deputy is very familiar from his work in the implementation of Sláintecare, key to which is better utilisation of model 2 hospitals.

**Deputy Alan Kelly:** I thank the Minister of State for his reply. I live in the mid-west. The Hanly report came and went. Emergency theatres in Nenagh and St. John's Hospital in Limerick were closed. There was no plan. What happened was insane. There was insufficient capacity in Limerick from day one. Instead of standing here giving out, I shall propose some solutions and would appreciate it if the Minister of State put them to the relevant officials.

The opening hours of minor injury units need to be extended. They are open from 8 a.m. to 8 p.m. They could be opened for longer, particularly during the winter. St. John's Hospital in Limerick is only open from 8 a.m. to 6 p.m. Why is it different from the other two? The protocols for accepting patients need to be broader in scope.

The second point is that there is a need to change the pathways associated with how patients are discharged. They could be discharged quickly from University Hospital Limerick to the other three hospitals.

The Nenagh clinical support and recovery unit has 17 beds, but it needs occupational therapists, a social worker, physiotherapists and speech and language therapists. Since it has 17 beds, it means that 17 patients could be moved to Nenagh. People in the general region of Tipperary would go there. The unit needs to be opened with all of the staff I have mentioned. Fifty patients in Limerick are waiting to be discharged, but there is nowhere for them to go.

With regard to winter funding, the acute medical assessment unit in University Hospital Limerick needs to be open 24/7. Also, the surgical short-stay unit needs to have longer opening hours.

Staffing is a considerable issue. The hospital has the lowest number of consultants in the entire country. This is a massive problem and disproportionate. As the Minister of State knows, it causes discharge problems because patients have to be clinically discharged by a consultant.

The medical assessment unit in Nenagh needs to be opened at weekends. The one in Ennis is open.

On a wider issue, primary care facilities in the mid-west are not up to the required standard. There are no rehabilitation beds for anybody below an elderly age. This means that there is nowhere to go for somebody in his or her thirties or forties.

Milford hospice is seeking the opening of a small number of new beds, which would be very helpful. I have said repeatedly that, for small amounts of money, we could have more intermediate vehicles to transport patients between the hospitals in the network in order that they could all work together. I have made eight or nine suggestions. I ask the Minister of State to put them to the HSE.

**Acting Chairman (Deputy Eugene Murphy):** There is a bucket full of suggestions for the

Minister of State.

**Deputy Jim Daly:** I have noted all of them. I will be chairing the implementation group involving the Department and the HSE to address the issue of delayed discharges and determine what solutions we can come up with. I will certainly take on board each suggestion made by the Deputy. It is an absolute fact that, in a budget that is finite, we do not have endless resources for the health service. If €1 million was to be put into Nenagh General Hospital, as opposed to University Hospital Limerick, how much value for money would we achieve in a model 2 hospital? By how much would turnaround times improve? How many more patients would be seen? How many more procedures could be carried out? How many more beds could be freed up in University Hospital Limerick at the same time? There are numerous models such as transitional care, of which I am a big supporter. I have not seen actuarial evidence, but it has been said anecdotally that it could cost up to €7,000 per week to keep somebody in an acute bed and €1,000 per week to keep him or her in a community bed. When it comes to the mathematics, it is not rocket science. Patients do not need to be in acute hospitals for as long as they are. They need to be moved on in a timely manner. If there is no home care package available for them, for whatever reason, placing them in the community setting is a far more ideal option.

Of course, extending the opening hours of the medical assessment unit and the minor injuries unit and making them more accessible would be beneficial. However, there are protocols. We have to work with the National Ambulance Service on where patients are carried to. We must also consider the referral pathway with general practitioners. As we renegotiate the finer details of the GP contract, we need to rely less on emergency departments. Even nursing homes can over-rely on the emergency department. We need to ensure healthcare workers receive the influenza vaccine to avoid outbreaks of influenza. The Deputy is a big supporter of this. Influenza outbreaks cause chaos in emergency departments at peak times.

We intend to implement numerous measures to ensure better health service delivery for those who require it. I thank the Deputy for his constructive and supportive proposals. It is very easy to diagnose problems, but we need to focus more on solutions.

### **Language Schools**

**Deputy Dessie Ellis:** The unexpected and sudden liquidation of Grafton College language school has left more than 20 members of the teaching staff in a scandalous set of circumstances. They are now without a job and uncertain about their future and have no wages. This is shameful as we approach the Christmas period. Students have been left bewildered and are worried about being able to finish the courses for which they have paid substantial fees. Four hundred students will have to wait until next month before they can continue their courses. While this is welcome, it is still very disruptive and worrying for the students. Unfortunately, this is not the first time this has happened. In 2014 and 2015 close to two dozen language schools were closed suddenly. The sudden closure of such schools without regard for the staff clearly illustrates the nature of precarious employment in and the lack of regulation of this sector. The lack of protection for staff of such colleges in a sector that has proved to be highly profitable is unacceptable. Staff are treated as expendable resources. The Qualifications and Quality Assurance (Education and Training) (Amendment) Bill which is before the Seanad today is vital legislation to give greater security and protection to both staff and students. I encourage Seanadóirí to support amendments to the Bill to strengthen employment protections in the sector. We need the Bill

to be passed as quickly as possible in order that the exploitation of teachers in colleges such as Grafton College can end. The staff have requested that the Minister intervene in the debacle. I wonder whether he will meet them. This is the wrong time of the year for a closure to happen as it is coming up to Christmas. To be hit suddenly with such a closure is shameful.

**Deputy Richard Boyd Barrett:** I was outside Grafton College the night before last. The teachers who were gathered there were absolutely distraught, shocked and bewildered at what had happened. Without notice, the college closed. With Christmas coming, the jobs have been lost and the weeks of wages owed to the staff are not forthcoming, which is completely unacceptable.

The Government should take this issue very seriously because, proportionately, Ireland is the main destination for foreign English language students. Approximately 122,000 students of English as a foreign language come here. It is a big industry. In 2015 there were a number of collapses of schools that had not been properly regulated and did not have proper protections for students. Some protections for students were put in place but none at all for teachers. The teachers are highly qualified and have been left absolutely high and dry. They are asking the Minister to meet them. Some of them are visiting the Seanad. Today or in the next day or two, the Minister should talk to them. I know one of the teachers personally. This is the third time this has happened in his career teaching English as a foreign language. He was just left high and dry by one rogue employer after another.

Marketing English in Ireland needs to make a statement on this issue. It needs to state what it intends to do in order to address this problem and ensure it will not recur. We need to know whether the Government will support the amendments suggested by Unite the Union, effectively on behalf of English foreign language teachers, that would give some protection to teachers in these circumstances. To cut a long story short, there is a fund that gives some protection to students. It needs to be expanded to give protection to teachers in order they will not lose their wages if a company disappears in a puff of smoke. We need proper regulation of this industry to prevent rogue employers behaving like this because it keeps happening. There are very serious questions as to what was going on financially in this company. The signs in this regard are certainly not good because there is not enough regulation of the sector or protection for teachers.

It would be good if the Minister could respond to the following questions. Will he meet the representatives of the teachers? Will he agree to support the amendments that are now before the Seanad and which, it is hoped, will come before the Dáil? Will he get Marketing English in Ireland to make a statement as to what it intends to do about this? Will he ensure that proper protection for teachers is put in place in order that teachers do not lose their earnings in cases such as this?

**Minister for Education and Skills (Deputy Joe McHugh):** Go raibh maith agat, a Chathaoirleach, as an seans labhairt inniu faoin ábhar iontach tábhachtach seo. I thank the Deputies for raising this matter. I regret that this situation has arisen for the students and staff of Grafton College. The fact that we are coming into Christmas lends added significance to the matter.

It is important to note that the majority of English language schools in Ireland are privately run. The relationship between teachers and private providers of education is based on a private contract, and issues relating to working conditions, including payment of wages, are matters between the two parties and do not come under the remit of the Department of Education and Skills. That said, I know there has been a public request in this regard, which the Deputies have

repeated. I would be happy to meet the delegation. I can try to juggle and rejig my timetable this evening. If a delegation is in the House today, I would be happy to meet it in my office. I will stay in touch with the Deputies in this regard. I am, however, also conscious of expectations, which is why I put on the record my role in such matters. From a human point of view, I would like to meet the delegation.

Quality and Qualifications Ireland, QQI, is closely monitoring the situation arising from the Grafton College closure and is engaging with all relevant stakeholders to ensure the closure will be as orderly as possible. Grafton College is a member of Marketing English in Ireland, MEI, an association of English language schools. I understand that students from Grafton College will be able to complete their studies in another MEI member school. Employees affected by the closure of a business may be entitled to apply, through the liquidator, to the insolvency payments scheme, which is administered by the Department of Employment Affairs and Social Protection. I have spoken to my colleague, the Minister, Deputy Regina Doherty, in this regard.

The Minister of State with responsibility for higher education, Deputy Mitchell O'Connor, is progressing legislation through the Oireachtas which is intended to strengthen substantially regulation and quality in the English language education sector. The Qualifications and Quality Assurance (Education and Training) (Amendment) Bill is scheduled for Committee Stage in the Seanad today, 5 December. The new Bill will establish the international education mark and a learner protection fund. The international education mark, IEM, is a core component of the Government's policy for the English language sector. Only those providers that meet the robust quality assurance procedures of Quality and Qualifications Ireland will be allowed to carry the mark and recruit international students. The IEM will provide learners, or potential learners, with the necessary confidence that providers with the IEM have been quality-assured by QQI. Upon enactment, the Bill will also empower QQI to establish a learner protection fund which will be resourced by an annual charge from those providers covered by it. The fund will be used to "teach out" a programme in the event that a provider fails to provide a programme. Should this not be possible, the fund will be used to reimburse students for the most recent fees that have been paid.

The Bill also contains provisions to provide QQI with additional statutory powers to examine the bona fides of a provider. Providers will have to satisfy QQI in respect of issues such as their legal personality, ownership and corporate governance arrangements in addition to ensuring that adequate financial resources are in place to ensure the viability of these businesses. This will mean that only providers that satisfy QQI in these areas will have their quality assurance procedures approved by QQI and be eligible for the international education mark and to recruit international students. These measures will militate against the prospect of further college closures.

The issue of employment rights for English teachers has also been raised in the context of the qualifications and quality assurance Bill. I understand that the Minister of State, Deputy Mitchell O'Connor, will respond to issues raised by Senators on Committee Stage of that Bill this afternoon. As in the case of any Bill going through the Houses, the Minister of State will consider any amendments and they will be subject to her decisions as they are dealt with. A number of amendments have been tabled.

**Deputy Dessie Ellis:** I thank the Minister. I am glad to hear he will meet the teachers, have a word with them and find out what their feelings are. There needs to be some form of oversight of this industry. The Bill going through the Houses will help us in this regard, but we must stop

this from happening in the future. This is not the first time this has happened. In recent years, we have had several cases of colleges closing down at short notice. I am sure reputational damage must be done to our image in other countries because these cases involve overseas students. It is incumbent on us all to sort this out and prevent it from happening again. Help is needed for the teachers, whether by way of social protection or some form of compensation to tide them over the Christmas period. The Minister said there is a fund, but these issues need to be addressed over the Christmas period. Everyone knows that this is one of the worst times of the year to be caught in a situation such as this. It is a horrible thing to happen to anyone no matter when it happens, but particularly at this time of year when there are huge expectations on people who have families, friends and children to deal with.

**Deputy Richard Boyd Barrett:** I welcome the Minister's willingness to meet the delegation which is sitting in the Gallery. Perhaps he could indicate how we might arrange this meeting. I think they are delighted he is willing to meet them, and fair play to him. Could he tell me - or tell them - how we might arrange that this afternoon?

Beyond that, the Government needs to put its eye on this issue. Two years ago, there were 122,000 students in this sector, which is a huge number, and it is probably higher now. We are talking about an industry worth between €700 million and €1 billion. It is too big to take the attitude that this company is a private business and not an issue for the Department. I would like to see the whole sector nationalised, but if the Government will not do that, it must regulate it properly. In addition, these teachers are paid very badly, are often disgracefully laid off for the whole of Christmas in any case, even though they are taken back on in January by the same employer, receive very low levels of pay and do not get proper entitlements. It is not right for such highly qualified people to be treated this way and then to be landed in this situation. We need protections for teachers. We need to take this industry seriously and we need proper monitoring and regulation of the many fly-by-nights in the sector who are in for the quick kill and then disappear off into the night. God knows some of them will end up coming back and setting up other schools in a few years' time, having left a great many people high and dry. While things have improved slightly for the protection of pupils, we have a hell of a long way to go in taking this industry seriously and protecting the teachers.

**Acting Chairman (Deputy Eugene Murphy):** Given the seriousness of this issue, I allowed the Deputies a little extra time.

**Deputy Dessie Ellis:** I thank the Acting Chairman.

**Acting Chairman (Deputy Eugene Murphy):** I apologise for interrupting them, but we must stick to the guidelines.

**Deputy Richard Boyd Barrett:** That is fine.

**Acting Chairman (Deputy Eugene Murphy):** The Minister has two minutes to respond. Perhaps he will meet the Deputies after the debate-----

**Deputy Joe McHugh:** Absolutely.

**Acting Chairman (Deputy Eugene Murphy):** -----or arrange to meet them.

**Deputy Joe McHugh:** Yes. We will work out the logistics afterwards. I thank the Deputies again. We are talking about the current human problem we have so close to Christmas and the

disruption and difficulties it is causing. We are also talking about how we will prevent this from happening again. The QQI legislation is integral to this, as is the Employment (Miscellaneous Provisions) Bill 2017. I know all Deputies of all parties and none have been working and pushing that agenda very hard. We must look at employment rights. I have been speaking to my colleague, the Minister, Deputy Regina Doherty. We will continue to ensure that the Bill passes all Stages in the Dáil. It is progressing through the Seanad. The Deputies will be aware of its key provisions, which relate to zero-hour contracts in certain circumstances and the introduction of banded-hour contracts. That second element is really important.

I have come across this issue so many times in my time in politics. In Gweedore, in my county, we had to deal with the heartbreak and difficulty of a company that went belly up on the eve of Christmas. One of the big issues at the time was that employees wanted to find out what was available to them, how could they pay for the important stuff over Christmas and how could they get through it. They were the questions. What we did, collectively, in County Donegal on a joint Oireachtas basis, was to ensure the people with the answers, that is, representatives from the Department of Employment Affairs and Social Protection, were available. When we are thinking about how we are going to organise the meeting, I want to ensure the people with the answers will be there also. I will try to organise for somebody from the Department of Employment Affairs and Social Protection to attend the meeting. I would meet a delegation in my office, but as everybody wants to have a say, let us try to figure out some way to do it. We can have a chat about it straightaway afterwards, if the Deputies are agreeable. Across the spectrum, we have all known of recent examples of subbie busters, where people have not been getting paid and companies have gone into liquidation, etc. There is nothing more heart-breaking, difficult or disruptive to family life. I understand that and I am happy to meet the people who have come here today and not just out of courtesy. I am here as a representative of the Government to see how we can organise a pathway to deal with this problem. If it is a case of looking at long-term progression such as extra training or employment prospects in the sector, let us look at all of the options. I am happy to do so, but I would like to have the right people in the room to give the right advice, especially this close to Christmas.

### **Health (Regulation of Termination of Pregnancy) Bill 2018: Report Stage (Resumed)**

Debate resumed on amendment No. 45:

In page 15, between lines 29 and 30, to insert the following:

#### **“Parental notification**

**23.** (1) A termination of pregnancy in respect of a pregnant minor may only be carried out in accordance with *section 10* where a copy of the certification referred to in that section has been served on a parent of the minor at least 24 hours before the termination of pregnancy is carried out.

(2) In respect of a pregnant minor, a copy of the certification referred to in *section 11(2)* shall be served on a parent of the minor—

(a) before the termination of pregnancy is carried out, or

(b) where it is not practicable to do so before the termination of pregnancy is carried

out, as soon as may be but, in any event, not later than 2 days after the making of that certification.

(3) A termination of pregnancy in respect of a pregnant minor may only be carried out in accordance with *section 12* where a copy of the certification referred to in that section has been served on a parent of the minor at least 48 hours before the termination of pregnancy is carried out.

(4) A termination of pregnancy in respect of a pregnant minor may only be carried out in accordance with *section 13* where a copy of the certification referred to in that section has been served on a parent of the minor at least 72 hours before the termination of pregnancy is carried out.

(5) Service of any certification required to be served under this section shall be carried out in such manner as may be prescribed and shall be recorded in any notification required to be forwarded to the Minister under *section 21*.

(6) The High Court, upon application made to it by any interested party, and if satisfied that it is in the best interests of the minor concerned, may make an order dispensing with any requirement for service provided for under this section.

(7) An application under *subsection (6)* shall be made on notice to the parent or parents of the minor concerned, unless the High Court is satisfied that, in the particular circumstances of the case, it may justly proceed to hear and determine the application without notice to the parent or parents of the minor concerned.

(8) In this section—

“minor” means a woman who has not attained the age of 16 years;

“parent” includes—

(a) a guardian appointed under the Guardianship of Infants Act 1964,

(b) any other natural or legal person acting in *loco parentis* in respect of the pregnant minor under any statutory power or order of a court and,

(c) in the case of a minor who has been adopted under the Adoption Acts, 1952 to 2010, or, where the child has been adopted outside the State and that adoption is recognised by the State by virtue of any statute or rule of law for the time being in force, the adopter or, where relevant, the surviving adopter.”.

- (Deputy Peadar Tóibín).

**An Leas-Cheann Comhairle:** When the debate was adjourned last night, Deputy Donnelly was in possession. He is not here. We will give it a minute or two.

**Deputy Mattie McGrath:** On a point of clarification, there was confusion last night about the numbering and listing of amendments. I understand the position has been clarified.

**An Leas-Cheann Comhairle:** Is the Deputy aware of that?

**Deputy Mattie McGrath:** I am, but I would like the matter to be clarified. Anyone can make a mistake and I am not blaming the Bills Office, but I want to totally repudiate the alarmist attacks directed towards us last night that the amendments were fake, a fraud and all that kind of stuff.

**An Leas-Cheann Comhairle:** Hold on. I will deal with the matter. I allowed the Deputy in and did not even get an opportunity to commence the business.

**Deputy Mattie McGrath:** I only wanted to seek clarification.

**An Leas-Cheann Comhairle:** The Deputy is aware of the position.

**Deputy Mattie McGrath:** Barely, but I have not seen the-----

**An Leas-Cheann Comhairle:** There was an administrative error, which can happen to any of us. We are going to proceed with the debate.

**Deputy Mattie McGrath:** We did not make an administrative error. That is my point.

**An Leas-Cheann Comhairle:** No, I am not saying that; the administrative error was not made by the Deputies. I ask the Deputy to listen. There is no point in putting words in my mouth.

**Deputy Mattie McGrath:** I am not.

**An Leas-Cheann Comhairle:** There was an administrative error, for which we are apologising. We will now continue the debate. We are not looking for heads.

**Deputy Mattie McGrath:** I am not looking for heads; rather, I am looking for respect from the Members who were trying to rubbish us by claiming we had made the administrative errors, that we were responsible for the cock-up and that we did not understand what we were doing.

**An Leas-Cheann Comhairle:** We have clarified the matter.

**Deputy Mattie McGrath:** We were vilified for nearly half an hour.

**An Leas-Cheann Comhairle:** Please, Deputy.

**Deputy Peter Fitzpatrick:** I thank the Leas-Cheann Comhairle for the clarification.

**An Leas-Cheann Comhairle:** We are clarifying the matter. What more can we do?

**Deputy Mattie McGrath:** That is fine. Can we get it in writing?

**An Leas-Cheann Comhairle:** It is now on the record of the House.

**Deputy Mattie McGrath:** Can we get a copy of the changed list?

**An Leas-Cheann Comhairle:** Listen, Deputy, that matter will be dealt with. He will get what he is asking for.

**Deputy Mattie McGrath:** We need it now.

**An Leas-Cheann Comhairle:** Does the Deputy want the sitting to be suspended?

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**Deputy Mattie McGrath:** We need to see the list before we begin.

**An Leas-Cheann Comhairle:** I ask the Deputy to accept my word.

**Deputy Mattie McGrath:** I do.

**An Leas-Cheann Comhairle:** He will receive clarification.

**Deputy Mattie McGrath:** We are, however, dealing with the amendment now.

**An Leas-Cheann Comhairle:** We are dealing with amendment No. 45.

**Deputy Mattie McGrath:** We need to see the list before the debate on it finishes.

**An Leas-Cheann Comhairle:** The Deputy will get what he is seeking before the debate on the amendment finishes. The matter has been clarified, as I hope all of the Members understand.

**Minister for Health (Deputy Simon Harris):** Yes.

**An Leas-Cheann Comhairle:** What was said was said and we have to move on. As Deputy Donnelly is not here-----

**Deputy Mattie McGrath:** It is not as simple as that. We were attacked for-----

**An Leas-Cheann Comhairle:** I have no-----

**Deputy Mattie McGrath:** It is not as simple as saying whatever was said was said. It is outrageous.

**An Leas-Cheann Comhairle:** I am suspending the sitting for five minutes.

*Sitting suspended at 3.55 p.m. and resumed at 4 p.m.*

**An Leas-Cheann Comhairle:** For the information of the House, the substitute amendment No. 45, which was circulated in substitution for amendment No. 45, from the first substitute list  
4 o'clock of printed amendments, dated 23 November, corrected an administrative error in respect of cross-references and the processing of amendments.

I must advise the House that Deputies submitted two versions of amendment No. 45 to the Bills Office. The first one was incorrect. The second had the updated numbers contained within it. It was not clear as far as the Bills Office was concerned. All of that has been rectified and clarified.

I want to be clear. There was no substantive change between the two versions. We can now continue with amendment No. 45.

**Deputy Mattie McGrath:** I want to pick up there-----

**An Leas-Cheann Comhairle:** Hold on. We are going to continue the debate.

**Deputy Mattie McGrath:** There was a substantive change.

**An Leas-Cheann Comhairle:** The clock has started on the Deputy's two minutes.

**Deputy Mattie McGrath:** There was a substantive change. All I want is fair play for ev-

eryone. I am not blaming anyone but we can make mistakes too.

**An Leas-Cheann Comhairle:** Let me be clear. When Deputy Mattie McGrath submitted the two versions-----

**Deputy Mattie McGrath:** Has the clock stopped now?

**An Leas-Cheann Comhairle:** -----the first one was incorrect. Can we agree on that?

**Deputy Mattie McGrath:** I do not think so.

**An Leas-Cheann Comhairle:** If we have to receive clarification, we will. My understanding is that it was incorrect.

**Deputy Mattie McGrath:** Can we get clarification?

**An Leas-Cheann Comhairle:** I understood the Deputy accepted that.

**Deputy Mattie McGrath:** I accepted the changed version which I had not seen. I appreciate we have it now.

**An Leas-Cheann Comhairle:** Hold on, Deputy Mattie McGrath. The first one was incorrect. There is no ambiguity about that.

**Deputy Mattie McGrath:** That was last night's one.

**An Leas-Cheann Comhairle:** Then the updated one was submitted. Let us move on. There has been clarification. If the Deputy wants to use his two minutes to continue on amendment No. 45, then we will continue.

**Deputy Mattie McGrath:** I am speaking on amendment No. 45. There is a difference of opinion on the other. I thank everyone for trying to be helpful. I accept we acted in good faith which we have done at all times. No more, no less. I am not going to be vilified by Members opposite for having a rubbish or fake or fraud amendment. It was called everything. Anyone can make an administrative error. So can we. We are not above making mistakes on this particular issue or any issue for that matter.

I thank the Bills Office, the Ceann Comhairle's staff and all the other staff for trying to correct it. We were lambasted, however, last night. We were told to take it away, that it was rubbish and to run off with it. It was vitriol of the highest order. We did not put down amendments to be fraudulent, silly, cruel or heartless. All the empathy and sympathy is not on the other side of the House. We are doing what we were elected to do. We are doing no more here than trying to shape this Bill as the eighth amendment is to be removed and put into the hands of the legislators.

The Minister in his indecent haste avoided pre-legislative scrutiny. He rushed into the Chamber on different days with various cut-off times. Today, we have abandoned all business in the House for this Bill. There is nothing else in the country of any importance only this legislation. I cannot believe two items on Private Members' business were pulled back for this. I will have a different attitude everyday in future when we have demands for more speaking time on different issues. Essentially, the housing crisis, the health crisis and the hospital trolley crisis are not important. This Bill, however, has to be done if nothing else. Clear the decks to rush legislation through to have this when the doctors, nurses and hospitals are not ready. No

ultrasound facilities have been rolled out yet. It is a farce and nothing but a farce. It has been a farce since the eighth amendment committee was set up. That was a cabal which could not find a pro-life doctor to address it or meet the women with regrets for having an abortion. Last week, we were told it was makey-uppy regret. I know some have apologised for that. However, we are being vilified for delaying this Bill. We are not delaying or filibustering. We are doing our duty to assess amendments, put them down and speak to them

**Deputy Peadar Tóibín:** There has been much said about filibustering. I asked two people to carry out a word count with regard to the contributions from the pro-choice side and the pro-life side. The pro-choice have said 50,000 words so far.

**Deputy Jonathan O'Brien:** I am pro-life.

**Deputy Peadar Tóibín:** The pro-life side, 45,000 words. The pro-choice side is filibustering its own Bill which is incredible.

**Deputy Kate O'Connell:** Thanks for explaining that.

**Deputy Peadar Tóibín:** The issue of parental notification is of concern to people. Parents do not want to be kept in the dark. They want to know what is happening regarding their children, and they want to see that provided for in primary legislation. Fine Gael should understand that the majority of parents want to do the best for their kids. We need to trust them with this type of information. It is important.

Last night, a question was asked about whether this would be provided for in the legislation. It is important to understand that the current situation regarding consent and notification is not covered in primary legislation. This Bill could put it into primary legislation. Yesterday, Deputy Butler tried to pin down the Minister on this matter. Let us be clear, in that the Minister cannot cite any statutory basis for the contention that there is a clear legal obligation on a doctor to notify parents if their child is under 16 years of age and decides to go for an abortion. Further problems emerge in light of the relevant sections of the Medical Council's guidelines and the HSE's consent policy. Both documents expressly allow for providing treatment to a child under 16 years of age without his or her parents knowing of the proposed treatment in certain situations. They envisage this arising only in exceptional or unusual circumstances, but the discretion is left with the doctor. That is the difference with the Bill that we are looking for, in which the discretion would not be left just with the doctor.

If any of us heard of an allegation of abuse or suspected abuse, we would have a moral and legal responsibility to go to Tusla. It would be exactly the same for the doctor. The argument on the other side that this would in some way put children in danger is nonsense. That issue is catered for already.

**Deputy Jonathan O'Brien:** No one was vilifying Deputy Mattie McGrath. We were just pointing out the flaws in his amendment. If it were not for us, he would not-----

**Deputy Mattie McGrath:** Excuse me, but on a point of order, the flaws were not in our amendment. Will the Chair please protect us?

**An Leas-Cheann Comhairle:** What is the point of order?

**Deputy Mattie McGrath:** The flaws were not in our amendment. A mistake was made by someone else.

**An Leas-Cheann Comhairle:** The mistake was made by whom?

**Deputy Mattie McGrath:** It was an administrative mistake. We did not make it.

**Deputy Kate O'Connell:** A miracle.

**An Leas-Cheann Comhairle:** No, hold on. Let there be absolutely no-----

**Deputy Mattie McGrath:** Is Deputy Jonathan O'Brien going to rehash it now?

**An Leas-Cheann Comhairle:** No. Let there be no ambiguity. We said that we were not calling for heads.

**Deputy Mattie McGrath:** We are not calling for heads.

**An Leas-Cheann Comhairle:** Everyone has a responsibility. When the Deputies submitted the versions, one was incorrect.

**Deputy Mattie McGrath:** No.

**An Leas-Cheann Comhairle:** Hold on.

**Deputy Mattie McGrath:** I am not accepting that.

**An Leas-Cheann Comhairle:** The Deputies' version was incorrect.

**Deputy Mattie McGrath:** No, I do not accept that.

**Deputy Simon Harris:** Come on.

**An Leas-Cheann Comhairle:** Listen, the facts are the facts.

**Deputy Mattie McGrath:** Well, we will have to see the facts.

**An Leas-Cheann Comhairle:** The Deputies' version was incorrect. When the updated amendment was submitted, it was corrected.

**Deputy Mattie McGrath:** On a point of order to clarify-----

**An Leas-Cheann Comhairle:** There is no point of order.

**Deputy Mattie McGrath:** Please.

**An Leas-Cheann Comhairle:** No, the Deputy cannot-----

**Deputy Mattie McGrath:** No. The Leas-Cheann Comhairle cannot put words in my mouth. I am saying that I do not accept there was a mistake.

**An Leas-Cheann Comhairle:** The Deputy cannot say on the one hand that it was an administrative error-----

**Deputy Mattie McGrath:** A Leas-Cheann Comhairle-----

**An Leas-Cheann Comhairle:** There were errors on both sides-----

**Deputy Mattie McGrath:** Possibly, but I want to see it.

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**An Leas-Cheann Comhairle:** -----including the Deputies’.

**Deputy Mattie McGrath:** Possibly, but I have not seen that mistake.

**An Leas-Cheann Comhairle:** Not “possibly”.

**Deputy Mattie McGrath:** It has not been pointed out to me.

**An Leas-Cheann Comhairle:** I have seen it.

**Deputy Mattie McGrath:** Well, I have not, so I cannot-----

**An Leas-Cheann Comhairle:** I am telling the Deputy that-----

**Deputy Mattie McGrath:** Be fair to me.

**An Leas-Cheann Comhairle:** -----it was incorrect. I am asking the Deputy to accept that, and if he wants to-----

**Deputy Mattie McGrath:** I cannot without seeing it.

**An Leas-Cheann Comhairle:** I am sorry, Deputy. No two of us will be standing at the one time.

**Deputy Mattie McGrath:** I know.

**An Leas-Cheann Comhairle:** If the Deputy wants to go and check it out in the office, then he should do so, but I am telling him that the first one was incorrect.

**Deputy Mattie McGrath:** I have not seen it.

**An Leas-Cheann Comhairle:** Listen, we will leave it at that and move on. I will say to all Deputies that they should not invite interruptions. This should be an orderly and dignified debate, and we want to ensure that it continues in that way.

**Deputy Jonathan O’Brien:** Regardless, we are debating the proper amendment with the right sections tonight. Let us debate the merits of the amendment. I have some concerns with it. For instance, the references to parental notifications in respect of sections 11, 13 and 14 can be done away with provided that an application to that effect is made to the High Court. That application can be made by any interested party. The unfortunate thing, or the fortunate thing, whichever way one wants to view it, is that there is no legal definition of “interested party”. An interested party could be the State, the father of the child, the rapist, the abuser, the grandfather, the next door neighbour or anyone in this Chamber.

Under the amendment, even if an interested party makes an application to the High Court, the parents would still have to be told “unless the High Court is satisfied that, in the particular circumstances of the case, it may justly proceed to hear and determine the application without” informing the parents. It is very convoluted. The amendment is asking for parental notification and saying that it can be done away with in certain circumstances if there is an application to the High Court, but even if there is such an application, the parents would still have to be informed unless the High Court determined the parents would not have to be informed, and the High Court cannot determine not to inform the parents until there is a High Court hearing. The amendment does not make sense, is not workable and should still be withdrawn.

Deputy Mattie McGrath can thank us later for helping.

**Deputy Michael Collins:** In Ireland, the following activities are not legal under the age of 18 years: joining the Army or Garda Síochána; entering into a legally binding contract; registering to vote; changing name by deed poll without parental consent; leaving home without parental consent; getting teeth whitened without parental consent; or using a sunbed without parental consent. Despite that, and unless the House supports the amendment, it could be perfectly legal for someone under 18 years of age to consent to an abortion without parental consent. Deputies might imagine how, unless we support the amendment, their children will be able to end the lives of their babies - the Deputies' grandchildren - without their knowledge, consent or support years before they could even register to vote and enter into legally binding contracts. One of our daughters could consent to risky medical treatment that would end the life of another human being and put her physical and mental health at risk without our knowledge, consent or, more importantly, support years before she could legally use a sunbed or get her teeth whitened. If that is not the kind of Ireland we want for our children, we need to support this amendment. I ask each and every Deputy to consider doing so.

A decision to abort a baby is an irreversible one and our children deserve our support before being asked to make that decision. Our group has tabled this amendment with the intent of protecting the mother of the child going forward, an issue that is of major importance to us. Please, support the amendment so that we can provide our children with that support when they are at their most vulnerable.

**An Leas-Cheann Comhairle:** I call Deputy Ó Cuív who has not contributed yet, so he has seven minutes if he so wishes.

**Deputy Éamon Ó Cuív:** I hope not to take the full seven minutes. I also hope to bring some rationality to what is happening. My understanding of the debate is that the proposal is for parental notification to be included in the Bill. If I understand the situation in all similar medical procedures, and given the Minister's response to Deputy Butler last night, parental notification is already in the medical guidelines.

**Deputy Peadar Tóibín:** Not in legislation.

**Deputy Éamon Ó Cuív:** I understand that some Deputies believe that parental notification should not be included in the Bill. Do they also believe that they should not be in the medical guidelines?

**Deputy Simon Harris:** No.

**Deputy Éamon Ó Cuív:** I will let them speak for themselves. I am not referring to the Minister, but to some of the Deputies who were vehemently against parental notification in their contributions. They did not qualify that by saying they would be happy with such a provision in the medical guidelines.

My understanding is that, under the amendment as drafted, one would have to go to the High Court where the "out" of exceptional circumstances was at the discretion of the doctor if there were valid reasons for it in the medical guidelines. Aside from that fundamental difference in the substance of the amendment, the principle is the same. This is the nub of the issue. It appears to me that there are Deputies who do not like parental notification in this case. If that view is pervasive in society, then they could seek to change the medical guidelines and it would

never revert to the House. Therefore, it seems there is an argument for putting parental notification into the Bill *à la* the medical guidelines. Unfortunately, we cannot do that here tonight in respect of that wording because it is not-----

**Deputy Ruth Coppinger:** Is somebody on their phone?

**Deputy Michael Healy-Rae:** Sorry.

**An Leas-Cheann Comhairle:** There should be no use of phones in the House.

**Deputy Éamon Ó Cuív:** Unfortunately, the amendment in front of us does not incorporate the wording that is in the Medical Council guidelines. Of course, if the Minister agreed in principle, that issue could be dealt with very simply. The Minister could give us an undertaking here that when he goes to the Seanad, he will bring forward an amendment that would bring what he says is there, what I accept is there and what most of us know is there and stop it being changed without the will of this House but put in statute law. Otherwise we are at the discretion of the Medical Council, which could change without coming back to the Oireachtas, which the people said was to make the law in this case. The constitutional amendment said that the power to make the law in this case would lie with the Oireachtas, not with the Medical Council. I would favour the withdrawal of this amendment if the Minister gave us an undertaking to bring an amendment to the Seanad incorporating what he said is in the Medical Council guidelines, putting them into statute law and bringing it back for what would effectively be five minutes here once the Bill goes through the Seanad.

**Deputy Eugene Murphy:** As usual, my contribution will be very brief. I echo what the Leas-Cheann Comhairle said, namely, that respect be shown from every side of the House because the people outside would expect that. At no stage have I spoken twice nor have I used my seven minutes. I would say I have used two to three minutes maximum. That is sufficient for me. Perhaps it is not sufficient for some people but it is certainly sufficient for me. I know the Minister clarified matters for Deputy Butler last night on this issue. I was satisfied with that at the time. Deputy Tóibín seems to have questioned that now. The reason this is a concern to me is because quite a number of parents have expressed concern about this aspect of the legislation. Such concern is very much from a humane point of view. If their daughter was in that type of trouble, they would want to be there to support her and, on that basis, they feel we should allow for that in this legislation. Is parental consent as per the Medical Council guidelines strong enough? Perhaps it is not. If the suggestion from Deputy Ó Cuív that the amendment be withdrawn was accepted, when this Bill goes to the Seanad, the Minister could allow for something to be put in there that would satisfy the people who have concerns about this.

**Deputy Danny Healy-Rae:** I cannot see the reason in leaving it to the Seanad when we are asking to do the same thing here. Parents are concerned about this. They would like to help their daughter if she found herself in a position like this, and if she wanted to go through with an abortion, they would like to be notified about it. I respect Deputy Durkan very much. He made a contribution last night but I am glad he is here now. I believe there are far more good parents out there who are concerned and would like to help their daughters. I heard Deputy Durkan's concern when he said that it could happen within the family unit or household. It has happened in those instances and we regret that. However, there are far more parents who love their children and want to care for them and it is only right that those parents be notified to give them a chance to help their daughter at a very traumatic time like this. I cannot understand the reasoning behind letting the Seanad decide it. We have a role to play here as well. We are

elected by the people. I still support this amendment because I believe it is necessary and fair.

**Deputy Michael Harty:** Obviously, this amendment refers to parental consent for girls under the age 16. The reality is that when a young girl like that presents to a GP - it would most likely be a GP in this situation because it is going to be early pregnancy - the GP has a certain number of obligations that are already enshrined in law. First, if a girl under the age of 16 is pregnant, that essentially is statutory rape and there is an obligation on the GP to inform Tusla and most likely to inform the Garda. That is what is required for safety reasons. I know Deputy Coppinger discussed here and at the committee the fact that a parent may be the perpetrator of the pregnancy. That may be the case but it is probably a minority rather than a majority. Nevertheless, it is significant. If a girl under the age of 16 who is pregnant presents to a doctor, the doctor has an obligation to make a report to Tusla and the Garda.

I understand that under the general data protection regulation, GDPR, it is not permitted to discuss the medical condition of a child over the age of 13 with their parent. I am not sure if that is the case but if a pregnancy is involved, the obligation to report trumps the GDPR. I do not think any mother would thank her GP for prescribing abortive medication to a girl under 16 without consulting at least one parent. In many jurisdictions, there is an obligation to inform both parents, while in many others, there is an obligation to inform at least one parent. There are only a few jurisdictions that do not require the doctor to inform a parent.

This is a very important topic to discuss and thrash out here because it is a requirement that if a girl under 16 is pregnant, the law has been broken in some form or other. If it was between two consenting children under the age of 16, the so-called Romeo and Juliet clause kicks in. If the male partner, for want of a better word, is over 16 and the girl is under 16, that is a crime. It could constitute child abuse and it certainly needs to be reported. GPs already have a substantial obligation under the law to make reports to statutory bodies and probably to a parent. I cannot imagine a GP prescribing abortive medication to a young girl under 16 and not consulting her parents provided the GP is happy the parent was not involved in the pregnancy, which could happen in a minority of cases. A GP has to use his or her judgment.

One of the foundations of medical ethics is that the person has autonomy. Under the Gillick judgment, which relates specifically to the prescription of contraceptives, where a girl under the age of 16 presents looking for contraceptives, her autonomy can trump parental consent in some circumstances. That Gillick competence could be transferred to termination of pregnancy. A pregnant girl could possibly be prescribed the medication without her parents' consent if she exactly understood the situation and was competent and mature. The Gillick competence is a derogation for contraception that could possibly transfer over to termination of pregnancy.

This amendment is too prescriptive. It places an obligation on the parents to be informed and this trumps all else. It also applies time restrictions depending on what section of the legislation is being invoked. Consent is important, but it has to be done in a structured way within the safeguards that are already present in medical ethics and the law to ensure that, if somebody under the age of 16 presents pregnant, the matter is not kept quiet. There has to be a triggering of events. The amendment, well intended as it is, will not advance that any further.

**An Ceann Comhairle:** Is Deputy Tóibín next?

**Deputy Peadar Tóibín:** No, I spoke a second time.

**Deputy Joan Burton:** I will return to some of the principles on which the repeal the eighth

amendment campaign was fought and discussed by people up and down the country. The reason for bringing in the non-surgical method of taking a pill pre-12 weeks was to allow someone in a crisis pregnancy to have the issue addressed as safely as possible early in the pregnancy without the need for any kind of surgical intervention. That is the way in which termination services are moving worldwide.

If there is a good system of information and sex education in place, people will be conscious of their own physiology and if they become pregnant, they will be able to address it as quickly as possible. For instance, over the past decade, use of the morning after pill in Ireland has been widespread. Somebody who has fears because contraception was not present or failed can avail of this pill. The 12-week principle is, in essence, an extension of that, which we want to see applied as early as possible.

From my experience of legislation, this convoluted amendment is unlikely to be workable in practice. The Minister clearly set out the argument last night, and I am sure he would be willing to do so again, if necessary. Dr. Harty made the point very clearly from a general practitioner's point of view and experience. We are talking here about girls. They are children. Nobody here would not want parents to be involved if the parents are actively concerned about their children, but that may not always be the case, for various reasons. I do not see what this adds to all the notification structures that have been established and set out in great detail in the legislation. A prior requirement broadly exists in Irish law that, if a girl under 16 becomes pregnant, there is in most cases a *prima facie* case that she has been the subject of abuse or rape and that this should be communicated to the child protection authorities and the Garda.

Other than frustrating the progress of this legislation and making life almost impossible for doctors who are willing to provide these services, I do not understand this amendment. I will pose again a question I asked last night. Deputies on the other side of the argument have spoken about being loving parents and grandparents. Are we not all loving parents and grandparents? Are there any parents in this House who do not seek to love their children in their own best way? We are all like that. Everybody is like that, regardless of their view on this. Do Deputies want to see circumstances in which the matter of a pregnant 12 or 13 year old who has clearly been the subject of abuse cannot be addressed as the child and her parents wish? This amendment is frustrating the purpose of the Bill and the referendum on which people voted. I ask the Deputies who support it to consider withdrawing it. Perhaps the Minister will restate the advice he offered last night.

**Deputy Peter Fitzpatrick:** As I said last night, this amendment is not about consent but about notification. Parents need to know. The medical, emotional and psychological consequences of abortion are sometimes serious and can be lasting. Parents are best placed to advise in these circumstances as they will know if their child has a mental health issue that the doctor approached for termination may not be aware of. Children are seeing doctors who do not know their history and if a termination goes ahead, there can be serious consequences.

Parents of a minor daughter who had an abortion may be better placed to ensure she receives adequate medical attention after her abortion. If a child has an abortion, who are the best people to ensure she is looked after afterwards? I would appreciate if the Minister would indicate what services will be available after an abortion. We repeatedly asked that question on Committee Stage. We need clarification on it because these are minors.

We cannot keep parents in the dark. It is important that the Minister accepts this amendment

because, as I said, no matter what happens to the child, she will end up with her parents who know best. We have to protect the child. I again ask the Minister to clarify what services will be available after an abortion. It is important to remember that these are children.

**Deputy Michael Healy-Rae:** I welcome the clarification provided. I presume all the Deputies who attacked and ridiculed us last night and tried to make out that we were misleading in what we were doing will retract the scurrilous allegations they made. I presume they have done that or will do that.

I welcome Deputy Tóibín's contribution in which he highlighted the filibustering of Deputies on the other side who have spoken 50,000 words compared with 45,000 words spoken by those of us on this side. That finally nails the claims that have been going around here for the last couple of days. People, including the Taoiseach, have made accusations against us. This is a worthwhile amendment which is being brought forward for the most sincere of reasons. Deputy Michael Collins highlighted this evening the activities that are allowable and not allowable to a person under 16. All we are trying to do here is protect young people and involve their parents at a time when they most need them. It is completely scurrilous for people to be trying to give the impression that a majority of parents or grandparents would be mistreating these children. Of course there is a bad egg in every segment of society. I think it is fundamentally wrong if the primary reason for legislating in a certain way is an assumption that the parent or grandparent is the abuser of a child.

**Minister for Health (Deputy Simon Harris):** I do not question anyone's bona fides in relation to this. As Deputy Burton has said, everybody wants what is best for their children. I am sure everybody shares that view. I am sure we all share the view that everybody wants to make sure children are protected. There is a big and broad debate about the issue of consent across society. It covers a number of areas, including the sexual age of consent and the medical age of consent. I would like to reiterate a point I made last night. The policy on medical consent here is exactly the same as the policy on medical consent for every other part of the health service. Deputy Butler asked me about this last night. It is the same as the age of consent in relation to contraception, gender realignment and cosmetic surgery. The issue of consent actually features on our Statute Book. Deputy Ó Cuív was probably in government when the legislation in question was introduced. He may even have brought it forward.

**Deputy Éamon Ó Cuív:** I brought a lot of legislation forward.

**Deputy Simon Harris:** Indeed. Section 23 of the Non-Fatal Offences Against the Person Act 1997 refers specifically to the issue of consent.

**Deputy Éamon Ó Cuív:** I was not in government at that time.

**Deputy Simon Harris:** My apologies. We have more than the 1997 Act. We have the Children First guidelines and the HSE policy on consent. Deputy Harty outlined in the most articulate and eloquent way the reality of how consent works. This is the norm in the health service. In cases involving people under the age of 16, parents are involved unless there are exceptional circumstances. This is not a mystery for anyone in the health profession. There is no reason to do anything differently in respect of this part of the health service. For those reasons, I do not propose to accept this amendment.

**Deputy Mattie McGrath:** On a point of information, the new section we are proposing to insert in the Bill relates to "parental notification" rather than to consent.

**Deputy Peadar Tóibín:** There is a difference between the position we are taking and the position the Minister is taking. When we have asked the Minister to do certain things in this Bill, his default position has always been that such things do not have a place in the Bill on the basis that someone somewhere will do something about it sometime. It is not good enough for a legislator to take such an approach. These very important issues are of real concern to parents throughout the country. If we think about it, this shows us how far we have travelled in this country and how far out of step with most European countries we will be. Before the referendum, everybody wanted to talk about what is happening in the rest of the world. We are trying to introduce protections that are similar to those that exist in the rest of the western democracies, but we are being told we have to do this our own way. The key element of this is that the consent issue does not exist in primary legislation.

**Deputy Simon Harris:** I read out-----

**Deputy Peadar Tóibín:** It is in the Medical Council guidelines, which can be changed.

**Deputy Simon Harris:** It does exist.

**Deputy Peadar Tóibín:** There is a difference that I would like to mention in this context. Under the current consent rules, in exceptional circumstances there can be occasions when doctors do not have to tell parents. We just want to give the power back to parents. I think most people looking in at this would be shocked to think that the national Parliament of this country has decided not to include in primary legislation a safeguard for parents who are seeking to support their children at times of serious crisis in their lives.

**Deputy Simon Harris:** It is already there.

**Deputy Peadar Tóibín:** I ask the Minister to say if he agrees with consent. If he does, surely there is no cost associated with codifying a gentle parental notification provision in this Bill.

Amendment put:

<i>The Dáil divided: Tá, 21; Níl, 69; Staon, 0.</i>		
<i>Tá</i>	<i>Níl</i>	<i>Staon</i>
<i>Brassil, John.</i>	<i>Bailey, Maria.</i>	
<i>Butler, Mary.</i>	<i>Barry, Mick.</i>	
<i>Cahill, Jackie.</i>	<i>Boyd Barrett, Richard.</i>	
<i>Collins, Michael.</i>	<i>Brady, John.</i>	
<i>Curran, John.</i>	<i>Broughan, Thomas P.</i>	
<i>Fitzpatrick, Peter.</i>	<i>Browne, James.</i>	
<i>Haughey, Seán.</i>	<i>Bruton, Richard.</i>	
<i>Healy-Rae, Danny.</i>	<i>Buckley, Pat.</i>	
<i>Healy-Rae, Michael.</i>	<i>Burke, Peter.</i>	
<i>Lowry, Michael.</i>	<i>Burton, Joan.</i>	
<i>MacSharry, Marc.</i>	<i>Byrne, Catherine.</i>	
<i>McGrath, Mattie.</i>	<i>Byrne, Thomas.</i>	
<i>McGuinness, John.</i>	<i>Cassells, Shane.</i>	
<i>Murphy O'Mahony, Margaret.</i>	<i>Chambers, Jack.</i>	

*Dáil Éireann*

<i>Murphy, Eugene.</i>	<i>Coppinger, Ruth.</i>	
<i>Nolan, Carol.</i>	<i>Corcoran Kennedy, Marcella.</i>	
<i>O'Loughlin, Fiona.</i>	<i>Cullinane, David.</i>	
<i>O'Rourke, Frank.</i>	<i>D'Arcy, Michael.</i>	
<i>Ó Cuív, Éamon.</i>	<i>Daly, Jim.</i>	
<i>Scanlon, Eamon.</i>	<i>Doherty, Pearse.</i>	
<i>Tóibín, Peadar.</i>	<i>Donnelly, Stephen S.</i>	
	<i>Dooley, Timmy.</i>	
	<i>Doyle, Andrew.</i>	
	<i>Durkan, Bernard J.</i>	
	<i>Ellis, Dessie.</i>	
	<i>Ferris, Martin.</i>	
	<i>Fitzgerald, Frances.</i>	
	<i>Harris, Simon.</i>	
	<i>Harty, Michael.</i>	
	<i>Healy, Seamus.</i>	
	<i>Howlin, Brendan.</i>	
	<i>Kelleher, Billy.</i>	
	<i>Kenny, Gino.</i>	
	<i>Kenny, Martin.</i>	
	<i>Kyne, Seán.</i>	
	<i>Madigan, Josepha.</i>	
	<i>McEntee, Helen.</i>	
	<i>McGrath, Finian.</i>	
	<i>McLoughlin, Tony.</i>	
	<i>Mitchell, Denise.</i>	
	<i>Munster, Imelda.</i>	
	<i>Murphy, Catherine.</i>	
	<i>Murphy, Paul.</i>	
	<i>Naughton, Hildegard.</i>	
	<i>Neville, Tom.</i>	
	<i>Noonan, Michael.</i>	
	<i>O'Brien, Darragh.</i>	
	<i>O'Brien, Jonathan.</i>	
	<i>O'Connell, Kate.</i>	
	<i>O'Dowd, Fergus.</i>	
	<i>O'Reilly, Louise.</i>	
	<i>O'Sullivan, Jan.</i>	
	<i>O'Sullivan, Maureen.</i>	
	<i>Ó Broin, Eoin.</i>	
	<i>Ó Caoláin, Caoimhghín.</i>	
	<i>Ó Laoghaire, Donnchadh.</i>	

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	<i>Ó Snodaigh, Aengus.</i>	
	<i>Pringle, Thomas.</i>	
	<i>Quinlivan, Maurice.</i>	
	<i>Rabbitte, Anne.</i>	
	<i>Ring, Michael.</i>	
	<i>Ross, Shane.</i>	
	<i>Ryan, Eamon.</i>	
	<i>Sherlock, Sean.</i>	
	<i>Shortall, Róisín.</i>	
	<i>Smith, Bríd.</i>	
	<i>Stanley, Brian.</i>	
	<i>Stanton, David.</i>	
	<i>Wallace, Mick.</i>	

Tellers: Tá, Deputies Mattie McGrath and Michael Healy-Rae; Níl, Deputies Seán Kyne and Tony McLoughlin.

Amendment declared lost.

**An Ceann Comhairle:** Amendment No. 46 is in the name of Deputies Mattie McGrath, Carol Nolan, Danny Healy-Rae, Michael Healy-Rae, Peter Fitzpatrick, Michael Collins and Michael Fitzmaurice. It arises out of committee proceedings. Amendments Nos. 5 o'clock 46 and 46a are related. Amendment No. 46a is a logical alternative to amendment No. 46. Amendments Nos. 46 and 46a will be discussed together. Will Deputy Tóibín move the amendment?

**Deputy Peadar Tóibín:** There are two amendments.

**An Ceann Comhairle:** Amendments Nos. 46 and 46a are being taken together.

**Deputy Peadar Tóibín:** I will move and speak to amendment No. 46a.

**An Ceann Comhairle:** The Deputy did not table amendment No. 46. Only Deputy Mattie McGrath, Nolan, Danny Healy-Rae, Michael Healy-Rae, Fitzpatrick, Michael Collins or Fitzmaurice may move amendment No. 46.

**Deputy Carol Nolan:** I move amendment No. 46:

In page 15, to delete lines 32 to 34 and substitute the following:

**“Information and informed consent**

**23.** (1) Except in a case of an immediate risk to the life, or of serious harm to the health, of the pregnant woman, where it is immediately necessary to carry out the termination of pregnancy in order to avert that risk, no termination of pregnancy shall be carried out with-

out the voluntary and informed consent of the pregnant woman.

(2) Consent to a termination of pregnancy is voluntary and informed if and only if the medical practitioner who is to perform the termination of pregnancy or another medical practitioner assisting him or her—

(a) has informed the pregnant woman, orally and in person, of the following:

(i) medically accurate information that a reasonable patient in the position of the pregnant woman would consider material to the decision of whether or not to undergo the termination of pregnancy, including:

(I) the proposed termination of pregnancy method;

(II) the immediate and long-term medical risks associated with the proposed termination of pregnancy method;

(III) the medical risks associated with carrying her child to full term; and

(IV) alternatives to the termination of pregnancy;

(ii) the probable gestational age of the foetus at the time the termination of pregnancy is to be performed; and

(iii) the probable anatomical and physiological characteristics of the foetus at the time the abortion is to be performed,

(b) in the case of a pregnant woman intending to avail of a termination of pregnancy in accordance with *section 13*, has offered the pregnant woman in person a printed copy of the document referred to in *subsection (7)*,

(c) in the case of a pregnant woman intending to avail of a termination of pregnancy in accordance with *section 11* or *14*, has offered the pregnant woman in person a printed copy of the document referred to in *subsection (8)*, and

(d) in the case of a pregnant woman who expresses a wish to receive the information contained in either of the documents referred to in *paragraph (b)* or *(c)* respectively but is unable to read the said document, has conveyed the said information to the woman in an appropriate alternative manner.

(3) Where it is intended to carry out a termination of pregnancy on a foetus who is twenty weeks' gestation or more, the medical practitioner intending to carry out the termination of pregnancy or another medical practitioner assisting him or her shall, orally and in person, offer information on foetal pain to the pregnant woman.

(4) The information offered in accordance with *subsection (3)* shall include, but shall not be limited to, the following:

(a) that maternal anesthesia typically offers little pain prevention for the foetus; and

(b) that an anesthetic or analgesic is available in order to minimize and/or alleviate pain to the foetus.

(5) Where it is intended that a termination of pregnancy be performed using abortionin-

ducing drugs, the person who supplies the drugs to the woman intending to have the termination of pregnancy shall, orally and in person, inform the woman of the following:

(a) that it may be possible to reverse the effects of the abortion-inducing drugs should she change her mind, but that time is of the essence; and

(b) that information on reversing the effects of abortion-inducing drugs is available in the document referred to in *subsection (8)*.

(6) For the purposes of this section, the phrase “abortion-inducing drugs” means a medicine, drug, or any other substance prescribed or dispensed with the intent of terminating the clinically diagnosable pregnancy of a woman, with knowledge that the termination will with reasonable likelihood end the life of the foetus, other than drugs that may cause such a termination, but which are prescribed for other medical indication.

(7) The Health Service Executive shall cause to be published in both printed and digital formats a document containing information as to:

(a) available medical and nursing assistance and care, including neonatal palliative care;

(b) available social and counselling supports and services; and

(c) contact details for public and private agencies and services,

which may be of relevance and practical assistance for a pregnant woman in a case where a foetus has a condition referred to in *section 13*, including a pregnant woman who does not wish to avail of a termination of pregnancy in accordance with *section 13*.

(8) The Health Service Executive shall cause to be published in both printed and digital formats a document containing information as to:

(a) public and private agencies and services available to assist a pregnant woman through pregnancy, upon childbirth, and while her child is dependent;

(b) information as to available medical assistance, supports and benefits for prenatal care, childbirth, and neonatal care;

(c) information on the support obligations of the father of a child who is born; and

(d) the information referred to in *subsections (5)(a)* and *5(b)*.

(9) The Health Service Executive shall develop and maintain an internet website, which may be part of an existing website, on which the information referred to in *subsections (7)* and *(8)* can be viewed and from which the documents referred to in *subsections (7)* and *(8)* respectively can be obtained.

(10) The document referred to in *subsection (8)* shall also include the following statement:

“There are many public and private agencies willing and able to help you to carry your child to term, and to assist you and your child after your child is born, whether you choose to keep your child or to place her or him for adoption. The law requires that your health

care professional give you the opportunity to call agencies like these before you undergo a termination of pregnancy.”.

(11) Nothing in this Act shall operate to create an entitlement by a pregnant woman under the age of eighteen years to consent to medical treatment.

(12) A medical practitioner who carries out a termination of pregnancy in accordance with *section 11* shall certify in writing in addition to the matters referred to in *section 11(1)*:

(a) the nature of the medical emergency; and

(b) in cases where the voluntary and informed consent of the woman concerned was not obtained, the reason for its not having been obtained.

(13) The failure to comply with the requirements of this section shall provide the basis for:

(a) a civil action for damages (including aggravated and exemplary damages) by the woman concerned for breach of statutory duty;

(b) professional disciplinary action against the health professional concerned.

(14) In any matter referred to in *subsection (13)* the court shall, upon application by the woman concerned or of its own motion, allow a woman to proceed using solely her initials or a pseudonym and may make such other protective orders as it considers necessary and appropriate to preserve the privacy of the woman concerned.”.

This amendment speaks on informed consent. Before we go further into discussion on the amendment, I wish to draw the attention of Members to subsection 12. The proposed section 46(12) should refer to section 12 and section 12(1) of the Bill, respectively, instead of section 11 and section 11(1). This is because the subsection refers to the section relating to termination in the case of an emergency. I wish to draw the attention of Members to that point.

The amendment makes provision for information that a woman seeking an abortion is entitled to be given. It is designed to ensure that she will have full information on the material facts and that if she is not given that information she may initiate appropriate proceedings for breach of the obligation owed to her in that regard.

The amendment is solely about information. It does not apply to emergency situations. It places no obligation on women. The amendment ensures that women are given information on relevant matters, including risks of the relevant abortion method, risks of carrying the child to term, alternatives to abortion and supports available to assist her. It is obvious that in the absence of this information any consent obtained is not an informed consent.

Consent to a medical or surgical procedure is not true consent unless it is informed consent. Without this amendment women who would elect not to have an abortion if they had complete information will instead go through with it. That must surely be unacceptable to anyone who would label themselves as pro-choice. Yet, curiously, some Deputies of that view have continuously and groundlessly criticised this amendment.

Prior to the referendum, the Tánaiste, Deputy Simon Coveney, assured people that the cooling off period of 72 hours would involve counselling and offers of alternatives to abortion. The

amendment ensures that the law reflects what the Tánaiste said during the referendum. The Minister has constantly said that he wants clarity for doctors in the law. Despite this, he rejects amendments from pro-life Deputies as not being necessary in primary legislation. He has said these matters can be dealt with by guidelines etc. This is a contradictory stance. Either we give doctors clarity in the Bill, as the Minister keeps insisting on, or we do not.

At common law the more elective the procedure, the greater the duty on the doctor to warn the patient of potential negative outcomes. It is clear that most abortions under this Bill will be elective procedures. The law requires that elective procedures require a high degree of disclosure. However, the parameters of that obligation are not clear in all situations. Arguments sometimes arise in litigation over whether a given risk was material. Accordingly, for clarity, it is important to include in the Bill a provision specifying what should be disclosed.

Women need to be respected through the provision of full information instead of having information withheld based on some paternalistic assumption. It is highly paternalistic to deny a patient relevant information merely because it could give rise to upset or affect her decision. Such an approach would be entirely an unacceptable approach.

**An Ceann Comhairle:** Deputy Tóibín, you can speak now that the amendment has been moved.

**Deputy Peadar Tóibín:** Subsection 12 of the amendment should refer to section 12 and section 12(1) of the Bill instead of section 11 and section 11(1), respectively, as this relates to the section providing for termination in the case of emergency. It is similar to the previous case.

Information is an entity that provides the answer to questions or resolves uncertainty. We can agree in the House that information is a common good and a positive thing.

For years, we have had a culture in the country in which information has been withheld from women. For years, we have had a paternalistic and patronising attitude towards women to the effect that either they are not worthy of information or not strong enough to handle that information.

I had thought we had reached a point in the evolution of the State where we trusted people with information, even if that information was difficult information. Yet, we are in the House in the closing days of 2018 and we are on the verge of introducing an abortion regime in the country that is radical in international terms.

The Bill has at its heart a sentence stating, “The termination of pregnancy means the ending of a life of a foetus or an unborn child.” So controversial is that particular sentence that the Deputy sitting beside the Minister argued the point vociferously at the committee that she did not want the sentence in that particular form. That is a fair representation of the discussion in question. Even those on the pro-choice side baulk at the sobering element of that sentence. That is the sentence we must vote on. That sentence will be part of the new regime in future. It reflects a decision that is being made each time an abortion is had.

We had a discussion last week around abortion regret. There are many women in the country who have experienced abortion regret. We had a Deputy in the Dáil today who said that abortion regret was a made-up issue. What if that came from our side of the debate? What if we disrespected individual women who had such difficulties in their lives? I am referring to serious difficulties in their lives. If we said those women were lying or not telling the truth about

their experience, then it would be headline news all over the broadcast and print media. This is because it is a shocking thing to say that and to deny a person her feelings with regard to her particular experience.

I have met women who have had abortion regret. They have stated to me that they rue the fact that they did not have all the information at their disposal when they made a particular decision. They wish they could turn back the clock to have the information in question brought to them.

This is a serious issue. Informed consent is a logical and a good thing when people make serious decisions for themselves. The Bill highlights the seriousness of the matter. It states that a person who is guilty of an offence under the section in question shall be liable on conviction on indictment to a fine or imprisonment for a term not exceeding 14 years or to both. The Bill understands the gravity of what we are discussing.

There will be people in the Chamber who will state that information will be used in an effort to shame individuals or to make their decision more difficult. Such people will find reasons to withhold that information. We had this debate on Committee Stage. People said that the one thing they did not like about amendment No. 46 was the mandatory delivery of information. I sat back and decided to propose taking the mandatory element out of it. I included the word “offer”.

We know the whole referendum was dressed up in clothes of choice. The view was that people could make a decision one way or the other. By putting the word “offer” into the amendment several times we have made the information not mandatory but a matter of choice. It is a choice that can be declined if a person does not want the information given to her. Surely in that situation the person can say she was given all the options but chose not to take the information and proceed. Such is the extremity of the position at the moment that even amendments which do not attempt to limit access in any way - they simply ask whether the woman would like information - are not being accepted. Based on the feedback we are getting from Government Deputies, the amendments are not going to be accepted. Receiving information is positive. It provides answers to questions or removes uncertainty. If one is pro-choice, one will be in favour of offering information and seeking to allow a woman in a crisis pregnancy to have the choice about whether she wishes to receive it. We want to provide factual information that is medically accurate and which allows informed choices to be made.

There are two amendments before us. Before people get really angry about one of them which involves a mandatory provision, they should know that there is a second amendment which does not involve a mandatory provision. It only seeks to ensure the woman involved would be asked whether she wanted to receive the information; it could be declined. How we vote on that issue will show where we are as a country.

**Deputy Peter Fitzpatrick:** Amendment No. 46 would mean that women would be entitled to access all possible information before deciding to end a pregnancy. Seeking to provide for the provision of additional information during a three-day waiting period is not an attempt to shame or pressurise women into not having an abortion, as many supporters of the Bill have claimed. It is simply a measure that might have a small impact in minimising the abortion rate, which surely should be the aim of the legislation. During the referendum campaign the Tánaiste spoke in favour of having measures to provide such information for women. Even now, these completely innocuous proposals are under attack. Surely it is a policy aim of the

Government to ensure the number of abortions is kept to a minimum and that as many healthy babies as possible are delivered, but in listening to the Minister on Committee Stage and again on Report Stage in the House and the contributions of some other Deputies, one would almost believe the opposite was the case.

There is nothing in the legislation which seeks to provide alternatives to abortion in the form of additional counselling or financial support, among other things. It is incredible that, after five years of discussion of the issue, countless hours of committee hearings, Oireachtas debates and a constitutional convention, there has been virtually no discussion of such measures. This is the second time in the last hour I have asked the Minister to let the House know what supports will be provided. I asked him this question during the discussions on the previous amendment and I am asking him again now.

**Deputy Simon Harris:** It is irrelevant.

**Deputy Peter Fitzpatrick:** I have also asked the Minister what additional counselling services or financial support will be made available. I thought, when he stood to make a speech on the last occasion, that he would tell us the answer to that question, but he said absolutely nothing. Will he, please, confirm what additional supports will be in place?

The Minister has made token nods on the availability of contraceptives as a means of trying to keep the rate of abortion low. In reality, it is a meaningless platitude which ignores the experience of our nearest neighbours in the United Kingdom. Contraceptives have been available almost universally for free on the NHS for decades, as has the contraceptive pill, but in spite of the widespread availability of contraceptives, the rate of abortion in the United Kingdom is through the roof. Some 20% of all recorded pregnancies are aborted. Why does the Minister think the experience will somehow be different in Ireland?

Earlier the Taoiseach said abortion should be rare, that it was not something that would become an easy option. That statement seems to have been abandoned by him and the Government. If they genuinely believe abortion will be rare and a last resort, there is no real measure in the Bill which attempts to advance this public policy aim. Amendment 46 tries to address these issues and I strongly support it. I know, however, that the Minister has made up his mind. It was made up on Committee Stage and it is still made up on Report Stage. He is not going to accept any of the amendments proposed. Will he, please, provide clarity on the supports that he will provide when the Bill becomes law? I am aware that he has serious issues with GPs, midwives and nurses. He has serious problems with everybody. I am asking him to let those who are going to have an abortion know what supports will be in place for them. Will he also, please, stop nodding every time I ask a question? When he nods, I expect to receive an answer, but I am not getting any.

**Deputy Simon Harris:** I cannot control my head movements.

**Deputy Michael Collins:** While amendment No. 46 has been tabled by pro-life Deputies, in reality, it is the very model of a pro-choice amendment as it seeks to ensure that where a pregnant woman is considering a termination, she would, before making a final decision on parenting, adoption or a termination, be fully informed of her choices. We know that this is regularly not the case. Many women who have had an abortion or who have considered having one say they felt they had no choice. Many more say they simply were not aware of some of the supports available to them. For these and other women, pregnancy often felt like a crisis because

they could see no way out of the difficult situation in which they found themselves. However, many of them say they changed their mind about abortion when they received the information, or that if they had had that information, they might not have proceeded to have an abortion. It seems that, for some women at least, being given access to information on support services has affected their choice. The amendment seeks to ensure pregnant women would be given enough information in order that they could make informed choices about how they would proceed, whether to parent their child, place him or her for adoption or end the child's life prematurely by having an abortion.

The choice to end a baby's life is irreversible. It is often made in desperation and leads to devastation for the baby's parents. Thankfully, the Bill retains, for now, in section 14 the three-day reflection period for elective abortions requested in early pregnancy. However, without a guarantee that pregnant women would be offered information on the supports available and given time to reflect on them, as well as time to seek counselling or more information, the effectiveness of the three-day provision will be weakened and women will not always be able to make the most informed choice possible. It is true that the people voted in favour of having some element of choice, but the only way an informed choice can be made is if one is fully informed.

It is worth taking a look at the type of information the amendment proposes should be made available to women. I find it hard to believe any of my fellow Deputies would object to a woman being offered such information. These are direct quotes from amendment No. 46, subsection (8). Women are to be offered:

- ...information [on] (a) public and private agencies and services available to assist a pregnant woman through pregnancy, upon childbirth, and while her child is dependent;
- (b) information as to available medical assistance, supports and benefits for prenatal care, childbirth, and neonatal care;
- (c) information on the support obligations of the father of a child who is born.

If Deputies believe women deserve to be told about supports, they must vote to support the amendment. We would all like to believe all doctors already give women this information when they come to them with an unexpected or challenging pregnancy. However, given the vast array of conditions with which patients come to GPs, it is not reasonable to expect them to be fully up to speed with all of the support services available during pregnancy, especially as the circumstances in which each woman finds herself are often unique and challenging and she may need specialised support. Surely providing such an information booklet for all GPs in order that they can offer women facing an unexpected or challenging pregnancy should already have been a priority of the Government and one would have thought it was the case, given its apparent concern for women. However, to the best of my knowledge, many doctors do not believe they have been prepared to fully inform a pregnant woman of the vast range of support services available to her. It must be remembered that, up to now, many women facing what they considered to be a crisis pregnancy would not have gone to their GP in the first instance, especially if they were considering a termination. Many of them would have gone to a crisis pregnancy agency which was more likely to have detailed information or supports available. The Minister is now doing everything he can to force an overstretched and, for the most part, an unwilling GP service to help women to end the lives of their unborn children.

He is doing everything he can to rush through legislation and introduce medical guidelines and training for GPs on how to perform abortions by 1 January. I have not heard one word from the Minister about how he will ensure that these GPs are also provided with a full list of support services and alternatives to abortion that they can offer when consulted by a woman facing an unexpected or challenging pregnancy. Indeed, this information should be made available to all GPs. I have not heard one word about how the Minister will offer support to women who want to keep their babies but need extra help. The Minister knows that there are many State-run and privately operated support services that will support women through pregnancy.

The Minister says, or at least said before the referendum, that he wants to reduce the number of abortions. However, I do not recall any recent HSE public information campaign reminding women that support is available to them and their babies, that adoption is still an option, that pregnancy and parenting support is available to them, that Government support is available to young parents still in education, or that post-abortion counselling is available. If the Minister really wanted to reduce the number of abortions, it should have been a firm policy of this Government to ensure that women are fully informed of all these support services. Instead we now see the Minister's true colours. He intends to set up a 24 hour hotline to advertise for abortion providers, but he has done nothing to ensure that women will be more aware of the supports that exist for them.

This amendment seeks to ensure that women will be offered information and supports. I implore the Minister to accept it. If he continues to reject amendments that seek to support mothers facing challenging pregnancies, I implore other Deputies to support it to ensure that no woman has an abortion because she does not know what other supports are available to her. I implore Deputies to support women by helping to inform them. I ask all Members to support this amendment.

**Deputy Mattie McGrath:** I, too, am glad to be able to speak to this amendment. Informed consent is one of the fundamental principles underpinning the ethics of medical practice. It is a given that, where possible, the patient or person concerned should be adequately and appropriately informed in such a manner that the nature and gravity of the procedure, not to mention its consequences, are made clear to them. This is an entirely acceptable and long-established medical principle all over the world. Once again, our amendment reflects current UK practice. Indeed the abortion provider known as the British Pregnancy Advisory Service, BPAS, whose representatives gave evidence before the Oireachtas joint committee, clearly states a policy that all women availing of abortion services should have a discussion about their pregnancy options, their decision about whether to continue or to end the pregnancy, and in the latter case, their understanding of the available procedures and associated risks as part of the process of gaining informed consent.

BPAS also highlights, as is directly applicable here, that informed consent is entirely separate from the requirement set out in the Abortion Act 1967 for two doctors to certify that a woman meets the grounds for abortion. Although these principles are often confused, they are totally different. The need for consent in healthcare is founded on common law and the principle of bodily autonomy. For consent to be valid and legal, it must be voluntary and informed. The person consenting must have the capacity to make the decision. These principles apply to all medical procedures, including abortion.

I will now outline the definitions of these terms as explained by the NHS Choices website. "Voluntary" means that "the decision to either consent or not to consent to treatment must be

made by the person themselves, and must not be influenced by pressure from medical staff, friends or family". For consent to be informed, "the person must be given all of the information in terms of what the treatment involves, including the benefits and risks, whether there are reasonable alternative treatments, and what will happen if treatment doesn't go ahead". Finally, to have capacity "the person must be capable of giving consent, which means they understand the information given to them and they can use it to make an informed decision".

I note some countries' different approaches to this issue. In France, the physician must inform the woman about the risks involved and provide her with a guide to the rights and assistance provided by law to families, mothers and their children, as well as informing her of the possibilities for adoption should she decide not to terminate the pregnancy. The Minister has never addressed any of these regimes. In Belgium, the doctor must provide the woman with detailed information regarding the rights, assistance and benefits guaranteed by the law to families as well as regarding the possibilities offered by the adoption of the child. Assistance and advice on resources available to resolve the psychological and social problems posed by the woman's situation must also be made available. I do not see that anywhere in the Minister's offering, though we spent many hours in the talks on the programme for Government trying to get a commitment to a perinatal hospice. Some Members did not know what that meant at the time. It fell to my daughter and Deputy Harty to explain it to them. We have not seen that rolled out either. Progress has been very limited.

I refer also to the relationship between informed consent and abortion regret. During the Citizens' Assembly this was made absolutely clear by the abortion regret support group Women Hurt. I want to put on the record the points they made in their submission, because they were completely ignored during the course of the referendum debate and have been the subject of mockery during this debate. I have met countless numbers with feelings like that, but they were not listened to at all. They were called fakers, accused of making it up, or called delusional or notional. It was terrible. Deputy Chambers apologised under pressure from others, but I did not hear apologies from other Deputies who said these views were notional, fictitious or airy-fairy. One such Deputy is sitting quite close to the Minister and whispering to him. I did not hear that, and I would like to, because they were totally disparaging remarks.

I quote from the group's submission:

We are writing to you from Women Hurt, a group of women who have all experienced abortion. For us it was the worst decision of our lives and something we deeply regret to this day.

Nobody told us what life after abortion would be like or even what happens in an abortion. Today nobody is talking about what will happen if we repeal the 8th Amendment. All we hear about is the 'right to choose' but never anything about the actual abortion itself. If it is such a simple procedure with no drawbacks, why the reluctance to discuss it? Deep down we all know the answer why.

When I took an animated three-minute video to the so-called hearings, no committee members wanted to see it. They would not even look at an animated video. Hear no evil, speak no evil, see no evil. That was intended to inform the members of that committee. The submission goes on:

The published research in this area backs up the evidence that is clear from talking to

women. There is a media imposed wall of silence about openly discussing abortion regret. There is no question about that. Almost all of the media focus on the issue is about building the case to justify legalised abortion. There is an unbelievable defensiveness about allowing calm and reasoned debate on the matter, where groups like Women Hurt can contribute without being verbally assaulted.

It is devastating to think of all the women who suffer in silence after abortion, all because those pushing are determined to keep going regardless of the human cost in lives lost or the indescribable human suffering that abortion causes.

Here are some of our stories and experiences. We would gladly present an oral presentation to the Assembly if you intend facilitating such presentations.

The submission then quotes a woman identified as “Lynn”:

I aborted my son, Stephen on the 21st September 1980. He would be 35 years old now had he lived. My employer coerced me in to an abortion (which they provided and paid for) giving me the ‘choice’ in order to keep my job, my income and my home. I had a ‘safe & legal’ abortion, travelling not more than 10 miles from my then home. In the age of equality, this was meant to make me equal to my male counterpart so that I could continue my career. What nonsense. My male colleague could not become pregnant and therefore would never have to consider abortion. I was not given the facts. No counselling before or afterwards. I suffered from post abortion trauma (PTSD similar symptoms including flashbacks) for a good ten years before I fortunately stumbled across help.

**Deputy Danny Healy-Rae:** I am glad to speak on this amendment. We all feel it is important that a woman who finds herself pregnant when she did not intend it should certainly be made aware of all the options and choices, including, of course, abortion, that are now available for women who find themselves in such a state. In times past, girls were frowned upon if they became pregnant outside of marriage and they were shunned and hidden away. That was wrong and we can never go back to that. I believe that there is a change of mindset in the world today about women and girls becoming pregnant and having children. There is no talk about marriage. It is the baby and the mother. Tremendous care, attention and respect is given to the birth of a child all around us now. That is only right because we know of too many women and couples who try to have children and fail. It is a regret throughout their lives that they cannot have a child who would grow up and be with them for all of their lives. Couples have regret when they cannot have a child. To that end, I believe that a girl who finds herself pregnant and who sees no way out other than to have an abortion should at least be made aware that such couples would gladly appreciate a baby. Adoption is another option she should consider.

We know too well of women who underwent an abortion and regretted it and would have chosen another route or option if they had their time back. However, there is no going back after an abortion. It is the end of a life and when life ends there is no magic to get it back again. Certainly, it bothers women and they should be made aware that there can be adverse psychological effects after having an abortion. Women who we met and who told us about it stated they will never forget what might have been and will be regretful to the end of their time for going down that route.

There are so many different types of help out there. There are benefits and supports available. When women or girls find themselves pregnant, they wonder how they will support the

child. They should be made aware of all the benefits and supports that are out there because they are available. There is housing and support from the HSE and all the services the State now provides that, regrettably, we did not have in times gone by. There are many different options available to women now that were not there previously. This amendment is important because it is important to give the women advice and make them aware of their choices going forward and also to make them aware of the adverse psychological effects that they may suffer after having an abortion.

**Deputy Ruth Coppinger:** I do not know what we would do if we did not have the Rural Independent Group Deputies and other Deputies to give us this amazing information. Women, it seems, do not know that the Internet exists where they can get all this information themselves without us passing it into law. I thank the Deputies for insisting that this be put into the law.

While the Deputies were speaking, I took the liberty of visiting one of the websites they believe all women must be told about. The original amendment, which the Deputies changed slightly since Committee Stage, was that any person who is pregnant and wants a termination, whether due to a diagnosis of fatal foetal abnormality, for health reasons or for whatever other reason, must be subjected to this full-on intimidation procedure. The Deputies have changed the amendment to exclude that requirement because they realised how cruel and callous it looked.

I presume this provision would apply to any pregnant person who visits a general practitioner seeking an abortion within the first 12 weeks. What women will find when they look up the Internet at eight weeks is a foetus the size of a raspberry. At 12 weeks, they will see a foetus two inches in size. What amazing information do the Deputies think these airhead women would find if the amendment was passed? Seriously, this is beyond belief.

I will deal quickly with the amendment. We all know why these amendments are being tabled. It has nothing to do with any concern for women. As soon as I finish, I will meet women who are under real threat and I will listen to Ms Vicky Phelan speak about the life-saving drug which she wants to be made available to all women. As for the idea that anyone going through this procedure would have to be shown the probable anatomical and physiological features and be told about foetal pain, and that a little ring-around would be done of the public and private adoption agencies that might want to take their baby, even if all of these things are done, women will still make the decision to have abortions.

I love the way Deputy Mattie McGrath would find houses for them all. The Deputy correctly stated there is a housing crisis. If only every woman who was pregnant had a house because many of them do not. Amendment No. 46 seeks to have the father of the foetus brought into the equation as well. We have this idea that if only these poor girls had the real information, they would suddenly change their minds and decide not to have an abortion. They can get this information without the Deputies forcing it down their throats. They do not need the Deputies making a law that a doctor would have to subject them to shame, guilt, upset, delay and out-and-out misogyny, which is what this is. There is no need for the Deputies to try to trigger people. All of these amendments are ghoulish. It is difficult to understand how somebody could sit down and write them.

At the committee, I made the point that the Deputies need to move beyond the 1950s and let the 66% of people who voted for this change, and many others who accept their verdict, move on, progress and have done with it. I will not take up any more time but I felt it was important

to call that out.

**Deputy Simon Harris:** I do not intend to speak on this for long because we spoke on it at great length at the committee and on many other occasions. Members need to be careful with the use of language. I heard the reference to abortion as a women taking the easy option. That is grossly offensive, regardless of anybody's view on the issue. It is never easy. No woman gets up and says, "God, I would love to have an abortion today." That sort of language adds to the stigma of women in crisis. We ought to be careful in using such language. Abortion is not an easy option.

Informed consent exists in this country. Doctors who do not follow informed consent may face the most serious of consequences, including the loss of their livelihood. The Medical Council Guide to Professional Conduct and Ethics for Registered Medical Practitioners has been discussed at great length. It dedicates five pages to the issue of consent, including section 9, consent – general principles; section 10, capacity to consent; section 11, information for patients; section 12, timing of consent process; section 13, responsibility for seeking consent; section 14, emergency situations; section 15, refusal of treatment; section 16, advance healthcare plan or directive; section 17, consent to genetic testing; section 18, children and young people; and section 19, personal relationships with patients. Pages 15 to 20, inclusive, of the Medical Council rule book outline the issue of consent. It is inherent in the amendment that we need to tell a doctor that he or she must provide medically accurate information to a patient and tell her the proposed method for the termination of pregnancy and the immediate and long-term medical risks. However, that is already standard medical practice and there is no need for the amendment.

Members have asked on several occasions what supports will be provided for women in crisis pregnancy who do not wish to pursue a termination. I have not addressed such queries because we are on Report Stage, Members are meant to speak only to the amendments, and that is what I have been endeavouring to do. On this occasion, however, I will expand on that issue. Deputy Michael Collins horrifically described the 24-7 helpline as an advertisement line for abortion providers, which is quite a disgusting, as well as inaccurate, way to refer to it. For the information of Deputy Fitzpatrick, it is a non-directional helpline. Many of his constituents may have experienced a crisis pregnancy and travelled to the United Kingdom, the Netherlands or elsewhere or taken an abortion pill. A significant majority of them voted to repeal the eighth amendment and allow us to pass this law. One of his constituents in a crisis pregnancy will be able to phone that 24-7 helpline which will be operated by healthcare professionals who will provide non-directive information on all of the options. Some Members of the House do not want one of those options to be termination. That is fine. They are entitled to hold that opinion. However, they lost the referendum. Everybody else in the House wants termination to be one of the options available because we take our mandate from the people. The non-directional 24-7 helpline is not an abortion helpline but rather one which will inform a woman in crisis on all of her options, including access to counselling. Deputy Fitzpatrick is correct that access to counselling and support for a woman is important no matter what her decision. It is not for me or anyone else to judge that decision.

I substantially disagree with the Deputy on contraception. By its nature, contraception reduces pregnancy and, therefore, crisis pregnancy. It can play a major role in the reduction of crisis pregnancy rates. In 2019, we will increase the amount of barrier contraception available. I look forward to returning to the House with legislation to expand eligibility to free contraception for women. I have asked my Department to work on the preparation of clinical guidance

in that regard. I hope that Members of this House, particularly those who do not support this legislation, will support the expansion of eligibility to free contraception to more women to reduce the number of crisis pregnancies.

I do not intend to accept the amendment, which is very similar to one tabled on Committee Stage. The reference to a DVD has been removed but it is otherwise very similar. The issue of consent is addressed-----

**Deputy Peadar Tóibín:** There is a further difference in regard to the offer of information.

**Deputy Simon Harris:** I accept that is also a difference. The issue of consent is addressed in section 23 which clearly sets out that the provisions of the Bill will operate within existing legal provisions. It has been repeatedly stated by some Members that consent does not exist on the Statute Book, but that is factually incorrect. The Non-Fatal Offences Against the Person Act 1997 deals with the issue of consent. I ask Members to refrain from stating that the issue of consent is not addressed in statute. It is dealt with in primary legislation passed by the Oireachtas. Some Deputies may have been Members of the Oireachtas which passed that legislation in 1997.

The proposers of the amendments are asking us to accept that abortion is so substantially different from all other healthcare situations that there must be extra legal obligations on doctors. My position is that the termination of pregnancy should be integrated in a modern healthcare system for women and that the same obligations should apply to doctors as would in any other healthcare situation. As I stated, informed consent is dealt with in the Medical Council Guide to Professional Conduct and Ethics for Registered Medical Practitioners, the Non-Fatal Offences Against the Person Act, and the HSE national consent policy. Although I do not question the bona fides of its proposers, the amendment is unnecessary and it has no place in this legislation.

**Deputy Kate O'Connell:** Reference has been made to abortion regret and the Women Hurt group. It was offered a slot at the Citizens' Assembly but allowed an American pro-life group to take its place. The Joint Committee on the Eighth Amendment of the Constitution, of which I was a member and all meetings of which I attended, heard from an expert on abortion regret, Dr. Abigail Aiken. There is no point having a committee and cross-party agreement on expert witnesses only for Members then to come to the House and disregard the information we were given. Dr. Aiken was asked some questions by Deputy Durkan. A slide on abortion regret, a term that had emerged, was on display. I asked if there was a correlation between the feelings one may have after a termination of pregnancy and those one may have after a miscarriage and for a comparative analysis in that regard. The expert doctor stated, "On abortion regret, the data in front of the Deputy is really the best data we have," and clarified how many women were consulted. She continued:

I think there are as many feelings after abortions as there are abortions because it is an individual and personal thing. However, looking at this graph, [which is available in the information presented by the committee] I do not see much evidence for an abortion regret. I know it is a term that is out there but it does not really exist in the medical literature. I have to emphasise that we really lack empirical evidence - real evidence.

That is real evidence, not anecdotes or fairy tales. She made it very clear that there is no empirical evidence for abortion regret. Deputy Mattie McGrath referred to published research which backs up what the women to whom he referred state about abortion regret. I would like

to see that research. I am sure Dr. Aiken would also be keen to see it as it would change her position on the issue. If Members intend to rely on published data, let such data be put before the House.

Deputy Danny Healy-Rae referred to women being put away, and the issue of a perinatal hospice was raised. Like some of the amendments that have been proposed, that initially appears to be a great idea. I have three children. If I had a crisis pregnancy now, was six months pregnant and had an anencephalic baby, who would mind my three children? Where would I be incarcerated? Are we going to open a laundry for these women? Who would stay at home with my husband and three children? These are being put forth as good ideas but in practice they hark back to the 1950s, as Deputy Coppinger remarked.

On abortion regret, women may encounter complicated psychological issues during or after pregnancy or at any other stage in their lives. However, it is wrong to purport that it is a clinical condition and to create such ructions about it in the House. Those claiming that they have been vilified are the only ones using such terminology.

On the word count of 45,000 versus 50,000 as referred to by Deputy Tóibín, my understanding is that 66.4% of the people voted yes. The result of the referendum was not a confidence and supply arrangement. We live in a democracy.

**Deputy Peadar Tóibín:** Opposition is important in a democracy.

**Deputy Kate O’Connell:** Of course, we will listen to the voices of those opposed to this legislation. I have listened to the voices of such Members *ad nauseam*. However, we won. If the other side gets the support of 51% or more of the electorate, it will get its way, but we won in May and we will get our way. The Members may use their allotted time of seven minutes and two minutes to discuss published data, although I am unsure whether some would know one end of it from the other. However, they lost the referendum. That must hurt. We will get our way whether we have to sit till midnight tonight or tomorrow night.

**Deputy Michael Collins:** All it will do is hurt babies. It will hurt unborn babies.

**Deputy Mattie McGrath:** That was an outrageous diatribe.

**An Leas-Cheann Comhairle:** I warn Deputies against inviting interruptions.

**Deputy Louise O’Reilly:** To avoid any doubt, I must state we will not support amendment No. 46, based on its content. We do not want any association with it. It states, “Where it is intended to carry out a termination of pregnancy on a foetus who is twenty weeks’ gestation or more, the medical practitioner intending to carry out the termination of pregnancy or another medical practitioner assisting him or her shall, orally and in person, offer information on foetal pain to the pregnant woman.” Presumably, that will cover a case of a fatal foetal abnormality. I am sure it is not the intention of those sponsoring the amendment to be grossly offensive or hurtful but those affected are already suffering enough.

During a hearing of the committee on the eighth amendment, two lovely, dedicated representatives of Terminations for Medical Reasons shared their story with us. It was absolutely heartbreaking. The Deputies who have sponsored the amendment and call themselves pro-life - I call them anti-choice but one can call them anything one likes - did not turn up to hear from Terminations for Medical Reasons. It strikes me that if they had done so, they would not have

included cruel references like what they propose, although perhaps they would.

Subsection (7) of the proposed new section states the Health Service Executive shall cause to be published in both printed and digital formats a document containing information as to “public and private agencies”. We have already had discussions about the private agencies. I refer to the lovely people who talk about the non-existent link between abortion and breast cancer and other forms of cancer. I am very disturbed by the content of the amendments but I do not believe they are being tabled to allow for any kind of reasoned debate. They are being tabled just to give certain Members an opportunity to make what I, as a woman, would consider to be very offensive statements, such as the statement that a woman would have an abortion because she simply does not know about the supports available to her. She can, of course, find out. The idea that the lads will be riding in on their white horses to support all these women and the idea that they somehow call this amendment a pro-choice amendment are a little laughable. I do not believe anybody is really fooled by that. The intention is to highlight the shame, judgment and all the other things that go along with this. That is how I feel when I read the amendment as a woman. I find it grossly offensive. I sincerely hope that is not the intention of the amendment’s sponsors.

It is very sad that it is being proposed to put a family facing a diagnosis of a fatal foetal abnormality through further hoops. It is very hurtful to them. If the Members supporting the amendments had engaged with them, they might have paused for thought before submitting them.

**Deputy Michael Collins:** Subsection (7)(b) of the new section proposed in amendment No. 46 refers to information that should be offered to any woman who is given a diagnosis of a life-limiting condition for her son or daughter. This is a particularly important subsection as we have all heard many stories of parents who received a heart-breaking diagnosis indicating their child might not live long. One horrifyingly common theme ran through many of the emotional testimonies shared by parents who chose termination and parents who chose life. Most of those parents repeated their experience of being told by a doctor in Ireland that their child had a serious condition and was likely to die and that many women in their situation chose to travel to the UK. Parents often report being left alone and heartbroken to process this news. Our doctors did not always ensure, as a matter of course, that the affected parents were informed about perinatal hospice care, palliative care, counselling services, support groups of parents who had received a similar diagnosis or the chance, however remote, that their child might live. These failings of professionals in Ireland to inform women and couples of all supports at an incredibly vulnerable time should break all our hearts and should be a clear reminder just why this amendment is so important to ensure all women and all parents receiving such a difficult diagnosis are given information on all supports available to them.

I hate talking about a Member who has left the Chamber. Every time she makes a famous statement, she runs out the door. I have no choice but to consider some of the issues she raised in her contribution. She was entitled to make it and I have to respect that but I want to explain to her the position on the fairy stories she spoke about last week when we spoke about the Canadian lady who had survived an abortion. The Deputy does not seem to have seen the video during the week about a lady who lives in Ireland who survived an abortion and how insulted she was on hearing her story described as a fairy story, and about how insulted tens of thousands of women right across the world would have been if they had heard their stories referred to as fairy stories. That is a shocking insult by Deputy O’Connell to women of this country who survived an abortion and horrific circumstances. For her to comment on her fellow women like

that is appalling.

**Deputy Peadar Tóibín:** The consistency of some of the Deputies opposite is incredible. There is regularity, like a clock, in here. This is a very difficult debate on very difficult issues. That Members are calling people names, misrepresenting people and constantly slurring people is just incredible. I cannot believe some Deputies really accentuate the level of offence they find in every single word of these legislative measures, yet they are happy to stand in the national Parliament and dismiss abortion regret as a fairy story. It is breathtaking that offence can be experienced on only one side of this debate. It is unbelievable. I invite the Minister and Deputy O’Connell to come with me and meet women who have experienced abortion regret. That would be a really important exercise for both individuals so they might understand what those concerned are talking about.

Yesterday we were told the ethnicity reference was some kind of racist reference. The fact of the matter was that the British equality authority asked for ethnicity to be included when collecting information. The Guttmacher Institute, the research wing of Planned Parenthood, seeks for research to be carried out on the basis of ethnicity for quality reasons, yet the word “ethnicity” was bandied about yesterday like some kind of trigger word. I actually do not believe the Members here feel the offence they are speaking of, and they do not have any interest in debating with us. What they are looking for are Twitter hits. They are seeking to ratchet up their offence levels so they can in some way appeal to their gallery elsewhere in this debate. They are also seeking to censor Members here. The subtext is, “Conform, conform, conform and make sure you do not disagree with us because if we disagree with you we will seek to shame you on the basis of the language you use.”

Information is an entity that provides answers. It is an entity that resolves uncertainty. The Deputies are so maximalist in the demand for abortion access that even information should not be allowed at this stage on the grounds that it might be a barrier to the choice to have an abortion. My amendment asks only for the information to be offered. In one question, it can be declined or accepted.

**Deputy Louise O’Reilly:** On a point of information, I assure the Deputy that any offence that was expressed by me was very genuine.

**Deputy Peadar Tóibín:** Strategic offence-----

**An Leas-Cheann Comhairle:** I call Deputy Kelleher.

**Deputy Billy Kelleher:** I wish to speak briefly on the amendment itself. I have not made many contributions on Report Stage but believe it is important that we try to speak to the amendments and keep our focus on what we are doing here, namely legislating for the will of the people, as expressed in May. The issue of abortion regret was discussed at the committee hearings and evidence was presented. The majority of the evidence — that is, evidence that is clinical — shows the majority of women who have had a termination believe it was the right decision.

**Deputy Peadar Tóibín:** That does not discount abortion regret.

**An Leas-Cheann Comhairle:** The Deputy should speak through the Chair.

**Deputy Billy Kelleher:** I am definite that there are women who regret having had a termi-

nation. Equally, I know many women who regret having to go to Birmingham or Liverpool to have a termination or who, because they faced a crisis pregnancy, had to take tablets without medical supervision. The point is that this amendment is trying to force-----

**Deputy Mattie McGrath:** There is no force.

**Deputy Billy Kelleher:** -----women and their clinicians into circumstances in which further shame and guilt are heaped on them. That is my reading of it based on my examination of how this would play out in surgeries across the country.

It should be borne in mind that the amendment reads “Except in a case of an immediate risk to the life, or of serious harm to the health, of the pregnant woman”. The amendment concerns people who have been pregnant for less than 12 weeks. In the committee we also  
*6 o'clock* spoke about the fact that many women will have a termination early in the pregnancy for many reasons. I do not judge them, but there is a certain element in this amendment of judging women and casting aspersions on their decisions. Whatever the reasons they arrive at those decisions, they arrive at them.

We were very clear in the committee that this would be done in conjunction and in discussions with their GPs. We were very concerned that women should be able to go to their GPs, surgeries and local doctors and have these discussions. There are ethical obligations on GPs in the medical guidelines such that they must outline and discuss with a patient all the issues surrounding any treatment. That is already enshrined in basic medical ethics and has been a long-established practice.

I am only offering my opinion but, having listened to the evidence at the committee and perused a lot of evidence outside the committee, most women, after having a termination, still believe it was the right decision for them at the time. Some women will regret having a termination. Equally, some women will regret for many reasons having got pregnant in the first place but they feel they must have a termination for whatever reason. This concerns pregnancies of up to 12 weeks’ gestation only, and the idea that one must talk about the physiological and anatomical characteristics and size of the foetus etc. is, in my view, again an effort to shame women and hurt them more in advance of a decision they do not arrive at lightly.

**Deputy Peter Fitzpatrick:** The Minister constantly says he wants clarity for doctors in the law. Despite this, he has rejected amendments from pro-life Deputies as not necessary in primary legislation, saying these matters can be dealt with through guidelines etc. This is a contradictory stance. Either we give doctors clarity in the Bill, as the Minister keeps insisting, or we do not. This amendment ensures that women would be given information on relevant matters, including the risks of the relevant abortion methods, the risks of carrying the child to term, alternatives to abortion and supports available to assist them. I will repeat what I said about supports. There is nothing in the Bill about providing an alternative to abortion in the form of additional counselling or financial supports. We had five years of discussions. Women need to know that supports are available. The Minister keeps using the word “clarity”. Women need clarity, and supports should be provided for in the Bill.

I mentioned abortion rates in the UK earlier. They have gone through the roof. There have been 8 million abortions since 1967, and 20% of all recorded pregnancies are aborted. The Minister talks about contraceptive pills. Contraceptive pills have been free in the UK for decades. Does the Minister think the experience in Ireland will somehow be different? Given

these statistics, will the Minister explain to me why he thinks the contraceptive pill will sort this problem out? Women need clarity on supports. Doctors need clarity.

**Deputy Danny Healy-Rae:** I cannot understand why there is such objection to this amendment we are putting before the Minister for inclusion in the Bill. I see nothing wrong with it whatsoever if, by giving information to a woman or a girl, one baby will be saved. I cannot see what is wrong with that. All kinds of advertisements, advice and information are available. Why not ensure that this information is available to women in the hope we might save a life or many lives? Why must abortion be the only choice? I hear what the other Deputies are saying, and they are entitled to their views, but I am entitled to my view. What is wrong with ensuring we might save a life or a number of lives? Whether it is four, six, 12 or 22 weeks, if the baby got a chance and was allowed to arrive into the world naturally, the hope would be that he or she would live out a full life like we are trying to do today. However, if it is the case that we deny all the information and do not give the woman the options-----

**Deputy Simon Harris:** No.

**Deputy Danny Healy-Rae:** -----what is she going to do only have an abortion?

Women in such a state can have dark days and down days, but what if the information and supports were given to them? What if advice were given to them as to the supports available, the things they could have or the other roads they could go down? There are so many advertisements here about smoking, road safety, mental health and suicide prevention, and this could be a part of it. After having aborted a child, we know for a fact that women become very upset and suicidal. No one can deny that because I have learned it from people who had abortions themselves. What is so wrong about saving one life or a couple of lives? I say to the Minister and any other Deputy who is trying to say otherwise that I do not see anything at all wrong with it.

**Deputy Mattie McGrath:** I made a number of points earlier but ran out of time. I made them very honestly. I had done my research and I have my evidence. It is not make-up evidence. For the reasons I gave and others, it is vital we have robust protections with informed consent and do all we can to ensure that the consent is real, genuine and based on the best available evidence.

Deputy O'Reilly mentioned that we are sitting until midnight tonight. I did not think the House had amended its sitting times. It is amazing how some people know these things. I do not think we have passed any vote here-----

**Deputy Simon Harris:** We have not.

**Deputy Louise O'Reilly:** I did not say that.

**Deputy Mattie McGrath:** -----to amend-----

**An Leas-Cheann Comhairle:** No decision has been taken.

**Deputy Mattie McGrath:** I thank the Leas-Cheann Comhairle for that clarification.

**Deputy Louise O'Reilly:** I did not say that, though.

**Deputy Mattie McGrath:** Deputy O'Connell, who has since left, talked about Abigail Aiken, who appeared before the committee. Yes, she is an expert. I am not questioning her

expertise on this but I am questioning her bias coming before us and the abject refusal to allow women hurt by abortion before the committee, to listen to them or to watch an animated video of an abortion. There was just a closing of eyes and a locking out of the whole situation. The term “makey-up” is out there now. Deputies still will not get away from the term “makey-up” when talking about abortion regret. Abortion regret is more than a term. It is well known. If Deputy O’Connell chose to do so, she would meet plenty of women who have experienced it. There are many of them. I refer to the videos that went around at the weekend and the one brave woman out there. Deputy O’Connell said we had no empirical evidence. We have plenty of published evidence. It is there to be seen if she chooses to look at it, but no, she would get no headlines out of that.

As for the language used, the question was asked where we are going to incarcerate the woman. We are not talking about incarcerating anyone. There is no mention of it. We are talking about looking after people who are ill and avoiding mental health issues. Trying to go back to such language, as I said last night, is an effort to be as wicked as possible to get headlines.

**An Leas-Cheann Comhairle:** Go raibh maith agat. Tá do chuid ama caite.

**Deputy Mattie McGrath:** I know my time is caite-----

**An Leas-Cheann Comhairle:** It was caite long ago.

**Deputy Mattie McGrath:** -----but I had to get a clarification. I am nearly finished, a Leas-Cheann Comhairle.

**An Leas-Cheann Comhairle:** You may be-----

**Deputy Mattie McGrath:** It is an effort to get wicked headlines and get on the 6 o’clock news and then watch it back.

**An Leas-Cheann Comhairle:** You cannot continuously argue with the Chair.

**Deputy Mattie McGrath:** I am not doing that.

**An Leas-Cheann Comhairle:** It is not in my nature to argue.

**Deputy Carol Nolan:** I wish to make a few brief points on this amendment. It is dreadful to see that not one part of this debate has been civilised since I have been here.

**Deputy Simon Harris:** That is not the case.

**Deputy Carol Nolan:** I could say the same for the committee. The Deputies who are constantly attacking, name-calling and so on were on the winning side. Where is the aggression and the anger coming from, and why? It is our democratic right. We hold a different view and so do 723,000 people in our society. It is our right as democratically elected representatives to put forward other views, make sure the legislation is done properly and that it is not as extreme and harsh as it is. Our concern is that it is over the top in being extreme and harsh. I know time will prove that and prove it to the Minister. He might not see it now but he will have questions to answer in the future. Let it be, because he does not want to listen to any other view.

This amendment that we put forward seeks to ensure that before a woman makes any final decision, she is fully informed, because the decision she makes can be a life-changing one. We are all aware and can appreciate that it is a very serious decision to make, given that it brings

about the end to life of the unborn child. That is a point that needs to be made here again. This is all being treated in such a casual manner, with the whole life of an unborn child, which is about to end, being dismissed. It is pertinent that women are made aware of the supports available and also of other options that could be pursued if they wished to pursue them.

Abortion should never be the only option made available to any woman. Women should not feel pressurised into having an abortion. It is vital, therefore, that women are fully informed when comes to such a decision. It appears that this House, and indeed the Minister, wants to push abortion. He wants push it as hard as he can and hopes it is taken up by as many as possible. As a woman, I find that disgusting.

**Deputy Simon Harris:** That is grossly unfair.

**Deputy Peadar Tóibín:** I think I have-----

**An Leas-Cheann Comhairle:** Deputy Tóibín had his two minutes.

**Deputy Peadar Tóibín:** The proposer of the amendment has an option to come back in.

**An Leas-Cheann Comhairle:** I thought it was proposed by Deputy Nolan?

**Deputy Simon Harris:** It was.

**Deputy Peadar Tóibín:** We are discussing two separate amendments.

**An Leas-Cheann Comhairle:** No, it is just whoever proposes it first.

**Deputy Peadar Tóibín:** I am talking about two separate amendments. Mine is different from Deputy Nolan's.

**An Leas-Cheann Comhairle:** Deputy Tóibín can move that at a later stage.

**Deputy Peadar Tóibín:** That is fine. My apologies.

Amendment put:

<i>The Dáil divided: Tá, 10; Níl, 75; Staon, 0.</i>		
<i>Tá</i>	<i>Níl</i>	<i>Stاون</i>
<i>Canney, Seán.</i>	<i>Aylward, Bobby.</i>	
<i>Collins, Michael.</i>	<i>Bailey, Maria.</i>	
<i>Fitzmaurice, Michael.</i>	<i>Barry, Mick.</i>	
<i>Fitzpatrick, Peter.</i>	<i>Brassil, John.</i>	
<i>Healy-Rae, Danny.</i>	<i>Breathnach, Declan.</i>	
<i>Healy-Rae, Michael.</i>	<i>Broughan, Thomas P.</i>	
<i>Lowry, Michael.</i>	<i>Bruton, Richard.</i>	
<i>McGrath, Mattie.</i>	<i>Burke, Peter.</i>	
<i>Nolan, Carol.</i>	<i>Butler, Mary.</i>	
<i>Tóibín, Peadar.</i>	<i>Byrne, Catherine.</i>	
	<i>Cahill, Jackie.</i>	
	<i>Carey, Joe.</i>	

*Dáil Éireann*

	<i>Casey, Pat.</i>	
	<i>Chambers, Lisa.</i>	
	<i>Connolly, Catherine.</i>	
	<i>Cullinane, David.</i>	
	<i>D'Arcy, Michael.</i>	
	<i>Daly, Clare.</i>	
	<i>Doherty, Regina.</i>	
	<i>Donnelly, Stephen S.</i>	
	<i>Donohoe, Paschal.</i>	
	<i>Dooley, Timmy.</i>	
	<i>Doyle, Andrew.</i>	
	<i>Durkan, Bernard J.</i>	
	<i>Ellis, Dessie.</i>	
	<i>English, Damien.</i>	
	<i>Fitzgerald, Frances.</i>	
	<i>Harris, Simon.</i>	
	<i>Haughey, Seán.</i>	
	<i>Healy, Seamus.</i>	
	<i>Heydon, Martin.</i>	
	<i>Howlin, Brendan.</i>	
	<i>Humphreys, Heather.</i>	
	<i>Kelleher, Billy.</i>	
	<i>Kenny, Gino.</i>	
	<i>Kyne, Seán.</i>	
	<i>MacSharry, Marc.</i>	
	<i>Madigan, Josepha.</i>	
	<i>McGrath, Michael.</i>	
	<i>McGuinness, John.</i>	
	<i>McHugh, Joe.</i>	
	<i>McLoughlin, Tony.</i>	
	<i>Mitchell O'Connor, Mary.</i>	
	<i>Murphy O'Mahony, Margaret.</i>	
	<i>Murphy, Catherine.</i>	
	<i>Murphy, Eoghan.</i>	
	<i>Murphy, Paul.</i>	
	<i>Naughton, Hildegard.</i>	
	<i>Neville, Tom.</i>	
	<i>Noonan, Michael.</i>	
	<i>O'Brien, Darragh.</i>	
	<i>O'Brien, Jonathan.</i>	
	<i>O'Callaghan, Jim.</i>	
	<i>O'Connell, Kate.</i>	

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	<i>O'Dowd, Fergus.</i>	
	<i>O'Loughlin, Fiona.</i>	
	<i>O'Reilly, Louise.</i>	
	<i>O'Rourke, Frank.</i>	
	<i>O'Sullivan, Jan.</i>	
	<i>O'Sullivan, Maureen.</i>	
	<i>Ó Broin, Eoin.</i>	
	<i>Ó Caoláin, Caoimhghín.</i>	
	<i>Ó Cuív, Éamon.</i>	
	<i>Ó Laoghaire, Donnchadh.</i>	
	<i>Ó Snodaigh, Aengus.</i>	
	<i>Pringle, Thomas.</i>	
	<i>Quinlivan, Maurice.</i>	
	<i>Ross, Shane.</i>	
	<i>Ryan, Eamon.</i>	
	<i>Scanlon, Eamon.</i>	
	<i>Shortall, Róisín.</i>	
	<i>Smith, Bríd.</i>	
	<i>Troy, Robert.</i>	
	<i>Varadkar, Leo.</i>	
	<i>Wallace, Mick.</i>	

Tellers: Tá, Deputies Carol Nolan and Peter Fitzpatrick; Níl, Deputies Seán Kyne and Tony McLoughlin.

Amendment declared lost.

**Deputy Peadar Tóibín:** I move amendment No. 46a:

In page 15, to delete lines 32 to 34 and substitute the following:

**“Information**

23. (1) Except in a case of an immediate risk to the life, or of serious harm to the health, of the pregnant woman, where it is immediately necessary to carry out the termination of pregnancy in order to avert that risk, no termination of pregnancy shall be carried out without the offer of information to the pregnant woman.

(2) Consent to a termination of pregnancy is voluntary if and only if the medical practitioner who is to perform the termination of pregnancy or another medical practitioner assisting him or her—

(a) has offered the pregnant woman, orally and in person, information on the follow-

ing:

(i) medically accurate information that a reasonable patient in the position of the pregnant woman would consider material to the decision of whether or not to undergo the termination of pregnancy, including:

(I) the proposed termination of pregnancy method;

(II) the immediate and long-term medical risks associated with the proposed termination of pregnancy method;

(III) the medical risks associated with carrying her child to full term; and

(IV) alternatives to the termination of pregnancy;

(ii) the probable gestational age of the foetus at the time the termination of pregnancy is to be performed; and

(iii) the probable anatomical and physiological characteristics of the foetus at the time the abortion is to be performed,

(b) in the case of a pregnant woman intending to avail of a termination of pregnancy in accordance with *section 13*, has offered the pregnant woman in person a printed copy of the document referred to in *subsection (7)*,

(c) in the case of a pregnant woman intending to avail of a termination of pregnancy in accordance with *section 11* or *14*, has offered the pregnant woman in person a printed copy of the document referred to in *subsection (8)*, and

(d) in the case of a pregnant woman who expresses a wish to receive the information contained in either of the documents referred to in *paragraph (b)* or *(c)* respectively but is unable to read the said document, has conveyed the said information to the woman in an appropriate alternative manner.

(3) Where it is intended to carry out a termination of pregnancy on a foetus who is twenty weeks' gestation or more, the medical practitioner intending to carry out the termination of pregnancy or another medical practitioner assisting him or her shall, orally and in person, offer information on foetal pain to the pregnant woman.

(4) The information offered in accordance with *subsection (3)* shall include, but shall not be limited to, the following:

(a) that maternal anesthesia typically offers little pain prevention for the foetus; and

(b) that an anesthetic or analgesic is available in order to minimize and/or alleviate pain to the foetus.

(5) Where it is intended that a termination of pregnancy be performed using abortion-inducing drugs, the person who supplies the drugs to the woman intending to have the termination of pregnancy shall, orally and in person, inform the woman of the following:

(a) that it may be possible to reverse the effects of the abortion-inducing drugs should she change her mind, but that time is of the essence; and

(b) that information on reversing the effects of abortion-inducing drugs is available in the document referred to in *subsection (8)*.

(6) For the purposes of this section, the phrase “abortion-inducing drugs” means a medicine, drug, or any other substance prescribed or dispensed with the intent of terminating the clinically diagnosable pregnancy of a woman, with knowledge that the termination will with reasonable likelihood end the life of the foetus, other than drugs that may cause such a termination, but which are prescribed for other medical indication.

(7) The Health Service Executive shall cause to be published in both printed and digital formats a document containing information as to—

- (a) available medical and nursing assistance and care, including neonatal palliative care,
- (b) available social and counselling supports and services, and
- (c) contact details for public and private agencies and services,

which may be of relevance and practical assistance for a pregnant woman in a case where a foetus has a condition referred to in *section 13*, including a pregnant woman who does not wish to avail of a termination of pregnancy in accordance with *section 13*.

(8) The Health Service Executive shall cause to be published in both printed and digital formats a document containing information as to—

- (a) public and private agencies and services available to assist a pregnant woman through pregnancy, upon childbirth, and while her child is dependent,
- (b) information as to available medical assistance, supports and benefits for prenatal care, childbirth, and neonatal care,
- (c) information on the support obligations of the father of a child who is born, and
- (d) the information referred to in *subsection (5)(a)* and *subsection 5(b)*.

(9) The Health Service Executive shall develop and maintain an internet website, which may be part of an existing website, on which the information referred to in *subsections (7)* and *(8)* can be viewed and from which the documents referred to in *subsections (7)* and *(8)* respectively can be obtained.

(10) The document referred to in *subsection (8)* shall also include the following statement:

There are many public and private agencies willing and able to help you to carry your child to term, and to assist you and your child after your child is born, whether you choose to keep your child or to place her or him for adoption. The law requires that your health care professional give you the opportunity to call agencies like these before you undergo a termination of pregnancy.

(11) Nothing in this Act shall operate to create an entitlement by a pregnant woman under the age of eighteen years to consent to medical treatment.

(12) A medical practitioner who carries out a termination of pregnancy in accordance

with *section 11* shall certify in writing in addition to the matters referred to in *section 11(1)*:

(a) the nature of the medical emergency; and

(b) in cases where the offer of information to the pregnant woman concerned was not made, the reason for it not having been made.

(13) The failure to comply with the requirements of this section shall provide the basis for:

(a) a civil action for damages (including aggravated and exemplary damages) by the woman concerned for breach of statutory duty;

(b) professional disciplinary action against the health professional concerned.

(14) In any matter referred to in *subsection (12)* the court shall, upon application by the woman concerned or of its own motion, allow a woman to proceed using solely her initials or a pseudonym and may make such other protective orders as it considers necessary and appropriate to preserve the privacy of the woman concerned.”.

Amendment put:

<i>The Dáil divided: Tá, 21; Níl, 64; Staon, 0.</i>		
<i>Tá</i>	<i>Níl</i>	<i>Staon</i>
<i>Aylward, Bobby.</i>	<i>Bailey, Maria.</i>	
<i>Brassil, John.</i>	<i>Barry, Mick.</i>	
<i>Breathnach, Declan.</i>	<i>Broughan, Thomas P.</i>	
<i>Butler, Mary.</i>	<i>Bruton, Richard.</i>	
<i>Cahill, Jackie.</i>	<i>Burke, Peter.</i>	
<i>Canney, Seán.</i>	<i>Byrne, Catherine.</i>	
<i>Collins, Michael.</i>	<i>Carey, Joe.</i>	
<i>Fitzmaurice, Michael.</i>	<i>Chambers, Lisa.</i>	
<i>Fitzpatrick, Peter.</i>	<i>Connolly, Catherine.</i>	
<i>Haughey, Seán.</i>	<i>Coveney, Simon.</i>	
<i>Healy-Rae, Danny.</i>	<i>Cullinane, David.</i>	
<i>Healy-Rae, Michael.</i>	<i>D’Arcy, Michael.</i>	
<i>Lowry, Michael.</i>	<i>Daly, Clare.</i>	
<i>MacSharry, Marc.</i>	<i>Doherty, Regina.</i>	
<i>McGrath, Mattie.</i>	<i>Donnelly, Stephen S.</i>	
<i>McGuinness, John.</i>	<i>Donohoe, Paschal.</i>	
<i>Nolan, Carol.</i>	<i>Dooley, Timmy.</i>	
<i>O’Rourke, Frank.</i>	<i>Doyle, Andrew.</i>	
<i>Ó Cuív, Éamon.</i>	<i>Durkan, Bernard J.</i>	
<i>Scanlon, Eamon.</i>	<i>Ellis, Dessie.</i>	
<i>Tóibín, Peadar.</i>	<i>English, Damien.</i>	
	<i>Fitzgerald, Frances.</i>	
	<i>Harris, Simon.</i>	

5 December 2018

	<i>Healy, Seamus.</i>	
	<i>Heydon, Martin.</i>	
	<i>Howlin, Brendan.</i>	
	<i>Humphreys, Heather.</i>	
	<i>Kelleher, Billy.</i>	
	<i>Kenny, Gino.</i>	
	<i>Kyne, Seán.</i>	
	<i>Madigan, Josepha.</i>	
	<i>McGrath, Michael.</i>	
	<i>McHugh, Joe.</i>	
	<i>McLoughlin, Tony.</i>	
	<i>Mitchell O'Connor, Mary.</i>	
	<i>Murphy O'Mahony, Margaret.</i>	
	<i>Murphy, Catherine.</i>	
	<i>Murphy, Eoghan.</i>	
	<i>Murphy, Paul.</i>	
	<i>Naughton, Hildegarde.</i>	
	<i>Neville, Tom.</i>	
	<i>Noonan, Michael.</i>	
	<i>O'Brien, Darragh.</i>	
	<i>O'Brien, Jonathan.</i>	
	<i>O'Callaghan, Jim.</i>	
	<i>O'Connell, Kate.</i>	
	<i>O'Dowd, Fergus.</i>	
	<i>O'Loughlin, Fiona.</i>	
	<i>O'Reilly, Louise.</i>	
	<i>O'Sullivan, Jan.</i>	
	<i>O'Sullivan, Maureen.</i>	
	<i>Ó Broin, Eoin.</i>	
	<i>Ó Caoláin, Caoimhghín.</i>	
	<i>Ó Laoghaire, Donnchadh.</i>	
	<i>Ó Snodaigh, Aengus.</i>	
	<i>Pringle, Thomas.</i>	
	<i>Quinlivan, Maurice.</i>	
	<i>Ross, Shane.</i>	
	<i>Ryan, Eamon.</i>	
	<i>Shortall, Róisín.</i>	
	<i>Smith, Bríd.</i>	
	<i>Troy, Robert.</i>	
	<i>Varadkar, Leo.</i>	
	<i>Wallace, Mick.</i>	

Tellers: Tá, Deputies Peadar Tóibín and Carol Nolan; Níl, Deputies Seán Kyne and Tony McLoughlin.

Amendment declared lost.

*(Interruptions).*

**An Leas-Cheann Comhairle:** Deputies, please. There are some people who want to do work.

Amendments Nos. 47 to 49, inclusive, and 52 to 55, inclusive, are related. Amendments Nos. 48 and 49 are physical alternatives to amendment No. 47. Amendments Nos. 47 to 49, inclusive, and 52 to 55, inclusive, will be discussed together.

**Deputy Michael Healy-Rae:** I move amendment No. 47:

In page 15 and 16, to delete lines 36 and 37 on page 15, and on page 16, to delete lines 1 and 2 and substitute the following:

“**24.** (1) A medical practitioner, nurse or midwife shall not be obliged to carry out or to participate in carrying out a termination of pregnancy in accordance with *section 11, 13 or 14* to which he or she has a conscientious objection.”.

This is about people in the medical profession who have a difficulty. They want to carry out their functions, but if they have a conscientious objection to participating in a termination and they are forced to do so or to make a referral, then one is as bad as the other. I have visited hospitals in recent days and met people who have been at the coalface working in maternity wards for many years. They are genuinely concerned about what will happen to them and their jobs when this legislation is passed. We must think of these people. I do not know of people in any other sector in society who could have a conscientious objection on an issue and still be forced to participate in something that they did not want to do.

Of all the amendments that are being tabled, this is one that Deputies should consider. They should think of the people involved and who have come out and spoken. More than 500 nurses and midwives working in maternity services have signed a petition calling for this amendment to be examined closely and supported by Deputies, who should take in account their views when voting.

That is all I wanted to say. I will leave five minutes for the people who are accusing us of doing something we are not.

**Deputy John Brassil:** As a practising pharmacist and healthcare professional, I believe that if a person wants to opt out, he or she has the conscientious right to do so. I will break my contribution into three parts.

I will deal, first, with the pharmacy issue. I know that the Minister is very well aware of the duties and responsibilities of a pharmacist. Dispensing drugs is not like handing out chips in a chip shop; rather, it is an issue of professional responsibility, particularly in hospitals. I am informed that the drug potassium chloride may be needed at a later stage during pregnancy.

As it is highly toxic, it is highly controlled in its prescription, dispensing and administration to avoid inadvertent toxicity or death. The role of the pharmacist in its dispensing, if it is to be used in an abortion, is extremely important and we really need to establish whether pharmacists can exclude themselves from the process. I, therefore, ask for clarification on the issue. On Committee Stage the Minister referred to the code of conduct of the Pharmaceutical Society of Ireland, PSI. Unfortunately, to my knowledge, the code does not explicitly mention freedom of conscience or conscientious objection for pharmacists. Therefore, I would really like to receive clarification on the issue. If further legislation is needed to protect pharmacists - I believe they deserve protection - it needs to be progressed immediately.

The legislation states a doctor shall make such arrangements as may be necessary for the transfer of care of a pregnant woman to enable her to avail of a termination. What exactly does that mean? I would like to receive a specific explanation on the floor of the Dáil. Some doctors might regard the giving of the number of a helpline as not including them in the process, while others would. If those doctors deem it to be against their beliefs and judgment, they should be protected and not subject to a legal challenge. They deserve to be protected. The same goes for midwives.

I want to refer to a few scenarios because this issue is worrying. The majority of abortions will be carried out with the use of an abortifacient, a pill which consists of Mifepristone and Misoprostol. The research tells me that the earlier the drug is given, the more effective it is. It is 98% effective in the first eight weeks, 96% effective between eight and nine weeks and 93% effective from nine to ten weeks on; therefore, it is not 100% effective. A situation may arise where somebody in the ninth or tenth week of pregnancy avails of this tablet or a set of tablets and they do not work. She then enters the next scenario because up to nine weeks, she will be dealt with at GP level, but between nine and 12 weeks, she will avail of a different route. I am concerned that some woman in seeking to avail of an abortion service will move from the GP service to the hospital setting. I will use County Kerry as an example. Is the service in County Kerry set up for this? Are there enough obstetricians in the county opting in because if there are not, we have a situation that we need to deal with? I would hate for a situation to develop where somebody seeking a termination starts the process before 12 weeks but cannot have a termination before 12 weeks expire. The last thing we want to do is bring about a situation where somebody will finish up in tragic circumstances, as happened when the eighth amendment was in place, and a new debate erupts. It is extremely important that we receive clarification on the issues raised. I firmly believe that if a healthcare professional wants to opt out of the process, he or she should be allowed to do so without fear of a legislative or legal challenge.

Among some elements in the House, there is a rush to get this legislation over the line. There is an old saying - "act in haste, repent at leisure". I do not want to see a situation develop where somebody seeking a termination will finish up in a scenario similar to those that developed after the introduction of the eighth amendment into the Constitution. We need to know how many doctors, hospital obstetricians and midwives are available to take part and whether all 11 hospitals that provide pregnancy care are suitable to take on this role.

The drug mentioned is to be provided by a doctor. Right now most doctors do not have the facility to order it. They must use the pharmacy. They do not have licences or contracts with manufacturers. Today is 5 December. If this legislation is to be in place by 1 January, we are really beginning to push things out.

**Deputy Bobby Aylward:** I add my voice in support of the amendment. This legislation is

flawed. On the issue of conscientious objection, it is a real ask of the medical professionals to whom I have spoken, be they nurses, pharmacists, midwives, obstetricians or clinicians. When they qualified, they took an oath to protect life - in this case, the lives of the mother and the unborn child. If they want to opt out of providing this service, they should be given that right. I do not think that, as legislators, we or this House should force anyone to go against his or her morals, ethos or beliefs. That is what we are doing in enforcing this provision. I, therefore, ask the Minister and the Government to reconsider. Nobody should be forced to do something he or she does not want to do.

Last week I received a telephone call from an obstetrician in St. Luke's General Hospital in Kilkenny. He told me that a vote had been taken in the hospital and that two obstetricians, four clinicians and 82 nurses had said they did not want to take part in any act connected with abortion. We should respect their decisions. If a woman presents for an abortion in St. Luke's General Hospital, is it safely guaranteed if that number of individuals object to taking part in the process and is it morally right to force them to take part in it? I was told by the same obstetrician that a vote had also been taken in two other hospitals. He named them, but I will not do so here because it is up to them to talk about the matter. The obstetrician told me that the results were the same. It is morally wrong. We all know that the proposal that the eighth amendment be deleted from the Constitution was passed by the people and we must respect that decision. Conscientious objection is something we must take on board. Each person, male or female, should be given that right. I ask the Minister and legislators in this House to consider this and not to force people to do something they do not want to do, that is against their principles, and that they believe is against their oath, morals and ethical beliefs. I ask that to be taken on board here. I, for one, could not support that.

**Deputy Peadar Tóibín:** A group of more than 640 GPs have signed a petition seeking conscientious objection. Over the weekend, up to half a meeting of doctors in an emergency general meeting walked out, leaving the meeting in disarray.

Hundreds of GPs on the ground do not believe that general practice is the appropriate setting in which to deliver abortion services for many reasons, not least because of the lack of capacity in an area that is already overstretched, the lack of training for what is involved and the lack of availability of ultrasound. There is also the very serious issue of delivering genuine freedom of conscience, protecting doctors who do not want to get involved in this.

How this has happened is mind-blowing. The first that GPs heard about abortions being GP led was when the Minister announced it on radio. That is the first time these GPs stated they heard of it. From that day to this, this group of GPs has never once had a chance to discuss the matter with the Minister. He is imposing abortion on that particular sector.

Despite requests from pharmacists' representative bodies, the Irish Pharmacy Union and the Hospital Pharmacist Association of Ireland, there has been no engagement with the Minister for pharmacists who have conscientious objections.

**Deputy Simon Harris:** That is not true either.

**Deputy Peadar Tóibín:** It is also important to realise that more than 500 nurses and midwives on the Nursing and Midwifery Board of Ireland, NMBI, register have signed a petition to call on the Minister to protect freedom of conscience and support the amendments relating to it. Nurses and Midwives for Life Ireland has claimed the Minister, Deputy Harris, and the leader

of Fianna Fáil, Deputy Micheál Martin, have refused to meet them to discuss their concerns with conscientious objection legislation. If the Minister were to introduce a Bill on hedge cutting, he would take about a year's worth of consultation within that sector before he brought the legislation through. It is phenomenal. For such a Bill, the stakeholders of that particular sector would be consulted for a year and yet these doctors, nurses and pharmacists have all been denied access to discuss directly with the Minister the issues that they have. These are the people on whose shoulders the health service sits. These are the people who are filling the gaps created by the disastrous funding in the health service at the moment. Despite this, the Minister, who has spoken about little else in the past two years, is pointing to them and asking them to take the weight on this particular issue.

I spoke to a few of those nurses and midwives and they told me a values clarification workshop is being rolled out in the hospitals, asking the nurses and midwives to reassess their own particular values with regard to the introduction of this service. There is an Orwellian feeling around this, when we are going to people who studied, strove and worked to protect and save life to reassess and re-evaluate their values on such an important issue.

The Minister has been a unifier in many ways. There are 750,000 people on hospital waiting lists, 10,000 people on hospital trolleys last month, 2,500 children waiting over a year for their first mental health appointment and now the people working in that sector are also being attacked by the Minister. He was on the radio today and said that these people had conscientious obstruction, not conscientious objection.

**Deputy Simon Harris:** I did not say that. The Deputy should withdraw that.

**Deputy Peadar Tóibín:** It is incredible that the people who are working in the health service, who want to do a day's work, save and protect people, are being attacked in such a manner.

This is a terrible accusation to level at a doctor or nurse as they seek to defend a conscientious objection and we have to remind ourselves of the import of what they are being asked to do. The Bill states that termination of pregnancy is the ending of a life of a foetus. It shocks me that we have not had that level of consultation at all. If something is built without that level of consultation, I guarantee there will be problems in it. The purpose of consultation is to iron out the difficulties that could arise in future.

I know the Minister is hungry to get this through. He has probably staked a bit of his reputation on the timescale of this being pushed through. This is surely more important than the reputation of a Minister and whether it happens on 1 January or 1 February. Surely the outcomes and potential pitfalls are the important issues that we, as Deputies, should be focusing on.

This amendment that we seek to provide here reframes the Bill so that there is a positive and substantive protection for the freedom of conscience. The current section 24(1) states that nothing in this Bill obliges a doctor, nurse or midwife to participate in carrying out a termination under sections 11, 13 or 14. However, it leaves a significant gap in the protection of those people because it merely says the Bill itself does not force doctors, nurses or midwives to participate. It therefore does not prevent the imposition of such a compulsion by an employer, a professional body or even an individual seeking to get promoted, or get through a particular piece of work. Accordingly, the amendment that we have tabled fills that particular gap.

The Minister should never say we do not listen to him because we do. The way we have framed this amendment is by using the direct words he used at the Committee on Health. He

said that what he wants to see this level of protection for doctors, nurses and midwives included in the Bill. We decided that, rather than go for the yellow pack conscientious objection that exists in the Bill, we would lift the Minister's words from the blacks of the committee, put them into the amendment and slot them into the Bill itself.

I will tell the Minister one thing. This is the most dangerous aspect of the implementation of his Bill. As a number of other Deputies have stated here, there are a large number of healthcare professionals who will not implement this as laid out. They will refuse to implement it. The problem here is that the abortion service that the Minister seeks to provide will be as chaotic as the health service over which he presides.

**Deputy Bernard J. Durkan:** I would be the first to recognise the rights of people with a conscientious objection. We have always recognised that, through the debate that took place a year ago in the Joint Committee on the Eighth Amendment of the Constitution and the debate that took place in the health committee a week or ten days ago, and I think we have all listened carefully and sympathetically.

Unfortunately, I received an email the other day to the effect that I was being accused of turning a deaf ear to expressions of concern from pharmacists and doctors. That is not the case. I would be the first to recognise their rights.

**Deputy Peadar Tóibín:** But?

**Deputy Bernard J. Durkan:** We need to recognise something else, including Deputy Tóibín, who is now leaving. We need to recognise that the women in a crisis pregnancy also have rights. In the event of a woman in a crisis presenting at a particular time, as has happened in the not-too-distant past, and a decision has to be made as to whether that woman is entitled to the provision of services as envisaged under the heads of the Bill that were published before the referendum, what do we say to that woman? What do we say to her family? Do we apologise, and tell them nobody is around to provide the services that she now requires? Do we say we are sorry that she has a terminal illness and tell her we cannot do anything about it, nor advise her where to go?

I presume that people with genuine conscientious objections will recognise that, in those circumstances, the hippocratic oath prevails and that woman has a right to the provision of services to support her life as well. It is very simple. We need to put ourselves in the position of that woman.

Incidentally, the very interesting coroner's report in the Savita Halappanavar case goes into great detail in setting out the exact circumstances as they unfolded. The members of last year's committee will remember this. I know the Minister has committed to recognising and acknowledging the rights of people who have conscientious objections.

All of that being said, there must be somebody somewhere who will provide these services, as envisaged and approved by the people when they voted with the heads of the Bill on the horizon. What do we do? Do we say to women who may find themselves in a crisis that we are very sorry, but there is a little problem and we cannot help them? I sincerely hope nobody intends that this will occur. I sincerely hope we do not have a repeat of that kind of situation, which we have had in the past. I sincerely hope there is a general recognition that a woman who has a crisis pregnancy needs to find some solace somewhere and should be guaranteed to get services. Somebody should refer her to a place where she can avail of the

*7 o'clock*

services she requires. We must remember that any pre-existing conditions she may have, like high blood pressure or diabetes, will be at the back of her mind. The clock turns very quickly in such circumstances. Within a very short period of time, it may be too late for her, and for everybody else as well.

We all have to examine our consciences in this respect. We have to acknowledge the rights of people with a conscientious objection and provide for those rights. We also have to acknowledge the rights of the people of this country who voted in the clear knowledge that certain legislation would be passed. It was not by a hair's breadth or a narrow majority that they approved the referendum proposal. It was a clear decision. It can be presumed that the people who voted knew what they were voting about. I hope we can justify the confidence they expressed in us when they made their decision by making provision to allow for conscientious objection while also making adequate provision to ensure women in these circumstances are not ignored.

**Deputy Simon Harris:** There are quite a few amendments in this grouping. I want to try to deal with a number of issues. I noted the comments that were made yesterday by Dr. Peter Boylan, who is a former chairman of the Institute of Obstetricians and Gynaecologists and a former master of the National Maternity Hospital. Along with the HSE, I appointed Dr. Boylan to lead the roll-out of these services. As Dr. Boylan pointed out on national radio yesterday, his view is that many doctors are ready and willing to provide this service. I share that view. While all the media attention at the weekend was on the minority of doctors who walked out of a meeting they had sought, the overwhelming majority of doctors stayed in the room, asked questions and worked their way through it.

**Deputy Peadar Tóibín:** That is not the case.

**Deputy Simon Harris:** I note that many of the doctors who are now leading the charge on some of the issues referenced by Deputy Tóibín were among those who led the No campaign, and that is fine. It is not a criticism; it is just a fact. They do not want abortion in this country because they do not support it. That is their right as citizens. I will defend forever the right of a doctor or healthcare professional to object conscientiously, but I will not stand over conscientious obstruction. I have spoken about the fundamental difference between the two. It is beyond doubt that every medical professional has the right to object conscientiously.

**Deputy Peadar Tóibín:** It is a qualified right.

**Deputy Simon Harris:** I do not think there is anybody in this House who disagrees with that. Are we going to continue to talk about conscientious objection as if we had a referendum on doctors? We had a referendum on women and on women's healthcare. Maybe we should actually think about the woman. Are we going to have a situation in which a woman who has been raped turns up at her doctor's surgery and is shown the door, given the cold shoulder and told "out you go"?

**Deputy Peadar Tóibín:** That is an aspersion on doctors.

**Deputy Simon Harris:** Despite the Deputy's best efforts, we have moved very far away from that in Ireland, thankfully. I am very proud of that.

I would like to be very clear in response to the legitimate questions that have been asked by people right across this House, including Deputies Aylward and Brassil. The law on abortion is changing, thankfully. The law on conscientious objection is not changing. Deputy Brassil

asked me for clarification on the wording that is being used in relation to the transfer of care, etc. It is the same wording that was used in the Protection of Life During Pregnancy Act 2013. When wording like this is put into legislation, the Medical Council, as the regulator, transposes it into guidelines based on how it interprets it. Doctors are not regulated by me, by the Government or by the Oireachtas, but by the Medical Council. I referred at the committee on many occasions to page 35 of the Guide to Professional Conduct and Ethics for Registered Medical Practitioners, which defines what conscientious objection is and what the obligation is. It reads:

You may refuse to provide or to take part in the provision of lawful treatments or forms of care which conflict with your sincerely held ethical or moral values. If you have a conscientious objection to a treatment or form of care, you should inform patients, colleagues and your employer as early as possible. When discussing these issues with patients, you should be sensitive and considerate so as to minimise any distress your decision may cause. You should make sure that patients' care is not interrupted and their access to care is not impeded. If you hold a conscientious objection to a treatment, you must:

- inform the patient that they have a right to seek treatment from another doctor; and
- give the patient enough information to enable them to transfer to another doctor to get the treatment they want.

If the patient is unable to arrange their own transfer of care [perhaps he or she is unconscious], you should make these arrangements on their behalf. In an emergency, you must make your patient's care a priority and give necessary treatment.

That is what conscientious objection is. It is not the convoluted thing that some people have tried to make it out to be.

We have gone further by providing for a helpline that will be staffed by healthcare professionals 24 hours a day, seven days a week. Here is another bit of interesting information. Women do not want to be going from doctor to doctor as they try to find someone to help them. As functioning intelligent people, they would like to be able to pick up the phone or go on the Internet and find out where they can legally access legal and safe healthcare services in this country. The 24-7 helpline will provide non-directional information and will signpost in a way that significantly lessens the situations in which doctors will find themselves and, much more importantly, the crisis situations in which women will find themselves.

Two amendments in this group are in my name. As Deputies will be aware, I am defending the right of conscientious objection for doctors, nurses, midwives, student doctors, student nurses and student midwives. Student doctors were already covered because they are registered with their council. I am proposing amendments Nos. 52 and 53 to be absolutely certain that student nurses and student midwives also have a right to conscientious objection.

Deputy Brassil raised some issues with regard to pharmacists. As a pharmacist, he is very well informed on all of these issues. I remind the House that the code of conduct for pharmacists provides that "in instances where they are unable to provide prescribed medicines or pharmacy services to a patient they must take reasonable action to ensure these medicines/services are provided and the patient's care is not jeopardised". The Pharmaceutical Society of Ireland, which regulates pharmacists, put information about the referendum that was held in May on its website to outline how its statutory code of conduct for pharmacists will work in this regard.

Can we dismiss the idea that I do not interact with GPs? Deputies do not have to take my word for it. Perhaps they will take the word of the clinical director of the Irish College of General Practitioners who debunked that myth on RTÉ's "Morning Ireland". I have met representatives of the college on several occasions to discuss this issue. Deputy Tóibín is right when he says I have not met individual groups of doctors who have different views on these matters.

**Deputy Peadar Tóibín:** We are talking about thousands of doctors.

**Deputy Simon Harris:** I have met representatives of the training college that trains our GPs. I think that is what my responsibility as a Minister is.

I want to make it clear that conscientious objection is a long-established and important principle in this country. I will defend the right of a healthcare professional to object conscientiously and I would expect an overwhelming majority of Members of this House to do likewise. I will also defend to the death the right of a woman to access healthcare in our country. We need to make sure those two rights do not trump each other. Under the system of conscientious objection we are providing for, those who opt out will need to provide information. We are setting up a 24-7 helpline to help them to do that. This is reasonable. There are some people who want to stymie and delay it and prevent it from coming in. They are going to throw the kitchen sink at their efforts to prevent this from happening. Conscientious objection is fully respected. Conscientious obstruction of the democratic will of the people and of healthcare for women will never be tolerated.

**Deputy Kate O'Connell:** The Minister has quite usefully read the pharmacists' guidelines from the Pharmaceutical Society of Ireland. Like Deputy Brassil, I am a registered pharmacist. I would like to explain the normal procedures for GPs getting medication into their surgeries. It is normally done by means of stock-order dispensing from a pharmacy of the GP's choice. This should not arise, in the sense that the arrangement will be there. If for some reason a doctor who wants to conscientiously provide for a termination of pregnancy encounters a dispensing chemist who will not do it, there are plenty of others to go to. Therefore, I do not see it arising.

With reference to the hospital pharmacist's role, in practice misoprostol has been used for years in the dilation and curettage process after miscarriage. I understand a licensed drug has come on the market in the past week.

On supply issues, if a company has sought a licence for a drug, it is more than likely that in the interests of the bottom line it will have it on the market. Therefore, I do not see it as a concern. As the Minister said, it is about access to termination of pregnancy, not the denial of a service. It is about enabling doctors to act in the best interests of their patients, while also protecting themselves in the process.

There was some commentary about the Minister not meeting stakeholders. The stakeholders are the women of Ireland, all 52% of us, and the men in our lives. The Minister engaged and showed great leadership on that front. I do not believe the comments about his reputation. It has never been to the fore. If it was the case, it would have been easier for him not to have done this.

Comments were made about the service being GP-led. It came directly from the committee, nowhere else. I speak as one member of the committee. It was done in order that there would be no targeting of abortion clinics, as happens in other jurisdictions. Instead of copying the methods of other jurisdictions, we set out to have an Irish method - a bespoke method - that

would be suitable for the year and which would apply the learning from processes in other countries. There is nothing rushed about it. Deputy Fitzgerald who is sitting beside me has reminded me that it has been 35 years. I doubt that she sees it as being rushed. I clarify and confirm what the Minister said. This is a change to the law on termination of pregnancy. There is no change to the law on conscientious objection. Many of the emails which many of us have received, some of which appeared to be very reasonable, are designed to obstruct because there is no need for the amendment.

**Deputy Bríd Smith:** I received a well worded tweet from a person who asked when conscientious objection was expanded to mean that only the consciences of the objectors were to be considered in preference to those of the rest of us. It is a very poignant way of putting the argument. As has been pointed out, the question of conscientious objection is dealt with in medical regulations. In including it in the Bill we would just be restating what is already in place. What is being inserted into the Bill is the requirement to refer onwards, but it is not worded in that way. It states, “shall, as soon as may be, make arrangements for the transfer of care of the pregnant woman concerned as may be necessary to enable the woman to avail of the termination”. That could mean referring her to the 24/7 helpline.

It is absolutely essential if we are to give structure, legislation and rights to people following the repeal of the eighth amendment, that all women have access to the choice to terminate a pregnancy. That may mean a woman in an isolated rural village, a woman in a direct provision centre, a woman who does not have good command of the English language or a terrified young woman who has been raped. It could mean anyone. Anybody who paid attention to the deliberations of the Citizens’ Assembly and the committee will remember the many hundreds of cases in which a woman or girl may have sought an abortion and the circumstances they faced. I may be wrong, but the kind side of me cannot imagine that there are hundreds of doctors who do not want to provide abortion advice or for referrals, who would turn away women or young girls who are absolutely desperate and not give them information to allow them to access an abortion service through another doctor or the helpline. I find it hard to imagine that there are 600 or 700 cruel professionals who do not give a damn about their main patient, the patient who is alive and kicking. That patient is often working and has problems or a crisis. She may have other children. Most of the time she has other children she has to attend to and also has a job and a life. I cannot imagine that it is the case that when she finds herself in a crisis, she will be told by these 600 or 700 cruel and inhumane doctors to go to Hell, that they do not care about her, that she is one of their two patients, that they care more about the other and that they will not refer her onwards.

I refer to the statement that the Minister would take longer to deal with a Bill on hedge cutting. Give me a break. Was the Deputy comparing women’s lives to the cutting of hedging?

**Deputy Peadar Tóibín:** I am saying it is more important.

**Deputy Bríd Smith:** Is it becoming that ridiculous and inhumane? We need a reality check and to think about what we are saying.

My final comments will be on waiting lists. Waiting lists in the creaking and crumbling health service are being used as an excuse not to provide women with what is rightfully theirs and what they deserve. It is what is rightfully theirs according to the outcome of the referendum. I will make a plea to the Minister about the plight of doctors. There are some areas, particularly in rural Ireland and some working class areas in the cities of Dublin and Cork, where

the average number of public patients per doctor is more than 1,200. It is too many for a decent health service to function. If we add the women and girls who may try to access abortion services, we are asking a lot of doctors. As a result of the FEMPI legislation, during the years of austerity their payments were cut by up to 25%, although there are disputes about how much. This needs to be taken into consideration. Austerity cuts have hit GP services and made some GPs bitter about the way they have been treated. This may add to the numbers who say they will not buy into the scheme because they have too many patients. They are stuck in poor working class areas of Dublin or rural areas of County Laois or County Offaly and nobody notices what they have to go through. It illustrates a danger in the 72-hour waiting clause and a return visit being absolutely necessary in law. In addition to the strain on GP services, we are adding in the requirement to make a second visit within three days. It needs to be extended to include midwives and nurses being able to administer the abortion pill, which is a medical abortion rather than a surgical abortion.

There are lots of flaws in the Bill. If there are flaws in it, it is because it is not universal enough to deliver the health service women need. I recognise the existence of conscientious objection in medicine, but, as the women who tweeted me said, conscientious objection does not extend to the objectors being able to have their way over the consciences of the vast majority. The vast majority have said in no uncertain terms what their consciences tell them. They tell them whether they would choose to access abortion services. They tell them not to stand in the way of every woman and girl being able to make that decision for herself. Therefore, the services we deliver should not stand in her way.

**Deputy Declan Breathnach:** I express my abhorrence of the vilification, disrespect, disparaging and name-calling during this debate in the House. When I came into the Chamber, I had freedom of conscience in how I voted on whether a referendum should be held. In that vote one third of those who voted, 32 out of 110, were not in favour of holding the referendum. When it was held, one third of the people voted in a different way and were in the minority. These figures suggest that at least one third of those involved the medical profession have a conscientious objection. If we base it on the numbers in the vote in the House and the referendum, we can expect a similar figure in the medical profession.

The Minister went some way towards clarifying certain points in his earlier intervention by providing confirmation and guarantees. However, I am keen to push him further on these points. He referred to the code of practice of practitioners. I imagine there are numerous codes of practice in other areas of the health profession. The Minister has gone some way in this regard already, but will he reassure me that conscientious objection will apply to all junior, trainee and student doctors as well as student nurses and pharmacists? This point has been alluded to already. I refer in particular to rostering, especially in acute settings. Some staff might be rostered on shifts. Will they be able to conscientiously object? Will provision be made for them as well?

On the issue of the call helpline, our experience with the 24-hour service provided in the health services in recent years has been good. People can contact this service anytime. I know it might be a little nitpicky on my part but I am seeking clarification from the Minister on whether the helpline will be completely separate from the call-out services currently available in the system.

We all have to respect that there may be people who have serious issues. We have serious people on both sides of the divide and I imagine it is no different in the medical profession.

No one should be embarrassed in this situation. Many people, especially nurses and doctors, have written to me since the result of the referendum seeking to ensure that conscientious objection would be included. I am satisfied that it is, but I am unsure about circumstances in which people, for reasons of religion or otherwise, do not necessarily want to deal with this. It is important that the 24-7 call line would be almost a first port of call for a person who might feel embarrassed in the knowledge that her general practitioner is a very religious or concerned person who would not want the embarrassment of having to refuse. The helpline may not necessarily be a first port of call but it could be a special port of call if a woman was in doubt about her GP. I am seeking clarification on that point.

**Deputy Eugene Murphy:** This is probably one of the areas on which I have received most representations. I remind Deputies that these representations have been made by eminent doctors, nurses and midwives. It is not simply a question of me asking a “What if?” question and setting out what I believe. I know many of these people personally. They are eminent people who have looked after people very well for many years.

The Minister has explained a good deal to us about this amendment but we should explore the implications for doctors, nurses and all other healthcare professionals if their right of conscience is not respected in law. Every person has a right to freedom of conscience. No person can be compelled to perform or facilitate an action that he or she believes to be morally wrong. The right to freedom of conscience acknowledges that we are responsible for our free actions and the associated consequences inasmuch as we can foresee them. It acknowledges that we cannot disclaim responsibility for our free actions simply because we are obeying the will of another person. Freedom of conscience is respected in a democratic society. There is the right to refuse to perform or participate in an action with which the person in question does not agree. We must accept that many doctors have profoundly held convictions about the right to life, and we must acknowledge that. It goes very much against their conscience to be involved in the practice of abortion.

It is disingenuous to imply that because a doctor, midwife or nurse does not wish to participate in abortion, he or she is a blocker or some type of obstructor. The Minister did not imply as much but maybe others have done so. It is a matter of conscience for the person.

Abortion information should be in the public domain and perhaps not restricted to medical personnel. Deputy Breathnach spoke about information helplines being available and people being aware of them. As healthcare professionals, doctors, nurses and others, as far as I can establish, wish to provide compassionate care for all patients. Often, they try to give positive alternatives to abortion. We cannot claim to be a pluralist society if professionals believe they are being coerced into facilitating something they do not believe in.

Has the Minister considered the implications for the health service if a high number of GPs and nurses believe they are unable to practise and leave the profession? That suggestion has been made clear to me. I am not being alarmist. I have spoken to a husband and wife GP team who are abroad at the moment. They were talking about coming back to the west of Ireland in the coming months to practise there and raise their young family. Given elements of this particular legislation, however, they are having second thoughts.

What will the Minister do for patients who are left behind without a GP? That is an important question as well. We must understand the situation for many doctors. We must have freedom of conscience. It is a fundamental part of living in a democratic society. Routine general

practice is not an appropriate place for this service if it could be easily provided by family planning groups instead. Doctors should be afforded the choice to opt in or opt out. That approach works well in New Zealand.

I hope the Minister can clarify some of those points for me and take on board the points I have made. By the way, many of these points have been made to me by female professionals. Fewer representations were made by male professionals.

**Deputy Danny Healy-Rae:** I too am glad to get the chance to speak on this important matter. I have met midwives and nurses. Doctors have spoken to me, including GPs, who are highly concerned about this. It is clear that the Minister is rushing through this Bill with no pre-legislative scrutiny. We have been criticised in the House for talking about all the various amendments, including some of the amendments we had earlier. I imagine we will get criticised for talking about this amendment as well.

I will explain what I see wrong with it. The Minister is saying that the medical profession will have to refer on people. That is where the bother lies. If he was so sure that GPs could provide the service and that there were enough GPs, midwives, nurses and other healthcare officials signed up to provide the abortion service, there would be no need to force or bully people into doing something they conscientiously object to doing.

I met some midwives in Buswells Hotel who came in to meet us. They were crying. There were two of them together. I picked a particular day. They said they loved their job. All of a sudden they are being forced to turn around because the Minister has not taken the time to organise teams throughout the country that will carry out abortions without being forced to refer people onwards. That is wrong.

**Deputy Simon Harris:** That is not true.

**Deputy Danny Healy-Rae:** It is right and the Minister should not shake his head because what I am telling him is correct. He should have taken time to talk to doctors. A week ago he had not spoken to many of them. I do not know how many to whom he has spoken since. He has left it very late to start a service at the beginning of January. Your Taoiseach was trying to blame healthcare officials-----

**Deputy Simon Harris:** The Deputy is referring to the Taoiseach.

**Deputy Danny Healy-Rae:** -----and trying to deny them their right to have time off during the Christmas period. Christmas is coming and people generally take a number of days off. They are entitled to do so after working for the whole year. It minimises the amount of time available in which to create a functioning service by 1 January. The Minister is in a bind because people have not signed up to this proposal. He has not had enough conversations with them. That is the truth and the Minister should not shake his head. We have met doctors and nurses. Two nurses told me that they were really worried about refusing to participate. They will go to work on a Wednesday morning. There might be a number of normal births and perhaps two or three terminations of pregnancy. The nurses are given their tasks for the day-----

**Deputy Simon Harris:** That is not something that happens in the health service.

**Deputy Danny Healy-Rae:** -----and if they refuse to take part in terminations of pregnancy, they believe they will be treated like the two nurses in Scotland who were forced to leave their

jobs because they would not do what they were being forced to do. That is how serious the matter is for them. They were brought up and taught how to protect life, save it and bring it into the world and all of a sudden they are being made to do what they do not have a mind to do.

The current proposal has already been opposed by over 600 GPs, many of whom have indicated that they will not co-operate with a duty to refer for an abortion. The Minister has created a completely unnecessary showdown with doctors on a subsection of the Bill that is, in reality, not practical. As a matter of pragmatism, the country cannot afford to lose a large number of GPs, midwives, nurses and other healthcare officials. As it is, we do not have enough of them and we do not want to lose any more. The health service is a disaster in County Kerry. It has emerged today that people have died because of the neglect of the HSE which has failed to provide a proper service in County Kerry, in particular at Kerry General Hospital.

The Minister is forcing people to press ahead and requiring doctors to make arrangements for women to access abortion services against their deeply held beliefs. A legal challenge is inevitable. It is very obvious that there will be a challenge if this matter is not corrected in the Bill, which will delay the legislation further. It is very possible that it will happen. I am again asking the Minister to set up a team, if he believes he can, to carry out the service without bullying or forcing doctors, midwives, nurses and other healthcare officials to do something they were never trained to do in the first place, that they do not want to do and that they will never will do.

**Deputy Peter Fitzpatrick:** The Government seems to maintain that the freedom of conscience provision in the Bill is operating. That is patently false, as evidenced by the simple fact that huge numbers of doctors have publicly said there are not enough of them. This also applies to pharmacists, midwives, nurses, carers and all other healthcare professionals. The Minister should be aware of what happened at the EGM of the Irish College of General Practitioners at the weekend. A large number of GPs walked out at the meeting because of the attitude of those conducting it. There are photographs and videos of the event that show an almost empty room while the issues were being discussed because a majority of GPs had left in protest. The Government must listen to GPs on this issue. There are huge concerns about how it is being dealt with.

For decades medical professions have operated a two-patient model. In treating a pregnant woman a GP has two patients - the mother and her baby. Under the proposed legislation, GPs will be forced to refer both patients to another GP in order that one of them - the baby - will have his or her life ended. Surely it is not difficult to see why so many GPs have a problem with this. How can be it a surprise to the Minister or anyone else that doctors might object to having to refer a patient to another doctor to have his or her life ended?

There is a very disturbing truth at the heart of this issue. The Minister and other pro-abortion campaigners will not admit that they think doctors should have the right in the first place to object to involvement in abortions. Pro-abortion campaigners view abortion as good, a right to which women are entitled and think any doctor who cannot see this is clearly in the wrong and should be brought to heel. That is the attitude that has pervaded the abortion debate in many countries in recent decades. Legal actions have been mounted against the rights of medical professionals to opt out of abortion services. In the United States there have been concerted efforts to dump such doctors out of the profession. This has resulted in a huge drop-off in the level of interest among young people who are thinking about entering the medical profession owing to their fears that they will be pressurised into taking part in an abortion. Are we going

to see a similar pattern here? Thankfully, the tide may be turning on this issue internationally. Recent decisions of the Supreme Court in the United Kingdom and Norway were strong rulings in favour of the right of healthcare professionals to refuse to participate in abortions.

The very notion that GPs should be forced to provide abortion services in their practices is reprehensible. Why can we not operate an opt-in system, as is the case in New Zealand? Under this method, the approximately 25% of GPs who wish to provide a service could do so. It would surely give enough coverage in each county for the service to be carried out. The National Association of General Practitioners has already called for the introduction of an opt-in system and has stated the provision of abortion services should not become a standard part of GP practice. It seems that the Minister and the Government want to ignore both positions. An opt-in system for GPs is operated in other areas. For example, GPs can choose to opt in or out of the medical card scheme. Some 1.6 million people have a medical card, yet GP practices can opt in or out of the service. The Government has estimated that 12,000 abortions will be performed per year, yet all GPs are being forced to either provide a service or make a referral. Allowing GPs to opt out of the medical card scheme has not led to its collapse. Why is the Government persisting with the notion that abortion services will be untenable unless all GPs provide them? What is the reason for the difference in treatment?

It seems that the Government is trying to prove a point. The Minister and the Government view the introduction of abortion services as being so important and vital and such a great advantage in the provision of healthcare that GPs must be brought to heel from day one. We should provide for the introduction of an opt-out system in order that the public at large would know which GP will and will not provide a service. This would prevent the need for a fundamental attack on a doctor's freedom of conscience by forcing him or her to refer. The Oireachtas Joint Committee on Health is frightened by this matter because it exposes how unprepared the health system is for the introduction of abortion services on the scale envisaged. Representatives of the medical profession were in unanimous agreement that the health system was totally unprepared for the introduction of abortion services in January. Medical facilities are lacking in training, resources, equipment and so on. We read in *The Irish Times* this morning that regulations governing this area will not be ready for January's deadline either. Why on earth is this legislation being rushed through in these circumstances? Would we rush in any other medical treatment or programme without the proper personnel, equipment and resources being in place? Let us say, for argument's sake, that a new screening programme for a form of cancer was to be introduced. Would we do this without having adequate personnel, equipment, training and monitoring in place? The very notion is ridiculous. To operate health policy in this way would amount to gross negligence and would expose women to danger. In rolling out abortion services in such a hurry, that is exactly what we are doing. I strongly support the amendment. The Oireachtas needs to trust the judgment of doctors in all cases and must not compel them to act against their conscience.

**Deputy Éamon Ó Cuív:** We are discussing several amendments. I welcome the Minister's amendment extending the right to conscience to the candidate division of the registrar, in other words, to students. That is a small step in the right direction. I listened with great care to my colleague, Deputy Brassil. Having listened to the Minister's explanation, I do not think he dealt with the issues raised by Deputy Brassil.

Conscientious objection is the nub of the issue. Over my lifetime, I have known many medical people - nurses, midwives and doctors - who had a total commitment to the protection of human life. In the case of a pregnancy, they have always seen two human lives to be pro-

tected as far as practicable. I do not want to be provocative, but I have to take issue with what Deputy Durkan said on a number of grounds. Any medical intervention required to save the life of the mother was traditionally carried out by good medical practitioners. I have known people who were totally committed to the concept of two patients but would never have hesitated to intervene if the mother's life was at risk. It is interesting to ask whether that constitutes termination within the terms of this Bill. The purpose of such an intervention is to save the life of the mother. The definition of a termination in the Bill is as follows: ““termination of pregnancy”, in relation to a pregnant woman, means a medical procedure which is intended to end the life of a foetus”. As such, the purpose in those cases is not to save the life of the mother.

**Deputy Bernard J. Durkan:** It is.

**Deputy Éamon Ó Cuív:** It is to end the life of the foetus. The Bill is direct in this regard.

**Deputy Peadar Tóibín:** Deputy Durkan is wrong.

**Deputy Éamon Ó Cuív:** It is on lines 12 and 13 of page 6. That was what I always understood it to be. It was traditionally the practice of good medicine in Ireland, and anyone who says anything to the contrary does not know what really good medical practice was about. This goes to the core of the dilemma facing medical practitioners, midwives, nurses and doctors. Are there two patients or one? As I have said from the very beginning, there are people here who believe that there is only one patient and the other human life does not count. Some people believe it counts in some way but not really. One of the Deputies here this afternoon - I admire her honesty and her integrity on this - referred to the “main patient”. Others believe that in human existence that is a very slippery slope to start down. When one starts differentiating between people and talking about main patients and not-so-main patients we know where that kind of thinking leads.

The Bill provides that a doctor must refer a case on. Many medical people, particularly the doctors who are tasked with referring on, know from medical science that there are two human beings. Referring on the so-called care of one of these human beings is to refer the other to certain destruction. If one does not believe there are two human beings, that is not a dilemma. If one believes that one totally has control over the right of the other and that the other has no right - in other words, the unborn has no right - that poses no problem. Most of these cases concern people who do not have any medical conditions that require a treatment of that kind, because the whole Bill provides for abortion for no reason. We know the vast majority of abortions are carried out-----

**Deputy Bernard J. Durkan:** On a point of order, there is no such thing as an abortion for no reason and it is not provided for in the legislation. In fact, there are very strict reasons.

**Deputy Ruth Coppinger:** Why are we rerunning the referendum?

**Deputy Bernard J. Durkan:** I agree.

**Deputy Peadar Tóibín:** Let us dispense with the Parliament.

**Acting Chairman (Deputy John Lahart):** Why are Deputies not speaking through the Chair?

**Deputy Ruth Coppinger:** Rather than talking about the legislation, we are rerunning the referendum.

**Deputy Bobby Aylward:** Everyone has a right to speak.

**Deputy Mary Butler:** Everybody is entitled to speak

**Acting Chairman (Deputy John Lahart):** This is a sensitive issue for both sides. Everybody has an opportunity to speak through the Chair. If Deputy Ó Cuív wants to resume, I will add 30 seconds to his time.

**Deputy Éamon Ó Cuív:** The interruptions lasted for closer to a minute. Doctors do not want to be forced to act against their conscience. This is the only issue here. I accept the result of the referendum. I have always said so. I also accepted the result of the referendum in 1983, which some people boast about not accepting, but that is as it may be. To force medical people to act against the interest of one of their patients, as they see it, is in itself an unethical provision. Many fine people who went into medicine in the past, among them some of the most caring people I have known, will find this a very chilling medical discipline in which to be involved.

**Deputy Mary Butler:** I will also speak to the amendments, as I have done all week. Section 24(3) states: “A person who has a conscientious objection referred to in *subsection (1)* shall, as soon as may be, make such arrangements for the transfer of care of the pregnant woman concerned as may be necessary...”. Deputy Brassil raised the issue of what exactly the transfer of care is. Deputy Donnelly raised it several times on Committee Stage and I am still not satisfied with the answer. This is the nub of the issue. Does the transfer of care mean the handing over of a telephone number by a receptionist or does it mean a doctor handing over the files of his patient? What exactly is transfer of care? I am not satisfied with the answer I have been given so far.

I have spoken in person to many doctors, nurses and midwives who have grave concerns. As Deputy Ó Cuív put it, when they look at the patient they see two patients. Not everyone does but that is the reality. The reason they find it very difficult to refer this person on is that they know another life will be ended. I am aware that the people have spoken. They spoke strongly in large numbers. The eighth amendment no longer exists within the Constitution and abortion is a reality in this country. At the same time, there are serious issues in the health services with recruitment and retention, and if these medical practitioners are not listened to, the situation will get worse.

Recently I met a midwife who told me that she will no longer carry on as a midwife in the new year but she has asked to be transferred to the care of the elderly because she has a serious conscientious objection. She is pro-life. She feels that, through no one’s fault, she may find herself in a position one day where she may be asked to participate in an abortion or that she may be in a room where a baby is being born and another baby may be being aborted in the room next door, and she just cannot put herself in that situation. She is a nurse of 14 years but she has decided, because she cannot put herself in that situation, to opt for the care of the elderly. Others will follow her.

I welcome the clarity in relation to the student doctors, student nurses and student midwives. It was an important amendment I had worked on with Deputy Donnelly.

The Minister stated that he believes he has been in consultation with the GPs, but all through this referendum, I believe, from day one, there was no consultation with the GPs. That is regrettable. Their voices were not listened to. It does not matter whether they heard it first on Committee Stage, on the radio or in the media. At the end of the day, they should have heard

it first from the Minister or from the Department of Health. They should have been consulted.

The right to freedom of conscience is a fundamental right and it is protected by the Constitution and the European Convention on Human Rights. No person should be required by force of law to take an innocent life. I believe that these medical practitioners, these nurses, doctors and midwives, have genuine concerns. It is very important that they are listened to. As I stated last week when speaking about older people, we face a winter of discontent in the health service and we certainly do not want to lose any more health workers. It is very important that their voices are heard in this.

**Deputy Louise O'Reilly:** Last night, in Limerick, a group of doctors who want to provide the service - perhaps they are conscientious providers rather than conscientious objectors - and want to provide healthcare for women were hounded out of the original venue for their training. The good news is that they found a place. That emphasised the need for us to include exclusion zones, if not as part of this legislation then as part of legislation that must follow, because there are people, not necessarily Members in this Chamber, who cannot understand or accept the result of the referendum. They are just not quite there yet. We need to provide protections for those doctors and healthcare professionals who wish to provide the healthcare for women for which we voted.

With regard to a comparison that was made between legislating for hedge cutting and legislating for women's healthcare, I do not think any offence was meant but it was an unfortunate turn of phrase. It is not true to say that this debate is being rushed. We have been having this debate for 35 years. All of my adult life up until recently, I was on the losing side of that debate and I had simply to suck it up and deal with it, or regroup and keep campaigning. No one could say that this is rushed or that there are arguments that have yet to be rehearsed. We have made all of those arguments.

I have been contacted, just as other Deputies have been, by doctors and healthcare professionals who may be seen on social media using the hashtag #wewillprovide. What they say, to women, legislators and their colleagues, is that a significant majority of doctors and healthcare professionals are willing to provide terminations and access to terminations and abortion healthcare for women, which is a good and positive development. One of them contacted me. I will not use his name but he asked me to state that saying nothing does not meet professional standards, and that while doctors are perfectly entitled to hold a conscientious objection for religious, moral or other reasons, they also have a duty of care. That duty of care is to ensure that those sitting in front of him get access to the healthcare that they need. In that regard, conscientious objection provides for them not to be the provider of that service but they must refer on. Anything less - this comes from a doctor, not me - will fall below what is required by professional standards.

I have heard that no GP will be compelled to provide this service. We need to make clear that no person will be compelled to provide that service. There is already a facility for conscientious objection in place. I do not know the purpose of the amendment because the facility to object conscientiously already exists.

I do not believe that there is a significant majority out there who do not want to provide this service. The majority of doctors and healthcare professionals want to provide it. In any event, nobody will be compelled to provide it. We need to ensure that where there is a conscientious objection, that is respected but that the person who requires healthcare can access that health-

care. As it was said to me, saying nothing does not meet professional standards.

**Deputy Ruth Coppinger:** I will start off by alluding to the meeting of pro-choice doctors that took place in Limerick last night that was harassed and hounded and had to change venue. There is a boycott campaign being waged against the Savoy Hotel. I just want to put on the Dáil record that is not the hotel where the meeting took place, if the anti-choice people could stop boycotting it. The reason I mention those tactics is that if one listened to some of the recent speakers, one would think doctors were being forced and coerced into carrying out abortion whereas, in fact, under current medical guidelines they can conscientiously object, and that is not being changed.

We are hearing a great deal about the rights and freedom of conscience of medics, but I want to put the other side of it, that is, the impact of this conscientious objection provision on women and those who are pregnant. I weighed up whether I would completely oppose conscientious objection being allowed at all because it is not allowed in public health in Sweden, Finland and Iceland. If somebody does not want to provide abortion, he or she can go into the private sector and work in whatever sphere he or she likes. There is a reason for that. The Deputies can all be clear: this applies only to women's health and reproductive rights and not to any other area of medicine. We do not hear Deputies railing about the rights of doctors to object conscientiously to anything relating to male health.

It applies only to women's reproductive rights. Conscientious objection is not allowed in countries which have a long-established high threshold for women's rights because they will not allow those rights to be subordinate to religious beliefs, which is what is being proposed.

*8 o'clock* Although we will be able to cope with conscientious objection in Ireland because there will be enough doctors to provide services, I ask Members to spare a thought for women in countries such as Mexico, which introduced abortion in the first trimester but has a shortage of doctors because it is a poor country with a low ratio of doctors to the general population. The National Action Party, a conservative right-wing political party there, began a campaign to pressurise doctors to opt out. It stated that abortion might be guaranteed in law but it would ensure it does not happen in practice. A similar situation pertains in Italy. The stigmatisation of abortion in a manner similar to that which we have heard from some in the Chamber over the past few hours forces doctors to opt out and conscientiously object. A campaign by right-wing forces in Italy has led to it being very difficult for women to access abortion across swathes of the country, resulting in some women travelling abroad for a termination. I would like to hear a little more about the vote we mobilised in May which was about women's individual right of access to abortion and right to choose, whether some Members like it or not.

There has been reference to a showdown with doctors. A similar situation arose on the legalisation of contraception. It was well known that a doctor in general practice for a long time near where I lived in Blanchardstown would not provide contraception to women who needed it. The idea that doctors will suddenly be forced to provide services does not stand up.

It is important to send the message that there will be enough doctors to provide services. What one hears in this Chamber is rarely representative of the views of the majority of society, but it certainly has not been for the past few hours. There will be enough doctors to provide the services. A survey of doctors carried out in the summer of 2012 was presented to the Joint Committee on the Eighth Amendment of the Constitution. Some 76% of GPs surveyed were willing to provide terminations in all or most circumstances. One would imagine that those at-

titudes have moved on since the summer of 2012, which was pre-Savita Halappanavar and the repeal movement.

The Minister is not currently present. Women in Ireland are finding out that they are pregnant. They may be in their bedroom or bathroom and faced with a crisis pregnancy. Some Members may not like it if such people choose to have an abortion but the people voted to change the law and allow them to make that decision. It is imperative that they have access to such services in January as was the impression they were given. We should prevent any delay in that regard. The Minister must ensure that the necessary training takes place such that doctors feel sufficiently trained to provide these services, that ultrasound facilities are available where required and that the 24 hour phone line is in place.

Deputy Fitzpatrick asked why we cannot ask doctors to opt in. The country did not vote for that. The majority of the people did not vote to stigmatise abortion as strange and outside normal healthcare. The discussion very clearly revolved around healthcare as a right of women and for that reason we must ensure that we do not have an opt-in policy. Can one imagine, given the harassment that has already been experienced in hospitals, what would happen to doctors who opted in? They would be absolutely hounded by some of those who have spoken tonight and it would be quite dangerous for them to opt in. If doctors wish to opt out, that is fine and they can do so, but it is very important that we do not have a list of doctors who opt in as an exception.

Debate adjourned.

### **Gnó na Dála - Business of Dáil**

**Acting Chairman (Deputy John Lahart):** I understand the Government Chief Whip has a proposal to put to the Chamber.

**Minister of State at the Department of the Taoiseach (Deputy Seán Kyne):** It is proposed that, notwithstanding anything in Standing Orders or the resolution of Tuesday, 4 December, in the event that Report and Final Stages of the Health (Regulation of Termination of Pregnancy) Bill 2018 are not concluded by 11 p.m. tonight, the Dáil shall sit later than 11 p.m. and shall adjourn on the conclusion of the Bill or at 12 midnight, whichever is the earlier. If the Bill has concluded by 11 p.m., the Dáil shall adjourn not later than 11 p.m.

**Acting Chairman (Deputy John Lahart):** Is that agreed? Agreed.

### **Health (Regulation of Termination of Pregnancy) Bill 2018: Report Stage (Resumed)**

Debate resumed on amendment No. 47:

In page 15 and 16, to delete lines 36 and 37 on page 15, and on page 16, to delete lines 1 and 2 and substitute the following:

“24. (1) A medical practitioner, nurse or midwife shall not be obliged to carry out or to participate in carrying out a termination of pregnancy in accordance with *section 11, 13 or 14* to which he or she has a conscientious objection.”.

- (Deputy Michael Healy-Rae)

**Deputy Billy Kelleher:** This issue has been discussed in great detail. Many people would have considered its discussion in advance of the referendum disingenuous. Until the Irish people adjudicated on the eighth amendment it would have been very difficult for and presumptuous of this House to discuss it. Of course, the decision having been made, it is now up to Members to put forward their views on the interpretation of that decision. In my view, the interpretation is very clear. The proposed detail in heads of the Bill was available to the people and they voted emphatically to support the proposals and the promised services. Those services must now be made available to the people.

Reference has been made to doctors not having been consulted on conscientious objection. The majority of those who gave evidence before the committee on the eighth amendment were doctors or experts in women's healthcare. Similarly, the majority of those who advocated for change to the eighth amendment and to make abortion services available in this country were doctors and representatives of the governing bodies of the various medical disciplines such as the Institute of Obstetricians and Gynaecologists, the Irish College of General Practitioners and many others. I accept that within those bodies there are people with differing views.

Conscientious objection is enshrined in the legislation as proposed. However, its interpretation in Medical Council guidelines is critically important. For us to legislate beyond that would be very dangerous. We would run the risk of being too prescriptive in healthcare. Parliament passes laws and the Medical Council interprets them and puts guidelines in place for its members.

In much of this debate, we seem to have forgotten the patient, the woman.

**Deputy Simon Harris:** Hear, hear.

**Deputy Billy Kelleher:** The reason conscientious objection is very important and must not be abused is that women may find themselves in very vulnerable positions and unable to access the healthcare they need. If a doctor fails to refer a woman on, it could leave her in a very vulnerable position. Not every woman has an ordered life. The lives of some are very chaotic, with some women enduring abuse and violence. Some women may not have English as their first language and may feel very isolated in this country. There can be many reasons for seeking a termination. It would be fundamentally wrong not to obligate a doctor to, at least, refer on a woman seeking a termination. The idea that one would just give such women a telephone number and close the door is unacceptable.

**Deputy Bernard J. Durkan:** Hear, hear.

**Deputy Billy Kelleher:** Doctors with a conscientious objection should be obliged to refer women to another doctor. To legislate for conscientious objection in the manner proposed in the amendment such that a medical practitioner could decline to assist a woman who presents is against the basic principles of good medical ethics in the view of the professionals who made the case for this legislation at the eighth amendment committee and during the debate across the country before the referendum. I accept that a cohort of medical professionals such as doctors, midwives, nurses, pharmacists and other healthcare providers will conscientiously object. I have to be honest, however. I have had interactions with them as well. They are people who are conscientiously obstructing the potential roll-out of this service. There is a fundamental difference between the two positions. People are entitled to object conscientiously and not

partake but obstructing the rolling out of the services in a way that is against the wishes of the Irish people and, more important, threatening the health of Irish women is anathema to basic, genuine, ethical medical guidelines.

For all these reasons, I do not want us to be too prescriptive in this area. I want the Medical Council, which is charged with regulating doctors and oversees all the registration and the interpretation of medical guidelines, to put what I suggest into effect. It has said at hearings of the health committee and at other fora that it will continually review the guidelines in respect of conscientious objection. As far as I can ascertain, however, conscientious objection has been a fundamental principle in medical guidelines for a long time. I hope it will continue to be. We certainly cannot allow conscientious obstruction, however. I believe some people are now involved in it as opposed to promoting the fact that they are entitled to a conscientious objection.

Let me return to the practicalities. For 35 years, women have had to go abroad for a termination, and their lives were put at risk because of that journey. That is a fact that was presented to the committee on the eighth amendment. Women's lives and health were being put at risk by their having to travel abroad. Our concern was not great, or our conscience was not exactly scratched, when that was happening for many years. At this stage, as we wind down the debate towards the end of our consideration of the legislation, irrespective of whether it finishes tonight, we certainly need to focus on the fact that this legislation is about healthcare for women. Doctors, nurses and others are obligated to comply with the law and medical guidelines. The medical guidelines do enough to ensure conscientious objection is protected and that, importantly, women's lives and health are to the fore in any guidelines that are reviewed or updated from time to time.

**Deputy Margaret Murphy O'Mahony:** One of the main factors contributing to the success of the Yes campaign in the latest referendum was the introduction of the word "choice". I refer in particular to young girls saying, "My body, my choice." I have no intention of rehashing the whole referendum argument but wish to make a quick point about the word "choice". The word swung the whole debate in favour of a "Yes" vote. Our doctors, nurses and pharmacists are now asking for choice — the choice not to be forced or not to be made feel guilty for not getting involved in something they fundamentally believe to be wrong. I ask the Minister to listen to this point and take it on board. He should give those concerned their choice. Some doctors, nurses and pharmacists do not want to get involved in this in any way, and they should have a choice in this.

**Deputy John Curran:** I shall confine my comments directly to the amendments. I am conscious that Report Stage is not a rehashing of the referendum debate or Second Stage speeches. It would be remiss of me, however, not to contribute because I, like everybody else in this House, have heard significant numbers of medical professionals, including doctors, nurses and trainee nurses and doctors, raise concerns about this matter. The issue of conscientious objection is not new; it is one that the Minister indicated quite clearly from an early stage. It was in the heads of the Bill and is referred to in section 24. The real question is whether the Bill delivers what it sets out to do.

I was not a member of the committee on the eighth amendment, nor am I a member of the health committee. In my party, much of the information for guidance and discussion comes from our health spokesperson, Deputy Donnelly, who liaised directly with the Minister on what conscientious objection would mean. It is fair to say the Minister fully subscribes to the concept of conscientious objection, and that is why the section is in the Bill. I do not doubt that in

any sense whatsoever.

The Minister referred to this matter on a number of occasions. He talked about the 24-7 helpline, the referral line, and to general practitioners being able to opt in and out. I listened to a number of Members speaking tonight on this very issue. They said specifically there will be a referral line and that this is how one will deal with conscientious objection. Deputies O'Reilly and Kelleher referred to the same thing. The key point, however, concerns subsection 24(3), which was referred to earlier. It states: "A person who has a conscientious objection referred to in *subsection (1)* shall, as soon as may be, make such arrangements for the transfer of care of the pregnant woman concerned as may be necessary to enable the woman to avail of the termination of pregnancy concerned." That is somewhat different from what the Minister is talking about. He is giving an interpretation of what that might mean. My concern is that when the Minister and I pass through here and someone reads this law in time to come, he or she may not have the same interpretation and understanding as the Minister. Will that individual understand that the transfer of care involves the telephone line or another mechanism? I am concerned that when we pass this Bill tonight, the legislation as drafted and presented will mean something different.

I am aware that there are a number of amendments tabled tonight. Since I do not believe they will be carried, my question for the Minister is very specific. He probably cannot answer it tonight and I do not want him to. I want him to reflect on it. I want him to examine subsection 24(3) and become satisfied, with the draftspeople and Attorney General, that it delivers the types of services the Minister referred to without the placing of any additional demands or obligations on medical professionals who have decided they do not want to provide the services. This is important. We will vote on amendments tonight and the Minister knows the probable outcome but I am genuinely concerned that the subsection might not deliver in the way the Minister has interpreted it. The legislation should be drafted in such a manner that it does not depend on my interpretation or that of the Minister. It should be quite clear but I do not believe the subsection is clear.

I share some of the concerns of those in the medical profession, including junior doctors and trainee nurses, who have made up their minds. I have not questioned why they have a conscientious objection. That is their personal concern. My specific concern is that, as we vote on amendments tonight — the Minister knows the outcome — subsection 24(3) will remain. When the Minister brings the legislation to the Seanad, will he satisfy himself, through the Office of the Attorney General, that it will do as he has said it will do without the placing of any additional responsibilities on those who might be conscientious objectors?

**Deputy Mattie McGrath:** Forcing doctors or other healthcare professionals who have a conscientious objection to arrange for an abortion to be performed is not respecting freedom of conscience. It makes them party to taking the baby's life. The referral obligation forces general practitioners, in violation of their sincerely held convictions, to be involved in a process that destroys that life. Under the Bill in its current form, doctors would not only be entitled, but also obliged, to act in violation of the most fundamental principle of medicine, the obligation to do no harm. They would be penalised for respecting life and exercising their constitutional right to freedom of conscience.

The current proposal has already been opposed by over 600 general practitioners. Many of them have indicated they will not co-operate with a duty to refer for abortion. Indeed, the Irish College of General Practitioners carried out a survey that suggests 25% of general practitio-

ners will not refer. That amounts to between 700 and 800 general practitioners approximately. Therefore, the Minister is heading down a cul-de-sac. He has created a completely unnecessary showdown with doctors over a subsection of a Bill that is, in reality, superfluous. Given the way he treats them, I am aware he does not have great respect for them anyway. Even as a matter of pragmatism, the country cannot afford to lose a large number of GPs because there are simply not enough of them practising here as it is. If the Minister lived in rural Ireland, he would know this and he should know it given that he represents Wicklow. If he presses ahead with requiring doctors to “make arrangements” for women to access abortion against their deeply held beliefs, a legal challenge seems inevitable as a result of an obvious and easily corrected flaw.

New Zealand law allows doctors with a conscientious objection to abortion not to refer. In US federal law, the Public Health Service Act and the Weldon amendment prohibit the funding of discrimination by public authorities against any “health care entity”, which term includes doctors and medical trainees, on the basis that the entity refuses to provide referrals or make arrangements for abortions. We can quote international law when it suits us. In Britain there is no obligation to “make arrangements” to help women avail of an abortion either, and the absence of such an obligation has clearly not impeded access to abortion services there.

The Minister has suggested that the referral obligation is in line with paragraph 49 of the 2016 edition of the Medical Council’s Guide to Professional Conduct and Ethics for Registered Medical Practitioners. This is simply wrong. Paragraph 49 states that doctors “may refuse to provide or to take part in the provision of lawful treatments or forms of care which conflict with [their] sincerely held ethical or moral values”. The obligation on the doctor in these circumstances is first, to inform the patient that there are options for treatment elsewhere and, second, to give the patient information to allow him or her to transfer himself or herself to another doctor to obtain the treatment. The doctor is only obliged to assist with the transfer where the patient is unable to transfer himself or herself. It is an entirely new departure in Irish law to require someone who objects to the ending of a human life to ensure that that life is ultimately ended by someone with no such objection.

The Government has decided to introduce an opt-in system for the provision of abortion services. There is no basis for mandatory referrals because direct access will be provided. The Minister’s scheme will enable women who want an abortion to identify healthcare workers who will provide one, and prospective patients will be able to self-refer. This is quite obvious. There is no rational basis for the argument that respecting conscience rights will prevent access to abortion in Ireland. This amendment would align our law on this point with that of other countries, such as those to which I have already referred.

Amárach Research polling in the wake of the referendum showed that just over 50% of adults, excluding “don’t knows”, disagree with a referral obligation.

A group of pharmacists recently called on the Minister to specifically recognise the right to freedom of conscience for pharmacists in the practice of their profession in the health Bill before the House. A recent PharmaBuddy poll of pharmacists registered in Ireland showed that 60% of respondents supported the extension of freedom of conscience protection to the pharmacy sector. The Minister knows this better than I do. As a group of healthcare professionals, pharmacists are involved in every aspect of the manufacture and supply of medicines and in the counselling of patients. Pharmacists will therefore play a critical role in the implementation of any future abortion policy. Despite requests from the pharmacists’ representative bodies, namely, the Irish Pharmacy Union, IPU, and the Hospital Pharmacists Association of Ireland,

HPAI, there has been no engagement whatsoever on the part of the Minister-----

**Deputy Simon Harris:** That is not true.

**Deputy Mattie McGrath:** -----on this fundamental change to healthcare ethics and practice. He has displayed a blatant disregard for the rights of dedicated healthcare workers. He will meet any group from the other side that comes up tonight and wants to meet him, but he refuses to meet the professional bodies of our doctors, pharmacists or nurses or anyone else. Such contempt for our healthcare profession is appalling. He listed the groups he has met. He would bring any group from the other side in to meet him so long as there were two or three of them. Such bias is shocking. A spokesperson for the group of pharmacists, Dr. Orla Nolan, a Dublin pharmacist, stated:

Freedom of Conscience is a widely recognised human right. However, there is no explicit acknowledgement in the draft legislation of this right as it pertains to Pharmacists. The legislation denies Pharmacists their right to Freedom of Conscience and compels them to produce, distribute and dispense drugs that they know will be used for the express purpose of ending a life. This is unacceptable, and will place many pharmacists in an untenable position, forced to choose between practicing their profession and following their consciences.

Dr. Nolan called on the Minister and the Dáil to amend the legislation to explicitly protect the conscience rights of pharmacists, but he is not listening. He has closed ears and a pure, one-track vision of this. Someone said this is a trophy project. It looks like it, but to undermine and trample over all these professional people is an outrage and a total affront to democracy and the healthcare professionals on whom we depend day in and day out up and down the country. It is ignorant and disgraceful that the Minister will not listen to them.

**Deputy Michael Collins:** A group of pharmacists has called on the Minister to amend the abortion Bill to protect the conscience rights of pharmacists and other healthcare professionals. The Health (Regulation of Termination of Pregnancy) Bill 2018, as currently drafted, does not provide for the conscientious objections of pharmacists. Pharmacists will therefore play a critical role in any foreseeable abortion regime as all the methods of abortion provided for in the Bill involve prescribing, dispensing and administering medication. Although their conscience prevents them from intentionally ending the life of an unborn baby, they will be required by law to collaborate in this very act. The legislation in its current form interferes with the exercise of pharmacists' professional clinical judgment and denies their right to freedom of conscience. Freedom of conscience and religion is recognised and protected under Article 44.2.1° of Bunreacht na hÉireann and Article 9 of the European Convention on Human Rights. At present, however, there is no acknowledgement in the legislation of this right as it pertains to pharmacists. An alarming aspect of the proposed legislation is that our legislators believe that the only people in the health service who have consciences are doctors and nurses.

The group of pharmacists has called on the Minister and Members of the Dáil to amend the legislation to protect the conscience rights of pharmacists by creating an opt-in system for all aspects of abortion services established under the new law such that those pharmacists who choose not to opt in will not suffer any disadvantage in respect of their employment rights or career progression.

A recent poll revealed that over 60% of pharmacists voted for the right to freedom of conscience in supplying or dispensing medications used to induce abortions.

At this stage, the Minister has made no reference in the legislation as to how his abortion proposals will work in practice. He has proposed a GP-led regime which a majority of GPs oppose and most GPs believe is unworkable. He has failed to consider the most basic practical issue of how the medications used in abortions will be manufactured, provided and dispensed. He has not consulted pharmacists on this fundamental change in healthcare ethics and practice and has, to date, displayed a combination of disregard and contempt for the conscience rights of the dedicated pharmacists and healthcare workers who conscientiously oppose abortion. Pharmacists have a human right to freedom of conscience, religion and belief. Their right to freedom of conscience must be included and protected in the Health (Regulation of Termination of Pregnancy) Bill 2018.

**Deputy Carol Nolan:** Go raibh maith agat, a Chathaoirligh, as ucht an deis labhairt. The right to conscientious objection is, as has been said a number of times tonight, a fundamental human right. It is one we cannot forget about or dismiss, but that this is what is happening. I fully support the doctors, pharmacists and nurses and all other healthcare professionals who have stood firm on this. They have a right to conscientious objection. GPs are being treated very badly in this whole ordeal, as are other healthcare workers. If they are being more or less forced and bullied into becoming involved in a referral process, that means they are involved in the whole process, in which they want no part. Many of these GPs are dedicated and committed and work long, hard hours. Let us also remember that they are working in difficult conditions because our health service is absolutely disgraceful at present. It is of Third World standard in some areas. These doctors and nurses are working in difficult conditions every day. They are being told that they have to be involved in a process to which they have a genuine conscientious objection. That is not right and needs to change. We hear much talk in this Chamber about choice, equality, respect and democracy. When it comes to the crunch, unfortunately, none of these is to be seen. This is another example of that.

The group of doctors who organised the petition of more than 640 GPs that led to Sunday's emergency general meeting, EGM, of the Irish College of General Practitioners, ICGP, claimed that several hundred GPs have lost confidence in the ICGP board and that a serious crisis now exists. The Government can no longer ignore this crisis in the rolling out of GP-led abortion services. I will read from their press statement after the EGM. I am sure the Minister has a copy. It gives us an insight into what is happening. I, and many other Deputies in this Chamber, met many of these GPs some months ago and they expressed their concerns to us. They are very upset and angry but they also are strong in their resolve. There is no way they will allow themselves to be forced on this issue.

The press statement states: "Hundreds of GPs on the ground do not believe general practice is the appropriate setting in which to deliver abortion services because of lack of capacity in an already overstretched environment, lack of training and availability of ultrasound, and delivering on genuine freedom of conscience protections for doctors who do not want to be involved in overseeing abortions taking place." They do not want to be involved in any part of that process. The first time GPs heard that abortion services would be GP-led was when the Minister announced it on radio. Imagine treating our doctors like that. They work hard every day in a creaking health service. The disrespect they have been shown is appalling.

From that day to this, GPs have not been consulted on the matter. From 1 January, however, the Minister will impose abortion services on general practice. GPs will face the full rigours of the law from the new year if they conscientiously object to becoming involved in any way. That is disgraceful in this day and age when we are talking about the new Ireland and the new repub-

lic. It is some new republic if we are to bully and marginalise people simply because they have conscientious objections. Fair play to those GPs for standing firm. They are entitled to do that.

I do not know whether the Minister realises that this crisis will lead to a mass exodus of GPs. It was stated here that there are enough GPs. I and many others do not share that belief and I will explain the reason. In rural counties such as Laois and Offaly, it is getting very hard to recruit and retain GPs in many of our towns and villages. This has been an ongoing issue and many Deputies, on both sides of the debate, have raised the issue of the chronic shortage of GPs in rural counties. The Minister will cause a mass exodus and that will put the health of many people in jeopardy.

Many people are already suffering and languishing on long waiting lists. The Minister will now add to that problem by trying to bully the GPs, pharmacists and nurses who want no part in this process. I stand with those people. They are entitled to their conscientious objection and I support them fully. It is shameful that respect is only given if a certain view is held. That is some democracy in this new republic. As an Irish woman, I am absolutely ashamed at times that we think it is okay to marginalise people and to dismiss their concerns if they do not share our views. That is not right. I stand in full support of those healthcare professionals. I hope the Minister will see sense, see the light and treat them properly.

**Deputy Stephen S. Donnelly:** Conscientious objection is an important issue, which has been well rehearsed in this debate. I fear we are beginning to stray back into Second Stage speeches. If I may, I will bring it down to the legislation. Conscientious objection is incredibly important and it is fully protected. It is in the legislation. There are two parts to it. There is the right of the medical practitioner not to be involved. It is as clear as day that this right is provided for and I have heard no one, on any side, suggest that it is not. The second issue is what obligations are required in respect of transfer of care. This will apply mainly to GPs. The Minister confirmed to me on Committee Stage that a GP will have met his or her objections on transfer of care by providing the woman with the number for a 24-7 helpline. There may be GPs who believe even that is too much. The vast majority of GPs who will conscientiously object and have approached me have said they are satisfied with an obligation on transfer of care which concerns nothing more than giving the woman a 24-7 helpline phone number. That is it. It is very important but it is relatively straightforward.

I will speak briefly now about the amendments. Amendment No. 47 gives medical practitioners the ability to conscientiously object. I agree with this amendment from Deputies Mattie McGrath, Nolan, Tóibín and others but I will not support it because it is almost exactly, word for word, what is already in the legislation. I have checked and double-checked and I can find no difference. I agree with it. The wording in the legislation, however, has been passed by the Office of the Attorney General and professional drafters, and this amendment has not. For that reason, I will stick with the legislation. The amendment is a restatement.

Amendment No. 48 quite reasonably refers to pharmacists and seeks protection for them. Pharmacists must be able to conscientiously object. The Minister might confirm, as he did on Committee Stage, that conscientious objection for pharmacists is fully protected in the legislation and guidelines governing pharmacists.

Amendment No. 49 is my amendment. We discussed this on Committee Stage. I wanted to be certain not only that the right of doctors, nurses and midwives to conscientiously object will be completely protected but that the right of students to do so will also be protected. I have

discussed this with the Minister. I acknowledge that he has, in turn, tabled amendments Nos. 52 and 53 to do that. For exactly the same reason as I stated in respect of amendment No. 47, namely, that the Minister's amendments have been passed by the Office of the Attorney General whereas mine has not, I will withdraw my amendment and support the Minister's because that is the version approved by the Office of the Attorney General and the Government. My understanding is that will give full conscientious protection to all students. That is very important.

Amendment No. 50 requires someone who conscientiously objects to notify the Minister for Health that he or she has done so. I do not believe that is a reasonable thing for people to have to do and I will not support the amendment.

Amendment No. 51 proposes to delete the obligation for referral. The ability of a GP, midwife or a nurse to conscientiously object is fully protected. The Minister confirmed on Committee Stage, and he might do so here again, that it is protected in general practice. It is also protected in an acute care setting. A midwife, nurse or doctor can inform his or her employer that he or she is conscientiously objecting and cannot therefore be roistered on or be coerced into being involved. That, too, is very important. Amendment No. 51, however, would delete any obligation of referral. I will not support it for a few reasons. My understanding from the doctors I have spoken to is that it is standard medical practice, here and around the world, that doctors will not simply wash their hands of a patient and leave him or her in a particular situation. As Deputy Kelleher said earlier, while that might not pose too much of a problem for some women presenting in Ireland, there are others for whom it could present a problem. They could be in great distress. They may have been raped or may be under coercion. There are all manner of reasons that women in vulnerable situations will present to a GP. It is not reasonable for any doctor to state he or she is simply not getting involved and off the patient should go. The doctor has an obligation, which in this case requires no more than that he or she tell the patient that there is a 24-7 helpline staffed at all times by qualified medical professionals who are able to talk about counselling and the options available and, if the patient wishes, to direct that patient to a GP who has opted in. If the only thing the doctor has to do is provide that telephone number, that is absolutely reasonable. I do not believe the referral measure should be deleted. I will be supporting amendments Nos. 52 and 53 from the Minister because they ensure conscientious objection covers students, which is important.

Amendment No. 54 concerns pharmacists and I will not support it. Pharmacists should be protected and I hope the Minister will clarify the legislation under which they are protected. Will he provide clarity on the various pressing issues raised?

**Deputy Bernard J. Durkan:** I am a little disconcerted by some of the points made about this group of amendments. It appears that in recognising the right of a conscientious objector at all levels, a point with which I agree, it is seen by some as a means of frustrating the purpose of this exercise, namely, compliance with the decision of the people in the referendum. That is a serious matter.

Deputy Ó Cuív made a remark which concerned me a little on the question of two lives being involved. There are, but it should not be forgotten that this is what the eighth amendment was about - equality. History showed that equality when it came to the right to life did not work. Instead, it ended tragically and it has to end tragically for one or other patient. In order to ensure the concept of equality was carried through, practitioners had to wait until such time it was too late and two lives were lost. That did not happen on just one but on several occasions.

I do not have a daughter, but if I did, I would be concerned if I were to come to a conclusion that there would be a debate on the eighth amendment again before action might be taken to intervene in the case of a woman who had presented with a crisis pregnancy. I thought we had had that conversation. I thought our obligation was to comply with the decision of the people. They decided with no force put on them. They made up their own minds clearly.

**Deputy Thomas Byrne:** This is an interesting debate. When conscientious objection is made into an issue, some are under the impression that there is no conscientious objection clause in the Bill. I have read it and it has been mentioned here, but it is being covered over. The fact is that no doctor, student doctor, nurse, midwife or, as the Minister said, pharmacist will be required to take part in any of the Bill's provisions. They will not have to take part in an abortion. That fact is being lost. It is a point which is worth fighting for and should be acknowledged. The Bill's provisions will not apply to any professional who does not wish to take part. That is absolutely clear and I am satisfied that the Bill's provisions on conscientious objection are broadly based.

Will the Minister set out the position on pharmacists? He gave assurances on Committee Stage that the provisions would apply to pharmacists. Why is he not tabling amendments in that regard? Will he explain clearly why they do not need to be mentioned in the legislation, despite the fact that he says the provisions apply to them? I certainly want reassurance before I vote.

The issue of referral came as a complete surprise to me at the start of this debate. When the 2013 legislation was going through, there were several amendments on the issue. There were certainly some Members on the pro-life side of the debate in the Seanad who put forward straightforward amendments proposing that there be referral to another medical practitioner. Now other Members want in their amendments to delete the obligation to refer. There is a division of opinion, matters move on and people grab on to particular issues.

I have not heard a complaint about practice in the past five years from some doctors who feel there was a breach of their right to conscientiously object. If there has been a problem, will somebody set it out? No doctor has been obliged in any circumstance to take part under the 2013 legislation, just as they will not be obliged to do so under this legislation. No problem in that regard has been demonstrated. I stand to be corrected, but I have no evidence which shows that there has been a problem. I wonder how great an issue this will be in practice.

Not every doctor will be happy with the final legislation. However, the Minister has given assurances that the mere provision by a doctor of a helpline number to patients will mean that he or she was fulfilling the requirement to refer. My understanding from talking to doctors is that the majority who conscientiously object will be satisfied with this. I wonder just how many will think it is a step too far for them. If I were a doctor, I would probably conscientiously object. However, I would certainly have no difficulty with referral. It is for others to deal with their consciences. This is not a matter on which one individual in the medical profession or the Dáil can dictate to anybody else, particularly in the light of the referendum result.

We need to be absolutely clear with the public as there is much confusion. Yesterday an upset nurse rang me. She was worried that she would have to take part in abortions when she would conscientiously object to it. As a lawyer and a legislator, I gave her my assurance that in no circumstance would she have to take part in abortions. She was reassured by me. However, there is so much misinformation on what people will be obliged to do or not to do that we need to keep going back to what is actually included in the law, not what people might fear might be

in it.

I will reserve my position on voting until I listen to what the Minister has to say. For the majority of doctors who conscientiously object, the Bill will be satisfactory.

**Deputy Joan Collins:** I was not going to intervene in this debate because I had made a conscious decision to let it go through, even with some of the comments made by anti-choice Deputies in the Chamber. However, I want to make the important point that a referendum was held and that one of the key issues was trusting women. The people were clear that women should not have to travel abroad to have an abortion, as well as on the periods of 12 weeks, 24 weeks and fatal foetal abnormalities.

Savita Halappanavar's husband said in his evidence that one of the nurses or midwives in the theatre had said they could not perform an abortion on his wife because we were living in Catholic Ireland and that it was illegal. Let us take as an example an emergency in dealing with a pregnancy at 2 a.m. and three of the emergency team are conscientious objectors. If amendment No. 51 were to be accepted, we could have a situation where those three medical practitioners would be able to say they did not have to pass the case to anybody else. Then what happened to Savita Halappanavar would happen again. That would be the logical conclusion of accepting the amendment. The potential consequences of amendments that are not thought out or do not reflect the essence of what the legislation is trying to achieve must be taken on board. There are major problems with our health service. I am the first Deputy every week to raise in the House the crisis in our health service. For example, I have challenged the Minister of State, Deputy Finian McGrath, about services in the community healthcare organisation, CHO, 7 area. The crisis is the reason I am an advocate of Sláintecare. In that context, what this amendment could mean must be considered.

**Deputy Eamon Scanlon:** I will not delay the debate and will only make a few comments. Like many, I have listened to the debate for the past 18.5 hours. In that time, everyone who has spoken on both sides has done so from the heart. Some of the cases raised are not what I would like to see happening, but the people have spoken.

A number of amendments have been tabled, most of which I have supported. Regarding this amendment, we have discussed doctors, consultants, midwives, trainee nurses and so on, but the other hospital staff, for example, hospital porters, should also be considered. It is only fair. People have asked us to make provision for conscientious objection because they do not want to work in that situation. Those of us who have spoken, particularly on the pro-life side, have been asked to make their feelings known. The House has dealt with 46 amendments, many of which have been voted down. There are a further 19 to go, and they will be voted down. As politicians who have been elected to the House to represent people's views, we are obliged to make their feelings known. That is what is happening. It is only right that we have that opportunity. I have listened to everyone respectfully. Everyone who has contributed has said what he or she believes. I am doing the same. People with a conscientious objection should have the option of opting in. That is what I believe. I will not go on for any longer because we do not want to delay the debate unnecessarily.

**Deputy Michael Fitzmaurice:** I will not speak for long. I just want to make a few points. In recent weeks, many Deputies have met doctors, nurses, midwives and others in the health care sector. We are used to listening to different scenarios. Some of the people we met have stated that they may have to leave work. That happening in any country would be sad.

We could have done this in a way that allowed people to opt out completely while we still ensured that the service was provided in every part of the country. Even pharmacists have expressed deep concern about this legislation. We must ensure that people are not pushed into situations against their firm beliefs. People on different sides of the House have their views on various issues and respect the other sides. I ask that the Minister take that concern into account in the context of this amendment.

**Deputy Michael Harty:** Conscientious objection is an important issue and this section of the Bill is vital, as shown by the number of Deputies contributing on the debate. Doctors' individual rights and beliefs are not absolute. They should not trump the legal rights or beliefs of others and certainly should not trump the beliefs of doctors' patients. That also goes for all nurses, midwives and allied health professionals. Doctors do not have an absolute right to object. This is the central issue.

The Medical Council is clear on the question of conscientious objection and its medical guidelines have not changed, nor will they. They read:

[A doctor] may refuse to provide or to take part in the provision of lawful treatments [...]

If you have a conscientious objection to a treatment or form of care, you should inform patients, colleagues and your employer [...]

You should make sure that patients' care is not interrupted and their access to care is not impeded. [This aspect is important to our debate.]

If you hold a conscientious objection to a treatment, you must:

inform the patient that they have a right to seek treatment from another doctor; and

give the patient enough information to enable them to transfer to another doctor to get the treatment they want.

If the patient is unable to arrange their own transfer of care, you should make these arrangements on their behalf.

In an emergency, you must [prioritise the patient above the doctor's own objections] and give the patient all the necessary treatment.

The relevant section in the Protection of Life During Pregnancy Act 2013 is the mirror image of the section in this Bill. It reads: "A person who has a conscientious objection ... shall make such arrangements for the transfer of care of the pregnant woman concerned as may be necessary to enable the woman to avail of the medical procedure concerned." I am not aware of this provision in the 2013 Act having caused any problem and I cannot see how it would cause a problem if this Bill were enacted.

Thus, the obligations of those who have a conscientious objection to the termination of pregnancy have not changed. What has changed is the fact that the termination of pregnancy will be provided in Ireland and will no longer be transferred to another jurisdiction. What has also changed is the fact that medical professionals will now have to face this reality in Ireland and work out how best to accommodate the new, lawful termination of pregnancy. This new reality will take some time for people to accommodate and for the medical profession to develop the accommodation that the new law will introduce. The conscientious objection requirements

have not changed. They are not going to change. However, the reality of the provision of termination of pregnancy in Ireland is changing, and the medical and nursing professions will have to accommodate that. The Medical Council guidelines allow them to do so. Now that terminations will take place in Ireland, doctors must ask themselves the question. They cannot avoid the medical guidelines laid down by the Medical Council, as their beliefs do not trump those of patients who access a legal service.

Some general practitioners, GPs, will provide this service, but it will eventually be delivered in clinics or hospitals. GPs are self-employed. They have a contract with the General Medical Services, GMS, scheme. The provision of termination of pregnancy services in general practice will have a separate, opt-in contract. If a GP wishes to provide the services, he or she will take out the contract. If he or she does not wish to provide them, the GP does not take out the contract. If a GP is a conscientious objector, the GP places a notice in his or her waiting room saying that he or she is not participating in the service. A GP does not need to include an explanation if he or she does not want to, but the GP should inform patients that he or she is not participating in the service. If a patient should seek the service from the GP, though, he or she is obliged to help the patient and give that person information on where to access the service, be that by directing the patient to a helpline, a HSE website or a colleague. Conscientious objection does not absolve a GP of that requirement. In summary, GPs have an opt-in contract and the only requirement on them is to provide information.

The Minister says that arrangements can be accommodated by just providing information. It will soon become quite obvious to people who is providing the service and who is not. People will not subject themselves to the humiliation of going to a doctor knowing that the doctor is not going to assist them but the doctor does have an obligation to provide them with information.

However, there is an issue relating to employees of the HSE. They are in a slightly different situation because there is the possibility that they could be forced or pressurised to participate or assist in abortion services. This must be clarified by the Minister. It should not affect their employment, employment prospects or promotion prospects. The Minister must make it clear that should a conscientious objector be an employee of the HSE, it will not affect his or her career in any way.

To go back to my fundamental point, the rights of a doctor do not trump the rights of a patient. The beliefs of a doctor do not trump the beliefs of a patient. The doctor must assist his or her patient and I believe the Medical Council guidelines on conscientious objection cover that.

**Deputy Joan Burton:** Since this debate began a very long time ago, it has always been clear on the part of people who objected to the eighth amendment and believed it put women's lives at risk and was not in the best interests of women and indeed children and Irish people that the right of conscientious objection was always recognised and given freely and generously. What I would say to people here who have taken a conscientious objection position is that this is their right but it is also my right to be a conscientious supporter of proper facilities being available to women when they need that support. Staff in medical institutions, hospitals and practices throughout the country have the right to conscientious objection, but they should acknowledge the right of conscientious supporters. This is not an easy subject. It is a subject where people agonise and weigh decisions as to what is best for them, their families and their future. We do not have absolute insight into everybody's decision but those who righteously profess conscientious objection should also look at the righteous right of other people to support conscientiously this legislation and the changes it brings.

I was a member of the Government at the time of the 2013 Act. Deputy Fitzgerald, the former Attorney General, Máire Whelan, and I were the only women there and, obviously, were the only people with experience of giving birth to children and all the joys, risks and difficulties that involves. We came at it from a practical point of view. How many of us who read the story of what happened to Savita Halappanavar and her husband and thought if only someone had indicated to them to get in the car and drive to Dublin where someone would possibly look after them, rather than the endless confusion and contortion of events that happened which resulted ultimately in her dying when I believe she need not have died had a better path been open to her?

Yes, people have the right to conscientious objection, but from everything I understand about people in the medical and health services, that does not mean that one can then abandon the patient. All that is being asked here is that the patient would be able to be referred to people who conscientiously can address their needs. That referral is a just referral. It does not undermine the conscience of the person who has an objection. That is and was accepted by everybody on this side of the debate from day one years ago. I am so glad that it has been included so positively in this legislation.

In respect of the different grounds that are contested here, I do not agree that when a woman's life is in danger during pregnancy she should be left to die. I am talking based on my personal experience of living in Africa where every year, hundreds of thousands of women die in childbirth. They die from situations in childbirth that are no longer a problem here such as breech births or the lack of midwives or trained doctors. Do people who work in medical services in those countries really say that given all their skills, they will stand by and let every woman who is at risk die? We are in a very special situation in Ireland where we have fantastic doctors, nurses and staff in all our hospitals who are available to people who want home births as well, but what if something goes wrong and the woman's life is in danger? One can even talk to people who are very religious. What if that woman has other children? That is often the situation in Africa. What if she has other children? Are they saying let her die and let those other children go motherless?

I do not think a lot of the people who have put the argument this evening personally believe that because these are complex decisions. They are not easy decisions for anybody but what we are seeking to do in this legislation is put in place a framework where women and their partners and families can be assured that in the relatively rare cases where something goes wrong, they will get the proper attention. That is what we are talking about. We are not talking about some ideology. We are talking about real women and possibly children whose lives are under threat in a situation of pregnancy. We must address that core question.

I recognise conscientious objection but, equally, I recognise the right of women to get treatment that is appropriate to their situation. The people voted for that, which is what gives us our authority to come into the Chamber and say this with all due care and consideration to the people who think differently from us. There are very simple and easy procedures to pass on records and make the information available. We should remember that way back during the time of the eighth amendment, the judges decided in a Supreme Court case and the people decided in a referendum on the right to information and the right to travel. If someone decided on the right to information and travel, he or she had actually decided to allow people to proceed but to do it in another jurisdiction. This Bill simply brings it back home and provides for it here.

**Deputy Peadar Tóibín:** I will address the points made by Deputy Donnelly and Deputy

Harty. I know they put questions out there.

**Acting Chairman (Deputy Declan Breathnach):** Address the Bill.

**Deputy Peadar Tóibín:** The reason this is considered yellow pack conscientious objection is because the Bill states that there is nothing in the Act that will be construed as obliging any medical practitioner to carry out or participate in an abortion. That only means that there is nothing in the Act. It does not mean that there will be nothing anywhere else that will influence a person to carry an abortion, so it is a very weak form of conscientious objection. Our amendment says there will be nothing in the Act and everywhere else within society that will force a person to participate in an abortion.

The other point that was mentioned was that the Protection of Life During Pregnancy Act contains the guidelines. That Act is of a different order. That Act looked to legalise abortion in the case where there is a threat to the mother's life. This Bill is of a totally different order. It is to allow for abortions to happen without indication. That is a completely different scenario and has to be understood in that context. Deputies were saying that a person may die in a case of conscientious objection. There is no example in the history of the State of any doctor stating he or she had a conscientious objection to something and a person dying as a result. There is no example of that ever happening.

In a liberal democracy, the right of one person is limited where it damages the right of another person. What the Government is seeking to do is force one person to proceed with the ending of the life of another person at some level. The issue of arrangement is said not to be a big issue. The Bill states that termination of pregnancy is the ending of the life of a human being. If I was to arrange for the ending of the life of another human being, I would be legally and morally culpable and complicit in that action. We can imagine, therefore, that doctors who consider abortion to be what the Bill states it is would feel culpable and complicit if they proceeded in that way.

That pharmacists have not been included is again a case of us saying somebody else can do it but we will not do it. Thousands of health professionals have stated that they do not want to proceed with this. The Minister is on a collision course with the people working in our health service.

**Acting Chairman (Deputy Declan Breathnach):** I ask Deputies to stay within the time limits. We are back to the second round of two-minute contributions and I encourage people not to be repetitive.

**Deputy Michael Healy-Rae:** During the course of the debate on this amendment, I had to leave the Chamber on a number of occasions to take calls from people in the medical profession, both ladies and men, who are watching the debate tonight. They could not believe some of the comments that were made here this evening. We are elected representatives and we can say what we like. People have differing opinions but to say that some of those who called me were concerned, worried and upset would be an understatement.

When this amendment is put to the floor, it is up to people to vote whatever way their conscience takes them. People in the medical profession have made their arguments strongly and eloquently explained why this amendment should be passed and why they wanted us to put it forward in the first place on their behalf. We are not doing this as politicians. We are doing it after consultation. We met groups as individuals and as a group. We listened to their concerns

and it would be very remiss of us if, after meeting these people, taking their concerns on board and believing in what they want to achieve for themselves and their work, we did not do what we are doing here this evening.

**Deputy Mattie McGrath:** Deputy O’Connell asked us to show her the evidence regarding women hurt by abortion. The Fergusson report is a 30-year longitudinal study which shows negative mental health consequences after abortion. The report was done by a well known and respected healthcare professional. Professor Fergusson was actually pro-choice. Those were his words. Deputy O’Connell is not here to hear that, but I hope the Minister will pass on to her that there is ample evidence.

Deputy O’Connell then spoke about Dr. Abigail Aiken, who is also pro-choice and came before the Special Committee on the Eighth Amendment of the Constitution. The Deputy pronounced Dr. Aiken some kind of independent when she was not. Like all the others who were brought before the committee, she was one-sided. Such a shambles and disrespect I never saw the like of. The committee could not get one pro-life doctor. Dr. Aiken, as well as being pro-choice, wrote a submission for Deputy Coppinger seeking to abolish the three-day waiting period which the Tánaiste dreamt up when he was on his journey across the River Lee and back. There is the independent evidence that Deputy O’Connell is telling us about. Dr. Aiken wrote a policy paper for Deputy Coppinger to remove the three-day waiting period. She was supposed to be independent at the committee. The people watching this are aghast.

This is even stranger still. Dr. Aiken’s evidence on the safety of abortion pills was directly contradicted by none other than Dr. Rhona Mahony at the committee. It was all over the place. Deputy O’Connell was talking about making things up and the fictional idea of abortion regret. I ask the Minister why did he not meet those people? Why will he still not meet them? He should meet them. He only meets people who back him and hides and cowers away from people who have real issues and are suffering as a result of abortion. It is a case of speak no evil, hear no evil and see no evil. He will not engage with the pharmacists in any way, shape or form. These are professional people and he is treating them with total disrespect. I suppose the Minister is so used to disrespecting everybody in his health services that it does not matter to him anymore. He has no respect for anyone who is struggling to get any kind of service from the health system. His record is abysmal. He will go down as the worst Minister in the history of the State. That is my considered opinion and that of many thousands of people. He can laugh all he likes, but those are the real facts.

**Deputy Simon Harris:** That is right.

**Deputy Ruth Coppinger:** The Deputy is over time.

**Acting Chairman (Deputy Declan Breathnach):** I have already called time. If people do not show respect for the time, it is a problem.

**Deputy Ruth Coppinger:** When people are using the maximum-----

**Deputy Danny Healy-Rae:** I will be brief. We did not dream up these amendments on conscientious objection. It is doctors, midwives, healthcare officials, pharmacists and all the healthcare people, many of whom came to us worried about this. That is why we have put the amendments down and spoken on them. We feel strongly on behalf of these people who are entitled to their rights and are worried they may be forced or bullied into doing something they were never trained to do. That is why we have gone along with these amendments. We feel

very strongly about this issue on behalf of those people.

**Deputy Peter Fitzpatrick:** GPs, pharmacists, midwives and nurses, all medical professionals, are conscientiously committed to both patients and will remain so regardless of sanctions. Nobody should be forced to end life. I do not think the Minister will do that. He should be fair and look at the situation a woman is in. These people are not looking for headlines. They have a conscience. Doctors and nursing staff have paid for their education, trained and put in big efforts. They were trained to save lives, not to end them. Nobody should be forced to end life.

I am a very lucky individual. I have a family that is pretty healthy. People are going away and professionally training to be doctors, nurses or midwives. Sorry, is there a problem here? I am trying to make a speech here and it is not nice when someone on my right-hand side, especially as it is the Minister, is not showing respect. I am not trying to be smart.

**Acting Chairman (Deputy Declan Breathnach):** Please allow Deputy Fitzpatrick to continue without interruption. His time is running out.

**Deputy Peter Fitzpatrick:** I showed the Minister great respect. I have been here all evening and listened to everything he said. Nobody should be forced to end a life.

**Deputy Michael Collins:** The Minister said that GPs would hold stocks of all abortion drugs so that women would not need to go to a local pharmacy to have their prescriptions filled and therefore pharmacists do not need to be included in the conscientious objection provisions. Do we know that this will be the case? Where does the legislation make this clear? Can the Minister guarantee that no local pharmacist will be expected to stock and dispense these drugs for the purpose of inducing an abortion? What if a GP does not have sufficient quantities in stock? Will he or she expect the local pharmacist to supply them? Hospital pharmacists will, no doubt, need to be involved in abortions, involving a variety of chemicals and drugs from nine weeks onwards. Why are they not covered under section 24 of the Bill?

**Deputy Kevin O’Keeffe:** I will be short and brief. I just want to support this amendment. I suppose the Minister will admit that we must try to bring the whole of society along on the issue that is before us today. While there are two sides to the argument, it is only fair for the Minister to give time and to accept this amendment. Maybe things will progress and there will be changes down the road, but we will still have the issue. No one is denying that women’s health-care is at stake here. People like me still believe we are doing away with the right to life of the unborn. I think the Minister should bring such people along as much as possible by accepting this amendment. As we have seen in recent days, it is not about the money. These people work hard at their jobs. We have been told about how much money will be made available to those who perform their duties if they decide to take up this part of their practice. These people are not in business for money. They are looking for the right not to perform a duty where they see that the right to life is being taken. I ask the Minister to consider this amendment.

**Deputy Joan Burton:** I support this Bill because I think people have to support the health professionals who have a conscientious commitment to caring for people and to providing care. We recognise the objections of the people who object, but equally we have to recognise the conscientious commitment of medical professionals to caring for women.

**Acting Chairman (Deputy Declan Breathnach):** The Minister is waiving his entitlement to speak again on these amendments.

**Deputy Michael Healy-Rae:** I appeal to Deputies to think very seriously before they vote. I thank the Chair for the fair way in which he has been chairing this debate.

**Deputy Simon Harris:** Hear, hear.

**Deputy Michael Healy-Rae:** I know it is a contentious issue for many people. I want to thank the Ceann Comhairle, the Leas-Cheann Comhairle and the other Deputies who have chaired these debates. People have to do what their own conscience leads them to do. I certainly hope they will support this amendment. I know that some Deputies who did not support other amendments are going to support this amendment. I am grateful for that. I omitted to speak about the many pharmacists who have grave concerns as well. I have been dealing with them on this issue on a continuous basis over recent months. They are very worried about what is happening in here this evening. I do not want to delay the matter.

Amendment put:

<i>The Dáil divided: Tá, 30; Níl, 75; Staon, 1.</i>		
<i>Tá</i>	<i>Níl</i>	<i>Stاون</i>
<i>Aylward, Bobby.</i>	<i>Bailey, Maria.</i>	<i>McGrath, Michael.</i>
<i>Brassil, John.</i>	<i>Boyd Barrett, Richard.</i>	
<i>Breathnach, Declan.</i>	<i>Brady, John.</i>	
<i>Butler, Mary.</i>	<i>Broughan, Thomas P.</i>	
<i>Cahill, Jackie.</i>	<i>Browne, James.</i>	
<i>Canney, Seán.</i>	<i>Bruton, Richard.</i>	
<i>Casey, Pat.</i>	<i>Burke, Peter.</i>	
<i>Collins, Michael.</i>	<i>Burton, Joan.</i>	
<i>Curran, John.</i>	<i>Byrne, Catherine.</i>	
<i>Fitzmaurice, Michael.</i>	<i>Byrne, Thomas.</i>	
<i>Fitzpatrick, Peter.</i>	<i>Calleary, Dara.</i>	
<i>Grealish, Noel.</i>	<i>Carey, Joe.</i>	
<i>Haughey, Seán.</i>	<i>Cassells, Shane.</i>	
<i>Healy-Rae, Danny.</i>	<i>Chambers, Jack.</i>	
<i>Healy-Rae, Michael.</i>	<i>Chambers, Lisa.</i>	
<i>Lowry, Michael.</i>	<i>Collins, Joan.</i>	
<i>MacSharry, Marc.</i>	<i>Connolly, Catherine.</i>	
<i>McConalogue, Charlie.</i>	<i>Copping, Ruth.</i>	
<i>McGrath, Mattie.</i>	<i>Corcoran Kennedy, Marcella.</i>	
<i>McGuinness, John.</i>	<i>Coveney, Simon.</i>	
<i>Moynihan, Aindrias.</i>	<i>Creed, Michael.</i>	
<i>Murphy O'Mahony, Margaret.</i>	<i>Cullinane, David.</i>	
<i>Murphy, Eugene.</i>	<i>D'Arcy, Michael.</i>	
<i>Nolan, Carol.</i>	<i>Doherty, Pearse.</i>	
<i>O'Keeffe, Kevin.</i>	<i>Donnelly, Stephen S.</i>	
<i>O'Rourke, Frank.</i>	<i>Dooley, Timmy.</i>	

*Dáil Éireann*

<i>Ó Cuív, Éamon.</i>	<i>Doyle, Andrew.</i>	
<i>Scanlon, Eamon.</i>	<i>Durkan, Bernard J.</i>	
<i>Smyth, Niamh.</i>	<i>Ellis, Dessie.</i>	
<i>Tóibín, Peadar.</i>	<i>English, Damien.</i>	
	<i>Ferris, Martin.</i>	
	<i>Fitzgerald, Frances.</i>	
	<i>Harris, Simon.</i>	
	<i>Harty, Michael.</i>	
	<i>Healy, Seamus.</i>	
	<i>Heydon, Martin.</i>	
	<i>Kelleher, Billy.</i>	
	<i>Kelly, Alan.</i>	
	<i>Kenny, Gino.</i>	
	<i>Kenny, Martin.</i>	
	<i>Kyne, Seán.</i>	
	<i>Lahart, John.</i>	
	<i>Madigan, Josepha.</i>	
	<i>Martin, Catherine.</i>	
	<i>Martin, Micheál.</i>	
	<i>McEntee, Helen.</i>	
	<i>McGrath, Finian.</i>	
	<i>McHugh, Joe.</i>	
	<i>McLoughlin, Tony.</i>	
	<i>Mitchell, Denise.</i>	
	<i>Munster, Imelda.</i>	
	<i>Murphy, Catherine.</i>	
	<i>Murphy, Eoghan.</i>	
	<i>Murphy, Paul.</i>	
	<i>Neville, Tom.</i>	
	<i>Noonan, Michael.</i>	
	<i>O'Brien, Darragh.</i>	
	<i>O'Brien, Jonathan.</i>	
	<i>O'Callaghan, Jim.</i>	
	<i>O'Connell, Kate.</i>	
	<i>O'Dowd, Fergus.</i>	
	<i>O'Reilly, Louise.</i>	
	<i>O'Sullivan, Maureen.</i>	
	<i>Ó Broin, Eoin.</i>	
	<i>Ó Caoláin, Caoimhghín.</i>	
	<i>Ó Laoghaire, Donnchadh.</i>	
	<i>Ó Snodaigh, Aengus.</i>	
	<i>Pringle, Thomas.</i>	
	<i>Quinlivan, Maurice.</i>	

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	<i>Rabbitte, Anne.</i>	
	<i>Sherlock, Sean.</i>	
	<i>Smith, Bríd.</i>	
	<i>Stanley, Brian.</i>	
	<i>Stanton, David.</i>	
	<i>Varadkar, Leo.</i>	

Tellers: Tá, Deputies Mattie McGrath and Michael Healy-Rae; Níl, Deputies Seán Kyne and Tony McLoughlin.

Amendment declared lost.

**Deputy Mattie McGrath:** I move amendment No. 48:

In page 15, line 37, after “practitioner,” to insert “pharmacist.”

Amendment put:

<i>The Dáil divided: Tá, 38; Níl, 67; Staon, 1.</i>		
<i>Tá</i>	<i>Níl</i>	<i>Staon</i>
<i>Aylward, Bobby.</i>	<i>Bailey, Maria.</i>	<i>Byrne, Thomas.</i>
<i>Brassil, John.</i>	<i>Boyd Barrett, Richard.</i>	
<i>Breathnach, Declan.</i>	<i>Brady, John.</i>	
<i>Browne, James.</i>	<i>Broughan, Thomas P.</i>	
<i>Butler, Mary.</i>	<i>Bruton, Richard.</i>	
<i>Cahill, Jackie.</i>	<i>Burke, Peter.</i>	
<i>Calleary, Dara.</i>	<i>Byrne, Catherine.</i>	
<i>Canney, Seán.</i>	<i>Carey, Joe.</i>	
<i>Chambers, Jack.</i>	<i>Chambers, Lisa.</i>	
<i>Collins, Michael.</i>	<i>Collins, Joan.</i>	
<i>Curran, John.</i>	<i>Connolly, Catherine.</i>	
<i>Donnelly, Stephen S.</i>	<i>Coppinger, Ruth.</i>	
<i>Fitzmaurice, Michael.</i>	<i>Corcoran Kennedy, Marcella.</i>	
<i>Fitzpatrick, Peter.</i>	<i>Coveney, Simon.</i>	
<i>Grealish, Noel.</i>	<i>Creed, Michael.</i>	
<i>Harty, Michael.</i>	<i>Cullinane, David.</i>	
<i>Haughey, Seán.</i>	<i>D’Arcy, Michael.</i>	
<i>Healy-Rae, Danny.</i>	<i>Doherty, Pearse.</i>	
<i>Healy-Rae, Michael.</i>	<i>Dooley, Timmy.</i>	
<i>Lowry, Michael.</i>	<i>Doyle, Andrew.</i>	

*Dáil Éireann*

<i>MacSharry, Marc.</i>	<i>Durkan, Bernard J.</i>	
<i>Martin, Micheál.</i>	<i>Ellis, Dessie.</i>	
<i>McConalogue, Charlie.</i>	<i>Ferris, Martin.</i>	
<i>McGrath, Mattie.</i>	<i>Fitzgerald, Frances.</i>	
<i>McGrath, Michael.</i>	<i>Harris, Simon.</i>	
<i>McGuinness, John.</i>	<i>Healy, Seamus.</i>	
<i>Moynihan, Aindrias.</i>	<i>Heydon, Martin.</i>	
<i>Murphy O'Mahony, Margaret.</i>	<i>Kelleher, Billy.</i>	
<i>Murphy, Eugene.</i>	<i>Kelly, Alan.</i>	
<i>Nolan, Carol.</i>	<i>Kenny, Gino.</i>	
<i>O'Keefe, Kevin.</i>	<i>Kenny, Martin.</i>	
<i>O'Rourke, Frank.</i>	<i>Kyne, Seán.</i>	
<i>Ó Cuív, Éamon.</i>	<i>Lahart, John.</i>	
<i>Rabbitte, Anne.</i>	<i>Madigan, Josepha.</i>	
<i>Scanlon, Eamon.</i>	<i>Martin, Catherine.</i>	
<i>Smyth, Niamh.</i>	<i>McDonald, Mary Lou.</i>	
<i>Tóibín, Peadar.</i>	<i>McEntee, Helen.</i>	
<i>Troy, Robert.</i>	<i>McGrath, Finian.</i>	
	<i>McHugh, Joe.</i>	
	<i>McLoughlin, Tony.</i>	
	<i>Mitchell, Denise.</i>	
	<i>Munster, Imelda.</i>	
	<i>Murphy, Catherine.</i>	
	<i>Murphy, Eoghan.</i>	
	<i>Murphy, Paul.</i>	
	<i>Neville, Tom.</i>	
	<i>Noonan, Michael.</i>	
	<i>O'Brien, Darragh.</i>	
	<i>O'Brien, Jonathan.</i>	
	<i>O'Callaghan, Jim.</i>	
	<i>O'Connell, Kate.</i>	
	<i>O'Dowd, Fergus.</i>	
	<i>O'Reilly, Louise.</i>	
	<i>O'Sullivan, Maureen.</i>	
	<i>Ó Broin, Eoin.</i>	
	<i>Ó Caoláin, Caoimhghín.</i>	
	<i>Ó Laoghaire, Donnchadh.</i>	
	<i>Ó Snodaigh, Aengus.</i>	
	<i>Pringle, Thomas.</i>	
	<i>Quinlivan, Maurice.</i>	
	<i>Ring, Michael.</i>	
	<i>Sherlock, Sean.</i>	

	<i>Shortall, Róisín.</i>	
	<i>Smith, Bríd.</i>	
	<i>Stanley, Brian.</i>	
	<i>Stanton, David.</i>	
	<i>Varadkar, Leo.</i>	

Tellers: Tá, Deputies Mattie McGrath and Michael Healy-Rae; Níl, Deputies Seán Kyne and Tony McLoughlin.

Amendment declared lost.

**Deputy Stephen Donnelly:** I move amendment No. 49:

In page 15, line 37, after “practitioner,” to insert “student doctor, student nurse, student midwife.”

Amendment, by leave, withdrawn.

**Deputy Catherine Murphy:** I move amendment No. 50:

In page 16, between lines 4 and 5, to insert the following:

“(3) Medical practitioners who refuse to carry out a procedure for the procurement of an abortion on the basis of conscientious objection must notify the Minister for Health in writing within 28 days of the decision being taken.

(4) No corporate body or institution in receipt of public monies may refuse to carry out a procedure in order to procure an abortion on the basis of conscientious objection.”.

I tabled the amendment despite the issue of conscientious objection being covered in other amendments because I wanted specifically placed on record the point that publicly-funded institutions cannot use any loophole relating to the moral ethos of the organisation in question to circumvent the legislation. The United Nations has explicitly confirmed that the relevant regulatory framework must ensure an obligation on healthcare providers to refer women to alternative health providers and must not allow institutional referral of care.

While I understand the need to allow for personal conscientious objections, it must be done in a way that means that conscientious refusals do not lead to access barriers for women in accessing the healthcare to which they are entitled. My amendment stems from a concern that where a publicly funded institution is under the effective control of a religious organisation with a particular ethos, medical practitioners could effectively be advised not to agree to provide this healthcare within their working arrangements within the institution. This could potentially lead to a situation whereby medical practitioners who potentially do not have a conscientious objection to carrying out the procedure could find themselves refusing to carry out the procedure as part of their public health work while simultaneously offering patients appointments in their private clinics to perform procedures.

Such a possibility is not merely conjecture. A similar situation was referred to earlier this evening; abortion services in Italy were pushed almost exclusively into the private medical sector by way of institutional objections. With this amendment to the Bill we can ensure that no such situation arises in Ireland and that institutions are under no illusion as to the fact that legislation takes precedence over their ethos. The amendment will ensure that all patients can access this healthcare procedure via the public health system as intended by the Bill. Indeed, when this issue was debated at committee we wanted to ensure that this would be part of the public system and be GP-led or provided in public hospitals. This amendment seeks to provide for that.

**Minister for Health(Deputy Simon Harris):** I am not in a position to accept the amendment for two reasons. We have just had a very lengthy debate about conscientious objection and the obligation to ensure that a woman can access health services. Nobody can obstruct that. Conscientious objection is therefore an accepted part of medical practice and already exists in a number of areas, not just in the termination of pregnancy. I do not see any reason to have a different set of rules. This is the same argument used by those who are against the legislation and who want a different set of rules for conscientious objection. I apply the same principle to this amendment. The rules on conscientious objection should be the same for this health service as any other. That covers the first part of the Deputy's amendment No. 50.

The second part of the amendment raises an important point about institutions. Institutions do not have consciences and cannot conscientiously object. Section 24 of the Bill sets out that persons who may refuse to participate due to a conscientious objection, including medical practitioners, nurses and midwives, have that right, but by not including references to other personnel or to institutions the Bill is clear that that provision does not extend to them. I sought the legal opinion of the Attorney General because of the sensitivities involved in this, and have been informed that one of the first tenets of lawmaking is that the expression of one thing leads to the exclusion of the other. In other words, when certain persons are specified in a law an intention to exclude all others, in this case institutions, from its operation can be inferred. This means that by not including a reference to other personnel or institutions the Bill is absolutely clear that conscientious objection does not extend to institutions. I am very clear on that. The HSE is also very clear on that matter, and indeed has been in contact with all 19 maternity units with a view to preparing an implementation plan.

**An Leas-Cheann Comhairle:** Is Deputy Catherine Murphy pressing the amendment?

**Deputy Catherine Murphy:** I will withdraw the amendment on that basis.

Amendment, by leave, withdrawn.

**Deputy Mattie McGrath:** I move amendment No. 51:

In page 16, to delete lines 5 to 8.

Amendment No. 51 seeks to delete lines which force doctors to refer. This speaks fundamentally to the right of doctors to conscientiously object and to the whole reason we are debating this issue. Doctors should not have to refer against their will. We also must ask what "refer" means. It might mean that the life of one of the two patients a doctor is treating will be ended, which is an important reason for putting this amendment forward. Many doctors have a fundamental issue with this approach, but the Minister has steadfastly refused to meet those doctors. There was a call for an EGM, which was tailor-made to be held after the debate finished last Thursday, but that did not happen. We saw what happened at the EGM. It is not for

me to tell the Irish College of General Practitioners how to organise itself, but democracy was shut down in that organisation. Indeed, Dr. Kirsten Fuller, who is an excellent GP from County Tipperary, was one of the people who lead the walkout to fight that provision. Dr. O'Regan from Kerry and many others were also involved. They have not been listened to or engaged with, and conscientious objections have not in any way been dealt with. Any degree of consultation might have allayed their fears and allowed the Minister to find a wording that would have pacified many of those genuine GPs who have taken the Hippocratic oath in the first instance and who strive every day to give a service.

Many GPs work in country areas where there is no Caredoc or out-of-hours service. Those doctors and their families answer calls at all times of the day and night; their duty of care and desire to try to save lives is their motive at all times. They have a genuinely held fear that they are going to be forced to refer, and are worried about what that referral means. If the Minister or his officials had engaged with those doctors in any way we might have had clarity and a better understanding of this Bill, and we would not have 700 or 800 of them threatening not to co-operate in any way with this legislation. There is a scarcity of GPs in urban and rural areas and few GPs are even applying to run a practice. They are dealing with a contract that is almost 50 years old and which has not been renewed. The Minister chose to engage at a senior level with the two doctors' organisations and did not listen to the members of those groups. The organisations did not listen to their members either; democracy has been damaged there as well. Those organisations are able to talk for themselves.

I am here to speak on behalf of the many doctors working at different levels who contacted me about this legislation and to protest at the sheer speed with which it is being rushed through the Dáil. People here are talking about the rights of staff. I am hearing that staff are being told they have to work all night tomorrow if this Bill passes tonight in order to get the Bill through the Seanad. We can cry about workers' rights and complain all we like, but we are now making people work unreasonable hours. We are now making staff here work unreasonable hours because of unreasonable sittings. I do not know if that is definitely happening but that is what I have been told. It shows little care about the staff here and their families who have to stay up working late. I include the Senators, those working in committees, the secretariat, ushers and indeed all the people who attend on the House.

**An Leas-Cheann Comhairle:** The Deputy should concentrate on the amendment.

**Deputy Mattie McGrath:** I am concentrating on the amendment. This is the fundamental part of the problem. The Minister might have reached agreement with the vast majority of GPs had the Minister engaged in a modicum of consultation with these doctors and listened to their fears. They are busy in their practices every day of the week. They are not people who are out marching and protesting about this, that and the other. However, this interferes with a fundamental part of their Hippocratic oath, their beliefs and their education. They spent a lot of time gaining their medical degrees and developing their working expertise, and they want to be listened to, which is not unnatural in a democracy. They should have been listened to and engaged with. The Minister went out of his way to meet all sorts of groups with any acronym on the other side but would not meet the GPs at any stage to discuss this legislation. What was he hiding? What was he afraid to debate? Why does he have to run to the populist side and use a bulldozer to drive this legislation through at all costs? It is a trophy project for himself. Those GPs are facing absolute and utter chaos on a daily basis. When they refer people to accident and emergency departments they cannot get an ambulance so people are left in their surgeries.

They go to an accident and emergency department in Tipperary and they are lucky if they get a trolley. They cannot get a pillowcase or a blanket. Then there are early discharges.

The front line is the GP service. It is nowhere else. We have seen all the areas of the free GP care for young people. Now this service is going to be rolled out against GPs' will. They will be forced and coerced to refer against their fundamental beliefs. It is despicable, it is sad and it is disrespectful towards a profession that has served this State well. I know many of them who continue to work long after retirement age because they have a rapport and a sense of commitment to patients, their families and their communities. I am not just talking about rural areas. I am talking about urban areas as well. They are part of the very fabric of what makes it good to live in a community. This Government is shamelessly stripping everything from our community.

My fundamental reason for putting this amendment forward is the lack of clarity on the implications that arise if doctors have to refer. One of the lives they see in a pregnant woman would be taken. That is what they fundamentally disagree with. This could have been worked out if the Minister had the courage or the respect to meet with GPs.

**Deputy Simon Harris:** We have had a very long debate on conscientious objection, and this is another issue relating to it. It was quite a good and useful debate. The points I made during that very long debate, to which we all contributed, I reiterate here. The Medical Council guidelines are very clear on what the duty to refer comprises. The law on conscientious objection is not changing even though the law on abortion is, and therefore I do not see any reason to accept this amendment.

**Deputy Peadar Tóibín:** Obviously there have been a couple of debates around conscientious objection. I am surprised this has not been grouped with the other ones.

**Deputy Simon Harris:** Me too.

**Deputy Peadar Tóibín:** However, the fact is that it is not, and I wish to make a couple of short points. Points were made about the Protection of Life During Pregnancy Act 2013. The Medical Council guidelines relating to that Act state that doctors must do their utmost to protect the mother and baby. We are told those guidelines will not change. They iterate a very strong pro-life view. The issue that has struck me the most is this. Doctors around the country have stated to me that the very basis of their function, the very reason they are practicing, is being radically undermined by the Government. Doctors have said to me that they invested time, energy and money into studying to become doctors in order to protect, nurture and save lives. They have stated that it is unprecedented in their experience for a Government to change the environment of a group of workers so radically, thereby undermining them in their ability to provide services. We know from experience around the world that when freedom of conscience is not properly provided to doctors and medical health workers it leads to certain people leaving the profession. It also leads to certain workers not entering it. Those who operate under those terms suffer burnout more in the long run, because they are constantly in mental dissonance with the work they are involved in.

The Minister has stated that we are simply talking about arrangements for a doctor to pass a patient on to another individual. The key point is this. If I was to arrange for the ending of the Minister's life in the way that this Bill envisions, I would be seen as morally and legally complicit. The doctors we are talking about see an abortion in those terms. They see the unborn

child as a living individual human being and therefore as having the same value and worth as anybody else. The fact that they are being told under this legislation that they have to make arrangements for that unborn child to be aborted is a real difficulty for them. These people are crying out for the Minister to take that into consideration.

I heard Deputies Kelleher and Micheál Martin speak. It seems to me that they are looking to dictate to the conscience of doctors. Why have Deputy Martin, Deputy Kelleher and the Minister not sat down with the thousands of healthcare workers?

**Deputy Simon Harris:** We have.

**Deputy Peadar Tóibín:** These people are not making it up. They are not pretending that there is a serious difficulty here. To stand up on this issue in the environment of today's society is actually a really hard thing for people to do. To make the point that this is such a difficulty, to swim against the tide, is a very hard thing for people in their professions to do.

**Deputy Ruth Coppinger:** It was very hard to be pro-choice for a long time.

**Deputy Peadar Tóibín:** We hear another point as well. On one side of the debate we are told-----

**An Leas-Cheann Comhairle:** If there are Members who want to contribute, I ask them to wait and to indicate to the Chair. I ask Deputies to allow Deputy Tóibín to speak, whether they agree with him or not, and to stop interjecting.

**Deputy Peadar Tóibín:** This is hard to understand. We are told that there are oceans of doctors who are willing to deliver this service. However, we are then told that we have to force certain doctors to make arrangements for it. It is either one or the other. If there are adequate numbers who are happy to provide the service we do not actually need to go down this particular route. As I said earlier, the limits of one individual's rights are where they infringe on another individual's rights. Most people would understand that it is an infringement of a person's rights to force him or her to be involved in a process that leads to the end of another human being's life. This is something that thousands of doctors are crying out for, and I ask the Minister to accept the amendment.

Amendment put:

<i>The Dáil divided: Tá, 27; Níl, 75; Staon, 0.</i>		
<i>Tá</i>	<i>Níl</i>	<i>Staan</i>
<i>Aylward, Bobby.</i>	<i>Boyd Barrett, Richard.</i>	
<i>Brassil, John.</i>	<i>Brady, John.</i>	
<i>Breathnach, Declan.</i>	<i>Broughan, Thomas P.</i>	
<i>Butler, Mary.</i>	<i>Browne, James.</i>	
<i>Cahill, Jackie.</i>	<i>Bruton, Richard.</i>	
<i>Casey, Pat.</i>	<i>Burke, Peter.</i>	
<i>Collins, Michael.</i>	<i>Byrne, Catherine.</i>	
<i>Curran, John.</i>	<i>Byrne, Thomas.</i>	
<i>Fitzmaurice, Michael.</i>	<i>Calleary, Dara.</i>	
<i>Fitzpatrick, Peter.</i>	<i>Carey, Joe.</i>	

*Dáil Éireann*

<i>Grealish, Noel.</i>	<i>Chambers, Jack.</i>	
<i>Haughey, Seán.</i>	<i>Chambers, Lisa.</i>	
<i>Healy-Rae, Danny.</i>	<i>Collins, Joan.</i>	
<i>Healy-Rae, Michael.</i>	<i>Connolly, Catherine.</i>	
<i>Lowry, Michael.</i>	<i>Coppinger, Ruth.</i>	
<i>MacSharry, Marc.</i>	<i>Corcoran Kennedy, Marcella.</i>	
<i>McGrath, Mattie.</i>	<i>Coveney, Simon.</i>	
<i>McGuinness, John.</i>	<i>Creed, Michael.</i>	
<i>Moynihan, Aindrias.</i>	<i>Cullinane, David.</i>	
<i>Murphy O'Mahony, Margaret.</i>	<i>D'Arcy, Michael.</i>	
<i>Murphy, Eugene.</i>	<i>Donnelly, Stephen S.</i>	
<i>Nolan, Carol.</i>	<i>Dooley, Timmy.</i>	
<i>O'Keefe, Kevin.</i>	<i>Doyle, Andrew.</i>	
<i>O'Rourke, Frank.</i>	<i>Durkan, Bernard J.</i>	
<i>Ó Cuív, Éamon.</i>	<i>Ellis, Dessie.</i>	
<i>Scanlon, Eamon.</i>	<i>English, Damien.</i>	
<i>Tóibín, Peadar.</i>	<i>Ferris, Martin.</i>	
	<i>Fitzgerald, Frances.</i>	
	<i>Harris, Simon.</i>	
	<i>Harty, Michael.</i>	
	<i>Healy, Seamus.</i>	
	<i>Heydon, Martin.</i>	
	<i>Humphreys, Heather.</i>	
	<i>Kelleher, Billy.</i>	
	<i>Kelly, Alan.</i>	
	<i>Kenny, Gino.</i>	
	<i>Kenny, Martin.</i>	
	<i>Kyne, Seán.</i>	
	<i>Lahart, John.</i>	
	<i>Madigan, Josepha.</i>	
	<i>Martin, Catherine.</i>	
	<i>Martin, Micheál.</i>	
	<i>McEntee, Helen.</i>	
	<i>McGrath, Finian.</i>	
	<i>McGrath, Michael.</i>	
	<i>McHugh, Joe.</i>	
	<i>McLoughlin, Tony.</i>	
	<i>Mitchell, Denise.</i>	
	<i>Munster, Imelda.</i>	
	<i>Murphy, Catherine.</i>	
	<i>Murphy, Eoghan.</i>	

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	<i>Murphy, Paul.</i>	
	<i>Neville, Tom.</i>	
	<i>Noonan, Michael.</i>	
	<i>O'Brien, Darragh.</i>	
	<i>O'Brien, Jonathan.</i>	
	<i>O'Callaghan, Jim.</i>	
	<i>O'Connell, Kate.</i>	
	<i>O'Dowd, Fergus.</i>	
	<i>O'Reilly, Louise.</i>	
	<i>O'Sullivan, Maureen.</i>	
	<i>Ó Broin, Eoin.</i>	
	<i>Ó Caoláin, Caoimhghín.</i>	
	<i>Ó Laoghaire, Donnchadh.</i>	
	<i>Ó Snodaigh, Aengus.</i>	
	<i>Pringle, Thomas.</i>	
	<i>Quinlivan, Maurice.</i>	
	<i>Rabbitte, Anne.</i>	
	<i>Ring, Michael.</i>	
	<i>Ross, Shane.</i>	
	<i>Sherlock, Sean.</i>	
	<i>Shortall, Róisín.</i>	
	<i>Smith, Bríd.</i>	
	<i>Stanley, Brian.</i>	
	<i>Troy, Robert.</i>	

Tellers: Tá, Deputies Mattie McGrath and Michael Collins; Níl, Deputies Seán Kyne and Tony McLoughlin.

Amendment declared lost.

**Deputy Simon Harris:** I move amendment No. 52:

In page 16, line 12, to delete “and midwives” and substitute “and midwives, or the midwife candidate division of the candidate register.”

Amendment put and declared carried.

**Deputy Simon Harris:** I move amendment No. 53:

In page 16, line 15, to delete “and midwives” and substitute “and midwives, or a division (other than the midwife candidate division) of the candidate register.”

Amendment put and declared carried.

**Deputy Mattie McGrath:** I move amendment No. 54:

In page 16, line 16, to delete “2011.” and substitute the following:

“2011;

“pharmacist” means a person whose name is for the time being registered in the register of pharmacists established under section 13 of the Pharmacy Act 2007.”.

Amendment put:

<i>The Dáil divided: Tá, 29; Níl, 65; Staon, 11.</i>		
<i>Tá</i>	<i>Níl</i>	<i>Stاون</i>
<i>Aylward, Bobby.</i>	<i>Barry, Mick.</i>	<i>Browne, James.</i>
<i>Brassil, John.</i>	<i>Boyd Barrett, Richard.</i>	<i>Byrne, Thomas.</i>
<i>Breathnach, Declan.</i>	<i>Brady, John.</i>	<i>Calleary, Dara.</i>
<i>Butler, Mary.</i>	<i>Broughan, Thomas P.</i>	<i>Chambers, Jack.</i>
<i>Cahill, Jackie.</i>	<i>Bruton, Richard.</i>	<i>Donnelly, Stephen S.</i>
<i>Canney, Seán.</i>	<i>Burke, Peter.</i>	<i>Lahart, John.</i>
<i>Casey, Pat.</i>	<i>Byrne, Catherine.</i>	<i>Martin, Micheál.</i>
<i>Collins, Michael.</i>	<i>Carey, Joe.</i>	<i>McGrath, Michael.</i>
<i>Curran, John.</i>	<i>Chambers, Lisa.</i>	<i>O’Brien, Darragh.</i>
<i>Fitzmaurice, Michael.</i>	<i>Collins, Joan.</i>	<i>O’Sullivan, Maureen.</i>
<i>Fitzpatrick, Peter.</i>	<i>Connolly, Catherine.</i>	<i>Rabbitte, Anne.</i>
<i>Grealish, Noel.</i>	<i>Coppinger, Ruth.</i>	
<i>Harty, Michael.</i>	<i>Corcoran Kennedy, Marcella.</i>	
<i>Haughey, Seán.</i>	<i>Coveney, Simon.</i>	
<i>Healy-Rae, Danny.</i>	<i>Creed, Michael.</i>	
<i>Healy-Rae, Michael.</i>	<i>Cullinane, David.</i>	
<i>Lowry, Michael.</i>	<i>D’Arcy, Michael.</i>	
<i>MacSharry, Marc.</i>	<i>Dooley, Timmy.</i>	
<i>McGrath, Mattie.</i>	<i>Doyle, Andrew.</i>	
<i>McGuinness, John.</i>	<i>Durkan, Bernard J.</i>	
<i>Moynihan, Aindrias.</i>	<i>Ellis, Dessie.</i>	
<i>Murphy, Eugene.</i>	<i>English, Damien.</i>	
<i>Nolan, Carol.</i>	<i>Ferris, Martin.</i>	
<i>O’Keeffe, Kevin.</i>	<i>Fitzgerald, Frances.</i>	
<i>O’Rourke, Frank.</i>	<i>Harris, Simon.</i>	
<i>Ó Cuív, Éamon.</i>	<i>Healy, Seamus.</i>	
<i>Scanlon, Eamon.</i>	<i>Heydon, Martin.</i>	
<i>Tóibín, Peadar.</i>	<i>Humphreys, Heather.</i>	
<i>Troy, Robert.</i>	<i>Kelleher, Billy.</i>	
	<i>Kelly, Alan.</i>	
	<i>Kenny, Gino.</i>	

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	<i>Kenny, Martin.</i>	
	<i>Kyne, Seán.</i>	
	<i>Madigan, Josepha.</i>	
	<i>Martin, Catherine.</i>	
	<i>McEntee, Helen.</i>	
	<i>McGrath, Finian.</i>	
	<i>McHugh, Joe.</i>	
	<i>McLoughlin, Tony.</i>	
	<i>Mitchell, Denise.</i>	
	<i>Munster, Imelda.</i>	
	<i>Murphy O'Mahony, Margaret.</i>	
	<i>Murphy, Catherine.</i>	
	<i>Murphy, Eoghan.</i>	
	<i>Murphy, Paul.</i>	
	<i>Neville, Tom.</i>	
	<i>Noonan, Michael.</i>	
	<i>O'Brien, Jonathan.</i>	
	<i>O'Callaghan, Jim.</i>	
	<i>O'Connell, Kate.</i>	
	<i>O'Dowd, Fergus.</i>	
	<i>O'Reilly, Louise.</i>	
	<i>Ó Broin, Eoin.</i>	
	<i>Ó Caoláin, Caoimhghín.</i>	
	<i>Ó Laoghaire, Donnchadh.</i>	
	<i>Ó Snodaigh, Aengus.</i>	
	<i>Pringle, Thomas.</i>	
	<i>Quinlivan, Maurice.</i>	
	<i>Ring, Michael.</i>	
	<i>Ross, Shane.</i>	
	<i>Sherlock, Sean.</i>	
	<i>Shortall, Róisín.</i>	
	<i>Smith, Bríd.</i>	
	<i>Stanley, Brian.</i>	
	<i>Stanton, David.</i>	

Tellers: Tá, Deputies Danny Healy-Rae and Michael Collins; Níl, Deputies Seán Kyne and Tony McLoughlin.

Amendment declared lost.

**Deputy Mattie McGrath:** I move amendment No. 55:

In page 16, between lines 16 and 17, to insert the following:

“(5) A reference to medical practitioner, nurse or midwife in this section shall include any person studying or training to qualify or work as a medical practitioner, nurse or midwife as the case may be.”.

Amendment put:

<i>The Dáil divided: Tá, 30; Níl, 63; Staon, 11.</i>		
<i>Tá</i>	<i>Níl</i>	<i>Staon</i>
<i>Aylward, Bobby.</i>	<i>Barry, Mick.</i>	<i>Browne, James.</i>
<i>Brassil, John.</i>	<i>Boyd Barrett, Richard.</i>	<i>Byrne, Thomas.</i>
<i>Breathnach, Declan.</i>	<i>Brady, John.</i>	<i>Chambers, Jack.</i>
<i>Butler, Mary.</i>	<i>Broughan, Thomas P.</i>	<i>Chambers, Lisa.</i>
<i>Cahill, Jackie.</i>	<i>Bruton, Richard.</i>	<i>Donnelly, Stephen S.</i>
<i>Calleary, Dara.</i>	<i>Burke, Peter.</i>	<i>Lahart, John.</i>
<i>Canney, Seán.</i>	<i>Byrne, Catherine.</i>	<i>Martin, Micheál.</i>
<i>Casey, Pat.</i>	<i>Carey, Joe.</i>	<i>McGrath, Michael.</i>
<i>Collins, Michael.</i>	<i>Collins, Joan.</i>	<i>O'Brien, Darragh.</i>
<i>Curran, John.</i>	<i>Connolly, Catherine.</i>	<i>O'Loughlin, Fiona.</i>
<i>Fitzmaurice, Michael.</i>	<i>Coppinger, Ruth.</i>	<i>Rabbitte, Anne.</i>
<i>Fitzpatrick, Peter.</i>	<i>Corcoran Kennedy, Marcella.</i>	
<i>Grealish, Noel.</i>	<i>Creed, Michael.</i>	
<i>Haughey, Seán.</i>	<i>Cullinane, David.</i>	
<i>Healy-Rae, Danny.</i>	<i>Dooley, Timmy.</i>	
<i>Healy-Rae, Michael.</i>	<i>Doyle, Andrew.</i>	
<i>Lowry, Michael.</i>	<i>Durkan, Bernard J.</i>	
<i>MacSharry, Marc.</i>	<i>Ellis, Dessie.</i>	
<i>McGrath, Mattie.</i>	<i>English, Damien.</i>	
<i>McGuinness, John.</i>	<i>Ferris, Martin.</i>	
<i>Moynihan, Aindrias.</i>	<i>Fitzgerald, Frances.</i>	
<i>Murphy O'Mahony, Margaret.</i>	<i>Harris, Simon.</i>	
<i>Murphy, Eugene.</i>	<i>Harty, Michael.</i>	
<i>Nolan, Carol.</i>	<i>Healy, Seamus.</i>	
<i>O'Keefe, Kevin.</i>	<i>Heydon, Martin.</i>	
<i>O'Rourke, Frank.</i>	<i>Humphreys, Heather.</i>	
<i>Ó Cuív, Éamon.</i>	<i>Kelleher, Billy.</i>	
<i>Scanlon, Eamon.</i>	<i>Kelly, Alan.</i>	
<i>Tóibín, Peadar.</i>	<i>Kenny, Gino.</i>	
<i>Troy, Robert.</i>	<i>Kenny, Martin.</i>	
	<i>Kyne, Seán.</i>	

5 December 2018

	<i>Madigan, Josepha.</i>	
	<i>Martin, Catherine.</i>	
	<i>McEntee, Helen.</i>	
	<i>McGrath, Finian.</i>	
	<i>McHugh, Joe.</i>	
	<i>McLoughlin, Tony.</i>	
	<i>Mitchell, Denise.</i>	
	<i>Munster, Imelda.</i>	
	<i>Murphy, Catherine.</i>	
	<i>Murphy, Eoghan.</i>	
	<i>Murphy, Paul.</i>	
	<i>Neville, Tom.</i>	
	<i>Noonan, Michael.</i>	
	<i>O'Brien, Jonathan.</i>	
	<i>O'Callaghan, Jim.</i>	
	<i>O'Connell, Kate.</i>	
	<i>O'Dowd, Fergus.</i>	
	<i>O'Reilly, Louise.</i>	
	<i>O'Sullivan, Maureen.</i>	
	<i>Ó Broin, Eoin.</i>	
	<i>Ó Caoláin, Caoimhghín.</i>	
	<i>Ó Laoghaire, Donnchadh.</i>	
	<i>Ó Snodaigh, Aengus.</i>	
	<i>Pringle, Thomas.</i>	
	<i>Quinlivan, Maurice.</i>	
	<i>Ring, Michael.</i>	
	<i>Ross, Shane.</i>	
	<i>Sherlock, Sean.</i>	
	<i>Shortall, Róisín.</i>	
	<i>Smith, Bríd.</i>	
	<i>Stanley, Brian.</i>	
	<i>Stanton, David.</i>	

Tellers: Tá, Deputies Michael Healy-Rae and Michael Collins; Níl, Deputies Seán Kyne and Tony McLoughlin.

Amendment declared lost.

**Deputy Bríd Smith:** I move amendment No. 56:

In page 16, between lines 16 and 17, to insert the following:

“(5) Nothing in *subsection (1)* shall be construed as applying to an institution, hospital or medical facility.”.

I speak on behalf of all the signatories to this amendment. I am willing to withdraw it on the basis that the Minister is willing to reiterate the commitment he gave us on Committee Stage, and which I think he gave to Deputy Catherine Murphy earlier, that there will be no chance whatsoever that any institution, hospital or organisation, in particular the promised new maternity hospital, will have a right to conscientious objection.

**Deputy Simon Harris:** I am very happy to give that commitment to Deputy Bríd Smith. As I said to Deputy Catherine Murphy, institutions cannot have conscientious objection, and the law and the view of the Attorney General in this regard is very clear. One of the first tenets of lawmaking is that the expression of one thing is the exclusion of the other. There is absolutely no place in this law for institutions to have conscientious objection.

Amendment, by leave, withdrawn.

**Deputy Simon Harris:** I move amendment No. 57:

In page 16, between lines 16 and 17, to insert the following:

**“Offences**

**25.** (1) It shall be an offence for a person, by any means whatsoever, to intentionally end the life of a foetus otherwise than in accordance with the provisions of this Act.

(2) It shall be an offence for a person to prescribe, administer, supply or procure any drug, substance, instrument, apparatus or other thing knowing that it is intended to be used or employed with intent to end the life of a foetus, or being reckless as to whether it is intended to be so used or employed, otherwise than in accordance with the provisions of this Act.

(3) *Subsections (1) and (2)* shall not apply to a pregnant woman in respect of her own pregnancy.

(4) It shall be an offence for a person to aid, abet, counsel or procure a pregnant woman to intentionally end, or attempt to end, the life of the foetus of that pregnant woman otherwise than in accordance with the provisions of this Act.

(5) A person who is guilty of an offence under this section shall be liable on conviction on indictment to a fine or imprisonment for a term not exceeding 14 years, or both.

(6) A prosecution for an offence under this section may be brought only by or with the consent of the Director of Public Prosecutions.

(7) Nothing in *subsection (4)* shall operate to prevent or restrict access to services lawfully carried out in a place outside the State.”.

Amendment put:

***The Dáil divided: Tá, 90; Níl, 16; Staon, 0.***

<i>Tá</i>	<i>Níl</i>	<i>Stáon</i>
<i>Aylward, Bobby.</i>	<i>Barry, Mick.</i>	
<i>Brady, John.</i>	<i>Boyd Barrett, Richard.</i>	
<i>Brassil, John.</i>	<i>Collins, Joan.</i>	
<i>Breathnach, Declan.</i>	<i>Connolly, Catherine.</i>	
<i>Broughan, Thomas P.</i>	<i>Coppinger, Ruth.</i>	
<i>Browne, James.</i>	<i>Daly, Clare.</i>	
<i>Bruton, Richard.</i>	<i>Dooley, Timmy.</i>	
<i>Burke, Peter.</i>	<i>Healy, Seamus.</i>	
<i>Butler, Mary.</i>	<i>Kenny, Gino.</i>	
<i>Byrne, Catherine.</i>	<i>Martin, Catherine.</i>	
<i>Byrne, Thomas.</i>	<i>Murphy, Catherine.</i>	
<i>Cahill, Jackie.</i>	<i>Murphy, Paul.</i>	
<i>Calleary, Dara.</i>	<i>Pringle, Thomas.</i>	
<i>Canney, Seán.</i>	<i>Shortall, Róisín.</i>	
<i>Carey, Joe.</i>	<i>Smith, Brid.</i>	
<i>Casey, Pat.</i>	<i>Wallace, Mick.</i>	
<i>Chambers, Jack.</i>		
<i>Chambers, Lisa.</i>		
<i>Collins, Michael.</i>		
<i>Corcoran Kennedy, Marcella.</i>		
<i>Coveney, Simon.</i>		
<i>Creed, Michael.</i>		
<i>Cullinane, David.</i>		
<i>Curran, John.</i>		
<i>Donnelly, Stephen S.</i>		
<i>Doyle, Andrew.</i>		
<i>Durkan, Bernard J.</i>		
<i>Ellis, Dessie.</i>		
<i>English, Damien.</i>		
<i>Ferris, Martin.</i>		
<i>Fitzgerald, Frances.</i>		
<i>Fitzmaurice, Michael.</i>		
<i>Fitzpatrick, Peter.</i>		
<i>Grealish, Noel.</i>		
<i>Harris, Simon.</i>		
<i>Harty, Michael.</i>		
<i>Haughey, Seán.</i>		
<i>Healy-Rae, Danny.</i>		
<i>Healy-Rae, Michael.</i>		
<i>Heydon, Martin.</i>		
<i>Humphreys, Heather.</i>		

<i>Kelleher, Billy.</i>		
<i>Kelly, Alan.</i>		
<i>Kenny, Martin.</i>		
<i>Kyne, Seán.</i>		
<i>Lahart, John.</i>		
<i>Lowry, Michael.</i>		
<i>MacSharry, Marc.</i>		
<i>Madigan, Josepha.</i>		
<i>Martin, Micheál.</i>		
<i>McEntee, Helen.</i>		
<i>McGrath, Finian.</i>		
<i>McGrath, Mattie.</i>		
<i>McGrath, Michael.</i>		
<i>McGuinness, John.</i>		
<i>McHugh, Joe.</i>		
<i>McLoughlin, Tony.</i>		
<i>Mitchell, Denise.</i>		
<i>Moynihan, Aindrias.</i>		
<i>Munster, Imelda.</i>		
<i>Murphy O'Mahony, Margaret.</i>		
<i>Murphy, Eoghan.</i>		
<i>Murphy, Eugene.</i>		
<i>Neville, Tom.</i>		
<i>Nolan, Carol.</i>		
<i>Noonan, Michael.</i>		
<i>O'Brien, Darragh.</i>		
<i>O'Brien, Jonathan.</i>		
<i>O'Callaghan, Jim.</i>		
<i>O'Connell, Kate.</i>		
<i>O'Dowd, Fergus.</i>		
<i>O'Keeffe, Kevin.</i>		
<i>O'Loughlin, Fiona.</i>		
<i>O'Reilly, Louise.</i>		
<i>O'Rourke, Frank.</i>		
<i>O'Sullivan, Maureen.</i>		
<i>Ó Broin, Eoin.</i>		
<i>Ó Caoláin, Caoimhghín.</i>		
<i>Ó Cuív, Éamon.</i>		
<i>Ó Laoghaire, Donnchadh.</i>		
<i>Ó Snodaigh, Aengus.</i>		
<i>Quinlivan, Maurice.</i>		
<i>Rabbitte, Anne.</i>		

<i>Ring, Michael.</i>		
<i>Scanlon, Eamon.</i>		
<i>Sherlock, Sean.</i>		
<i>Stanley, Brian.</i>		
<i>Stanton, David.</i>		
<i>Tóibín, Peadar.</i>		
<i>Troy, Robert.</i>		

Tellers: Tá, Deputies Seán Kyne and Tony McLoughlin; Níl, Deputies Ruth Coppinger and Bríd Smith.

Amendment declared carried.

**Deputy Simon Harris:** I move amendment No. 58:

In page 16, between lines 16 and 17, to insert the following:

**“Offence by body corporate**

26. (1) Where an offence under this Act is committed by a body corporate and it is proved that the offence was committed with the consent or connivance, or was attributable to any wilful neglect, of a person who was a director, manager, secretary or other officer of the body corporate, or a person purporting to act in that capacity, that person shall, as well as the body corporate, be guilty of an offence and may be proceeded against and punished as if he or she were guilty of the first-mentioned offence.

(2) Where the affairs of a body corporate are managed by its members, *subsection (1)* applies in relation to the acts and defaults of a member in connection with his or her functions of management as if he or she were a director or manager of the body corporate.”.

Amendment put and declared carried.

**An Leas-Cheann Comhairle:** Amendment No. 59 in the names of Deputies Mattie McGrath, Nolan, Danny Healy-Rae, Michael Healy-Rae, Michael Collins, Fitzmaurice and Grealish has not been discussed.

**Deputy Mattie McGrath:** I move amendment No. 59:

In page 16, between lines 16 and 17, to insert the following:

**“Dignified Disposal of Foetal Remains**

25. (1) The bodily remains of a foetus who has been the subject of a termination of pregnancy carried out by surgical means shall be disposed of only by way of:

(a) burial in a burial ground for the purposes of section 44 of the Local Government (Sanitary Services) Act 1948; or

(b) cremation carried out in a crematorium, being a building fitted with appliances for the burning of human remains which is lawfully used for that purpose as its primary function.

(2) The Minister shall make regulations to provide for the dignified disposal in accordance with *subsection (1)* of the bodily remains of a foetus who has been the subject of a termination of pregnancy carried out by surgical means.

(3) The woman who has availed of a termination of pregnancy carried out by surgical means shall be entitled to choose the manner of the disposal of the bodily remains of the foetus subject to *subsection (1)* and regulations made by the Minister under *subsection (2)* and the said regulations shall provide for the manner of disposal in the event that no such choice is made.

(4) A person who disposes of the bodily remains of a foetus who has been the subject of a termination of pregnancy carried out by surgical means otherwise than in accordance with *subsection (1)* shall be guilty of an offence.

(5) A person who disposes of the bodily remains of a foetus who has been the subject of a termination of pregnancy carried out by surgical means otherwise than in accordance with regulations made by the Minister pursuant to *subsection (2)* shall be guilty of an offence.

(6) A person who is guilty of an offence under *subsection (4)* or *(5)* shall be liable on summary conviction to a class A fine.

(7) A person who sells or offers to sell a foetus or the bodily remains or any part thereof of a foetus who has been the subject of a termination of pregnancy shall be guilty of an offence.

(8) A person who carries out any experiment or procedure not authorised by this Act on the bodily remains of a foetus or any part thereof who has been the subject of a termination of pregnancy shall be guilty of an offence.

(9) A person who is guilty of an offence under *subsection (7)* or *(8)* shall be liable on summary conviction to a class A fine or imprisonment for a term not exceeding 12 months or both.

(10) In this section—

“termination of pregnancy carried out by surgical means” means a termination of pregnancy which involves carrying out a procedure other than or in addition to the administration or self-administration of a drug or drugs to the pregnant woman in order to end the life of a foetus.

(11) *Subsections (4), (5), (7) and (8)* shall not apply to the woman who has availed of the termination of pregnancy concerned.”.

I want to speak to this amendment. The content of the amendment covers two distinct re-

lated areas, namely, the disposal of foetal remains and the protection of such remains from sale or unlawful experimentation. Before people start attempting to undermine us-----

*(Interruptions).*

**An Leas-Cheann Comhairle:** Deputy Mattie McGrath, without interruption.

**Deputy Mattie McGrath:** What we might call the first half of this amendment introduces a statutory and regulatory requirement to provide for the dignified disposal of bodily remains of fetuses which have been the subject of termination of pregnancy, including the dignified disposal of ashes generated by the cremation of such remains in accordance with section 25(1)(b). It also proposes that the bodily remains of a foetus which has been the subject of a termination of pregnancy shall be disposed of only by way of section 25(1)(a) via “burial in a burial ground for the purposes of section 44 of the Local Government (Sanitary Services) Act 1948” or section 25(1)(b) “cremation carried out in a crematorium”. The amendment is absolutely clear that the pregnant woman who has been the subject of the relevant termination of pregnancy “shall be entitled to choose the manner of the disposal of the bodily remains of the foetus subject to” regulations made by the Minister. In the event that the woman declines to choose the manner of the dignified disposal of the remains in question, the Minister, pursuant to section 25(1), shall provide for the manner of a dignified disposal of the bodily remains of the foetus. As the proposers of this amendment, it is our hope that these provisions achieve a sensitive and appropriate balance between the rights of the woman to determine the manner of a dignified disposal with the right of the unborn child to a dignified resting place.

This amendment seeks to bring the legislation close to that in the UK. It is, in fact, milder than the legislation in the UK. It is all about the dignity of the remains. I do not know why there would be any controversy about this but there was before Committee Stage. We were accused of hijacking the Bill and everything else by the media. We merely sought to have a dignified and respectful ending of the life of the baby and a dignified disposal. We saw all of the different allegations during the referendum about how distressing it was for mothers to have to bring back their babies in a box etc. All we want is to have respectful disposal. It is no more and no less. We are not trying to impose anything on anyone or debase or undermine anyone. I could not understand why there was such a frenzy in the media and on the part of some Members as well. That was headline seeking. All we wanted was a dignified disposal and resting place for the unborn child.

We had such controversy, such costs and rightful disgust at what happened in Tuam and elsewhere. I could not understand why, with this amendment, we could be accused of seeking to undermine and so on. That goes to show the intolerance of the so-called tolerant people. All we are asking for in this amendment is something very similar to what is in the UK. It is a tad milder than what they have over there. I make no apology for tabling it. Like the other amendments we put down, it was tabled in good faith. We did not hog the proceedings and we did not table a large number of amendments.

I am not criticising the Bills Office: that is the way it has to operate. However, it added to the numbers of amendments because some of our amendments were divided up into two, three or four. We were very mindful of the need to have a short and concise debate so we kept the amendments to a minimum. Many of us spoke to a minimum. Deputy Tóibín stated earlier that 50,000 words had been spoken by the people who were saying we were filibustering. Those on the pro-choice side turned out to be filibustering themselves.

**Deputy Noel Grealish:** I will be very brief. The remains of a foetus which has been the subject of a surgical termination should be disposed of in an appropriate setting. There is legislation in place which requires the appropriate disposal of clinical and biological waste. I am of the view that we should legislate so that the remains of foetuses should also be disposed of appropriately and in a dignified manner. This is not unreasonable. Given that it applies only to medical terminations carried out surgically, there is no extra stress or burden on the woman involved. This amendment provides clarity and certainty to doctors on how to proceed when an abortion does not result in the death of a baby. It makes it clear that where there are indications of life after birth, there is a duty to act to save that life. The amendment does not try to dictate what steps should be taken by the medical professionals. It leaves it to those involved to take the appropriate steps.

**Deputy Danny Healy-Rae:** I support this amendment. The dignified disposal of deceased persons has been a time-honoured tradition in this country. This amendment deals with the disposal of the remains of a foetus - a baby - which has been the subject of a surgical abortion.

*11 o'clock* It proposes that these babies will be disposed of appropriately whether by burial or cremation. The woman concerned does not have to make the decision as to how the remains are to be disposed of. This amendment makes it clear that she is entitled to make that decision if she wishes. The section introduced by this amendment would also guard against forms of shocking mistreatment of foetal remains which have occurred in other jurisdictions. The offence provisions in the section would not apply to the woman concerned. The amendment simply seeks the dignified disposal of the remains of the baby concerned.

**Deputy Simon Harris:** I made my views known about a version of this amendment on Committee Stage, as did the Select Committee on Health when it voted in significant numbers to reject it. I am conscious that there are people watching this debate who will have been through tragic circumstances where they lost much loved babies, particularly in the cases of fatal foetal abnormality. I do not wish to use any emotive language which could in any way add to their pain.

I do not believe there is any woman out there in a crisis pregnancy who needs a ministerial regulation to tell her how to grieve or how to act in a dignified manner. I do know, however, what a woman has to experience currently in bringing back the remains of her beautiful and much-wanted baby in a box or through a courier is not dignified. I think this amendment is wholly unnecessary, has no place in legislation and should be rejected.

**Deputy Peter Fitzpatrick:** I support this amendment which would allow us to show some dignity to the remains of the unborn child after a surgical abortion has been carried out, which is a violent and gruesome procedure. The amendment guarantees that unborn children who have been aborted will have their remains treated properly either by burial or cremation. It places no burden on the woman to have a role in this, as has been falsely alleged, unless she chooses to. The amendment would safeguard against those horrifying stories in other jurisdictions where the remains of unborn children have been treated as medical waste or, as in the case of one shocking practice which operated in the United States, were sold for profit for the purpose of medical experiments. We need to ensure there is no way this could ever happen in Ireland. Much has been said in the House about the treatment of human infants' remains in the Tuam mother and baby home. Surely we never want to see this happen again. We need to pass this amendment to ensure that.

As a matter of international law and of human practice going back thousands of years, the

remains of all human beings are entitled to be treated with dignity and respect. By rejecting this amendment, the Government is stating that unborn children who have been aborted are not entitled to this respect. This will be a truly shocking indictment of the House and shows total hypocrisy, particularly in the wake of the scandal of the treatment of the remains of babies in Tuam. This amendment simply guards against inhuman and barbaric practices which happened in Ireland decades ago and have happened in other jurisdictions in recent years. For this reason, I strongly support this amendment.

**Deputy Carol Nolan:** This amendment applies only in the case of surgical abortions. It inserts a new section which ensures that the remains of a foetus that has been the subject of a surgical abortion will be disposed of appropriately through, for example, burial. The remains of all human beings should be treated with respect. I do not know how anyone could honestly dispute that.

The woman concerned does not have to make the decision as to how the remains are to be taken care of. However, this amendment makes it clear that she is entitled to make that decision should she wish to.

The section introduced by this amendment also guards against forms of shocking mistreatment of foetal remains which have occurred in other jurisdictions. We could turn a blind eye but I do not believe that would be appropriate or fitting. Unfortunately, we have heard of too many examples of this mistreatment. The offence provisions in the section do not apply to the woman concerned. They merely ensure that, in the case of surgical abortions, the remains of unborn children are treated in a manner consistent with respect for their dignity. They are after all human. This is a matter of basic human decency.

It also makes clear that a woman who has had an abortion under the Bill is entitled to decide which of the methods she wishes to be used. However, since many women may not wish to enter into that question, the amendment provides for the remains of unborn children to be treated with respect and dignity.

This amendment protects against the kind of appalling practices which have been brought to public attention by official inquiries in the United States involving the sale of organs and other human tissue from aborted unborn babies. In the UK, the bodies of thousands of aborted and miscarried babies were incinerated as clinical waste, with some of them used to heat hospitals. We do not want that practice here. There is an obvious need to ensure that such shocking practices are never repeated.

Remarkably, the Minister has termed this amendment distasteful. Clearly, the undignified disposal of human remains and the abuse of those remains are extremely distasteful. Accordingly, it is precisely the practices which this amendment seeks to prohibit that are distasteful. Therefore, far from being distasteful itself, this amendment guards against distasteful practices. To contend that requiring human remains to be treated with proper respect is distasteful is evidently absurd. Will the Minister take this into consideration? It is a serious matter. It is not a point I like raising but it needs to be said. We have to make sure there is respect and dignity at all times.

**Deputy Michael Healy-Rae:** This is a sensitive subject. I, like many others, have friends who sadly lost unborn children for different reasons. It is probably one of the most traumatic things that could happen to would-be parents. The signatories to this amendment are tabling it

only for the best motivated and good intentions.

Again, I take issue with the way it has been portrayed. It has been put out in an erroneous manner by certain sections of the media which have tried to turn it into something it was never intended to be. That was wrong. The people who have put forward this amendment have done so in a sensitive and proper fashion that is becoming of respect for a person who is no longer with us, no matter what age that person is.

**Deputy Mattie McGrath:** I do not know how the Minister could be so offended by the terms of this amendment. It is sensitive in the extreme. We all know people who have had miscarriages, cot deaths and whatever. We know the sensitivity around them. We also see children born with life-limiting conditions who might live minutes, hours, days, weeks, months or even 12 years like one of the girls in Cavan. Let us face it - there have been horrific practices in America and elsewhere, with body parts being procured and sold for research. All we are trying to do is ensure that the remains of the aborted child are treated with respect and dignity. The Minister might think this amendment is unnecessary and appalling, but it is frightfully appalling that he will not accept it. Is he in hock to the abortion industry? Some of those people get their hands-----

**Acting Chairman (Deputy Declan Breathnach):** Speak to the Bill, please.

**Deputy Mattie McGrath:** I will. Will there be scope for those greedy people to get their hands on this and make financial gains on such a sensitive and delicate matter? Why is the Minister objecting so much to the amendment? Why was it spun in the media by people who are against it that we were being savages? We were only speaking about surgical and late-term abortions. I will not repeat the other issues that the spin went into, but it was disgusting in the extreme. Why can the Minister not accept this amendment? Why is he afraid to place safeguards that will allow for a dignified and safe resting place for the remains with the consent of the mother? The “if” and “where” would be her choice. I cannot understand why the Minister is set against it.

**Acting Chairman (Deputy Declan Breathnach):** Is the amendment being pressed?

**Deputy Mattie McGrath:** Yes.

Amendment put:

<i>The Dáil divided: Tá, 10; Níl, 89; Staon, 0.</i>		
<i>Tá</i>	<i>Níl</i>	<i>Stاون</i>
<i>Canney, Seán.</i>	<i>Barry, Mick.</i>	
<i>Collins, Michael.</i>	<i>Boyd Barrett, Richard.</i>	
<i>Fitzmaurice, Michael.</i>	<i>Brady, John.</i>	
<i>Fitzpatrick, Peter.</i>	<i>Brassil, John.</i>	
<i>Grealish, Noel.</i>	<i>Breathnach, Declan.</i>	
<i>Healy-Rae, Danny.</i>	<i>Broughan, Thomas P.</i>	
<i>Healy-Rae, Michael.</i>	<i>Browne, James.</i>	
<i>Lowry, Michael.</i>	<i>Bruton, Richard.</i>	
<i>McGrath, Mattie.</i>	<i>Burton, Joan.</i>	
<i>Nolan, Carol.</i>	<i>Butler, Mary.</i>	

5 December 2018

	<i>Byrne, Catherine.</i>	
	<i>Byrne, Thomas.</i>	
	<i>Cahill, Jackie.</i>	
	<i>Calleary, Dara.</i>	
	<i>Carey, Joe.</i>	
	<i>Casey, Pat.</i>	
	<i>Cassells, Shane.</i>	
	<i>Chambers, Jack.</i>	
	<i>Chambers, Lisa.</i>	
	<i>Collins, Joan.</i>	
	<i>Connolly, Catherine.</i>	
	<i>Coppinger, Ruth.</i>	
	<i>Corcoran Kennedy, Mar- cella.</i>	
	<i>Cullinane, David.</i>	
	<i>Daly, Clare.</i>	
	<i>Donnelly, Stephen S.</i>	
	<i>Dooley, Timmy.</i>	
	<i>Doyle, Andrew.</i>	
	<i>Durkan, Bernard J.</i>	
	<i>Ellis, Dessie.</i>	
	<i>English, Damien.</i>	
	<i>Ferris, Martin.</i>	
	<i>Fitzgerald, Frances.</i>	
	<i>Harris, Simon.</i>	
	<i>Harty, Michael.</i>	
	<i>Healy, Seamus.</i>	
	<i>Humphreys, Heather.</i>	
	<i>Kelleher, Billy.</i>	
	<i>Kelly, Alan.</i>	
	<i>Kenny, Gino.</i>	
	<i>Kenny, Martin.</i>	
	<i>Kyne, Seán.</i>	
	<i>Lahart, John.</i>	
	<i>MacSharry, Marc.</i>	
	<i>Madigan, Josepha.</i>	
	<i>Martin, Catherine.</i>	
	<i>Martin, Micheál.</i>	
	<i>McEntee, Helen.</i>	
	<i>McGrath, Finian.</i>	
	<i>McGrath, Michael.</i>	
	<i>McGuinness, John.</i>	
	<i>McHugh, Joe.</i>	

*Dáil Éireann*

	<i>McLoughlin, Tony.</i>	
	<i>Mitchell O'Connor, Mary.</i>	
	<i>Mitchell, Denise.</i>	
	<i>Moynihan, Aindrias.</i>	
	<i>Munster, Imelda.</i>	
	<i>Murphy, Catherine.</i>	
	<i>Murphy, Eoghan.</i>	
	<i>Murphy, Eugene.</i>	
	<i>Murphy, Paul.</i>	
	<i>Neville, Tom.</i>	
	<i>Noonan, Michael.</i>	
	<i>O'Brien, Darragh.</i>	
	<i>O'Brien, Jonathan.</i>	
	<i>O'Callaghan, Jim.</i>	
	<i>O'Connell, Kate.</i>	
	<i>O'Dowd, Fergus.</i>	
	<i>O'Loughlin, Fiona.</i>	
	<i>O'Reilly, Louise.</i>	
	<i>O'Rourke, Frank.</i>	
	<i>O'Sullivan, Maureen.</i>	
	<i>Ó Caoláin, Caoimhghín.</i>	
	<i>Ó Cuív, Éamon.</i>	
	<i>Ó Laoghaire, Donnchadh.</i>	
	<i>Ó Snodaigh, Aengus.</i>	
	<i>Pringle, Thomas.</i>	
	<i>Quinlivan, Maurice.</i>	
	<i>Rabbitte, Anne.</i>	
	<i>Ring, Michael.</i>	
	<i>Ross, Shane.</i>	
	<i>Scanlon, Eamon.</i>	
	<i>Sherlock, Sean.</i>	
	<i>Shortall, Róisín.</i>	
	<i>Smith, Bríd.</i>	
	<i>Stanley, Brian.</i>	
	<i>Stanton, David.</i>	
	<i>Troy, Robert.</i>	
	<i>Wallace, Mick.</i>	

Tellers: Tá, Deputies Peter Fitzpatrick and Carol Nolan; Níl, Deputies Seán Kyne and Tony McLoughlin.

Amendment declared lost.

**Deputy Louise O'Reilly:** I move amendment No. 60:

In page 16, to delete lines 17 to 34.

We have concerns about the manner in which special benefit or advantages are defined because it would appear that it will prevent organisations such as the IFPA from paying counselling staff or others. I believe the Minister may be in a position to address that.

**Deputy Simon Harris:** I am continuing to engage with the IFPA and Dublin Well Woman to make sure those concerns do not come to pass. I very much want to see both organisations carry on their excellent work in counselling. We need more such excellent work from organisations like them rather than rogue agencies, which we are moving to regulate against. The aim of this Bill is to protect the woman's interest by ensuring she receives non-directive and objective crisis pregnancy advice and information on termination of pregnancy and that the provision of such information or advice is not influenced by any financial considerations. I am very satisfied that this will not adversely impact the work of the IFPA, Dublin Well Woman or similar organisations but I will continue to engage very closely to ensure that is the reality.

**Deputy Louise O'Reilly:** In that case, I will withdraw the amendment.

Amendment, by leave, withdrawn.

**Deputy Carol Nolan:** I move amendment No. 61:

In page 17, lines 6 and 7, to delete “*section 11, 12, 13 or 14 of the Health (Regulation of Termination of Pregnancy) Act 2018*” and substitute the following:

“*section 10 or 11 of the Health (Regulation of Termination of Pregnancy) Act 2018 where there is a risk to the life of the woman*”.

Amendment put:

<i>The Dáil divided: Tá, 9; Níl, 101; Staon, 0.</i>		
<i>Tá</i>	<i>Níl</i>	<i>Staon</i>
<i>Canney, Seán.</i>	<i>Aylward, Bobby.</i>	
<i>Collins, Michael.</i>	<i>Bailey, Maria.</i>	
<i>Fitzpatrick, Peter.</i>	<i>Barry, Mick.</i>	
<i>Grealish, Noel.</i>	<i>Boyd Barrett, Richard.</i>	
<i>Healy-Rae, Danny.</i>	<i>Brady, John.</i>	
<i>Healy-Rae, Michael.</i>	<i>Brassil, John.</i>	
<i>McGrath, Mattie.</i>	<i>Breathnach, Declan.</i>	
<i>Nolan, Carol.</i>	<i>Broughan, Thomas P.</i>	
<i>Tóibín, Peadar.</i>	<i>Browne, James.</i>	
	<i>Bruton, Richard.</i>	
	<i>Burton, Joan.</i>	
	<i>Butler, Mary.</i>	

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	<i>Byrne, Catherine.</i>	
	<i>Byrne, Thomas.</i>	
	<i>Cahill, Jackie.</i>	
	<i>Calleary, Dara.</i>	
	<i>Carey, Joe.</i>	
	<i>Casey, Pat.</i>	
	<i>Chambers, Jack.</i>	
	<i>Chambers, Lisa.</i>	
	<i>Collins, Joan.</i>	
	<i>Connolly, Catherine.</i>	
	<i>Coppinger, Ruth.</i>	
	<i>Corcoran Kennedy, Marcella.</i>	
	<i>Coveney, Simon.</i>	
	<i>Cullinane, David.</i>	
	<i>Curran, John.</i>	
	<i>D'Arcy, Michael.</i>	
	<i>Daly, Clare.</i>	
	<i>Doherty, Pearse.</i>	
	<i>Donnelly, Stephen S.</i>	
	<i>Dooley, Timmy.</i>	
	<i>Doyle, Andrew.</i>	
	<i>Durkan, Bernard J.</i>	
	<i>Ellis, Dessie.</i>	
	<i>English, Damien.</i>	
	<i>Ferris, Martin.</i>	
	<i>Fitzgerald, Frances.</i>	
	<i>Fitzmaurice, Michael.</i>	
	<i>Harris, Simon.</i>	
	<i>Harty, Michael.</i>	
	<i>Haughey, Seán.</i>	
	<i>Healy, Seamus.</i>	
	<i>Humphreys, Heather.</i>	
	<i>Kelleher, Billy.</i>	
	<i>Kelly, Alan.</i>	
	<i>Kenny, Gino.</i>	
	<i>Kenny, Martin.</i>	
	<i>Kyne, Seán.</i>	
	<i>Lahart, John.</i>	
	<i>Lowry, Michael.</i>	
	<i>MacSharry, Marc.</i>	
	<i>Madigan, Josepha.</i>	
	<i>Martin, Catherine.</i>	

	<i>Martin, Micheál.</i>	
	<i>McConalogue, Charlie.</i>	
	<i>McDonald, Mary Lou.</i>	
	<i>McEntee, Helen.</i>	
	<i>McGrath, Finian.</i>	
	<i>McGrath, Michael.</i>	
	<i>McGuinness, John.</i>	
	<i>McHugh, Joe.</i>	
	<i>McLoughlin, Tony.</i>	
	<i>Mitchell O'Connor, Mary.</i>	
	<i>Mitchell, Denise.</i>	
	<i>Moynihan, Aindrias.</i>	
	<i>Munster, Imelda.</i>	
	<i>Murphy O'Mahony, Margaret.</i>	
	<i>Murphy, Catherine.</i>	
	<i>Murphy, Eoghan.</i>	
	<i>Murphy, Eugene.</i>	
	<i>Murphy, Paul.</i>	
	<i>Neville, Tom.</i>	
	<i>Noonan, Michael.</i>	
	<i>O'Brien, Darragh.</i>	
	<i>O'Brien, Jonathan.</i>	
	<i>O'Callaghan, Jim.</i>	
	<i>O'Connell, Kate.</i>	
	<i>O'Dowd, Fergus.</i>	
	<i>O'Loughlin, Fiona.</i>	
	<i>O'Reilly, Louise.</i>	
	<i>O'Rourke, Frank.</i>	
	<i>O'Sullivan, Maureen.</i>	
	<i>Ó Broin, Eoin.</i>	
	<i>Ó Caoláin, Caoimhghín.</i>	
	<i>Ó Cuív, Éamon.</i>	
	<i>Ó Laoghaire, Donnchadh.</i>	
	<i>Ó Snodaigh, Aengus.</i>	
	<i>Pringle, Thomas.</i>	
	<i>Quinlivan, Maurice.</i>	
	<i>Rabbitte, Anne.</i>	
	<i>Ring, Michael.</i>	
	<i>Ross, Shane.</i>	
	<i>Scanlon, Eamon.</i>	
	<i>Sherlock, Sean.</i>	
	<i>Shortall, Róisín.</i>	

	<b><i>Smith, Bríd.</i></b>	
	<b><i>Stanley, Brian.</i></b>	
	<b><i>Stanton, David.</i></b>	
	<b><i>Troy, Robert.</i></b>	
	<b><i>Wallace, Mick.</i></b>	

Tellers: Tá, Deputies Carol Nolan and Mattie McGrath; Níl, Deputies Seán Kyne and Tony McLoughlin.

Amendment declared lost.

Debate adjourned.

### **Gnó na Dála - Business of Dáil**

**An Leas-Cheann Comhairle:** I call the Government Chief Whip to make a proposal.

**Minister of State at the Department of the Taoiseach (Deputy Seán Kyne):** It is proposed, subject to the agreement of the House, to extend tonight's sitting until all the votes have been taken and Final Stage is deemed to have concluded.

**An Leas-Cheann Comhairle:** Is that agreed? Agreed.

**Deputy Thomas Byrne:** We will have to put a search party out for the Fine Gael Deputies.

### **Health (Regulation of Termination of Pregnancy) Bill 2018: Report Stage (Resumed) and Final Stage**

**Deputy Carol Nolan:** I move amendment No. 62:

In page 17, lines 12 and 13, to delete "section 11, 12, 13 or 14 of the Act of 2018" and substitute the following:

"section 10 or 11 of the Act of 2018 in a case where there is a risk to the life of the pregnant woman".

Amendment put and declared lost.

Amendment No. 63 not moved.

**Deputy Carol Nolan:** I move amendment No. 64:

In page 17, lines 23 and 24, to delete "section 11, 12, 13 or 14 of the Act of 2018" and substitute the following:

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“section 10 or 11 of the Act of 2018 in a case where there is a risk to the life of the pregnant woman”.

Amendment put and declared lost.

**Deputy Carol Nolan:** I move amendment No. 65:

In page 17, lines 36 and 37, to delete “section 11, 12, 13 or 14 of the Health (Regulation of Termination of Pregnancy) Act 2018” and substitute the following:

“section 10 or 11 of the Health (Regulation of Termination of Pregnancy) Act 2018 where there is a risk to the life of the woman”.

Amendment put and declared lost.

Bill, as amended, received for final consideration.

Question put: “That the Bill do now pass.”

<i>The Dáil divided: Tá, 90; Níl, 15; Staon, 12.</i>		
<i>Tá</i>	<i>Níl</i>	<i>Staon</i>
<i>Bailey, Maria.</i>	<i>Butler, Mary.</i>	<i>Aylward, Bobby.</i>
<i>Barry, Mick.</i>	<i>Canney, Seán.</i>	<i>Breathnach, Declan.</i>
<i>Boyd Barrett, Richard.</i>	<i>Collins, Michael.</i>	<i>Cahill, Jackie.</i>
<i>Brady, John.</i>	<i>Fitzmaurice, Michael.</i>	<i>Casey, Pat.</i>
<i>Brassil, John.</i>	<i>Fitzpatrick, Peter.</i>	<i>Curran, John.</i>
<i>Broughan, Thomas P.</i>	<i>Grealish, Noel.</i>	<i>Haughey, Seán.</i>
<i>Browne, James.</i>	<i>Healy-Rae, Danny.</i>	<i>McConalogue, Charlie.</i>
<i>Bruton, Richard.</i>	<i>Healy-Rae, Michael.</i>	<i>Moynihán, Aindrias.</i>
<i>Burke, Peter.</i>	<i>Lowry, Michael.</i>	<i>Murphy O'Mahony, Margaret.</i>
<i>Burton, Joan.</i>	<i>MacSharry, Marc.</i>	<i>Murphy, Eugene.</i>
<i>Byrne, Catherine.</i>	<i>McGrath, Mattie.</i>	<i>O'Rourke, Frank.</i>
<i>Byrne, Thomas.</i>	<i>McGuinness, John.</i>	<i>Scanlon, Eamon.</i>
<i>Calleary, Dara.</i>	<i>Nolan, Carol.</i>	
<i>Cannon, Ciarán.</i>	<i>Ó Cuív, Éamon.</i>	
<i>Carey, Joe.</i>	<i>Tóibín, Peadar.</i>	
<i>Cassells, Shane.</i>		
<i>Chambers, Jack.</i>		
<i>Chambers, Lisa.</i>		
<i>Collins, Joan.</i>		
<i>Connolly, Catherine.</i>		
<i>Coppinger, Ruth.</i>		
<i>Corcoran Kennedy, Marcella.</i>		
<i>Coveney, Simon.</i>		
<i>Cullinane, David.</i>		

<i>D’Arcy, Michael.</i>		
<i>Daly, Clare.</i>		
<i>Doherty, Pearse.</i>		
<i>Donnelly, Stephen S.</i>		
<i>Dooley, Timmy.</i>		
<i>Doyle, Andrew.</i>		
<i>Durkan, Bernard J.</i>		
<i>Ellis, Dessie.</i>		
<i>English, Damien.</i>		
<i>Ferris, Martin.</i>		
<i>Fitzgerald, Frances.</i>		
<i>Harris, Simon.</i>		
<i>Harty, Michael.</i>		
<i>Healy, Seamus.</i>		
<i>Heydon, Martin.</i>		
<i>Humphreys, Heather.</i>		
<i>Kelleher, Billy.</i>		
<i>Kelly, Alan.</i>		
<i>Kenny, Gino.</i>		
<i>Kenny, Martin.</i>		
<i>Kyne, Seán.</i>		
<i>Lahart, John.</i>		
<i>Lawless, James.</i>		
<i>Madigan, Josepha.</i>		
<i>Martin, Catherine.</i>		
<i>Martin, Micheál.</i>		
<i>McDonald, Mary Lou.</i>		
<i>McEntee, Helen.</i>		
<i>McGrath, Finian.</i>		
<i>McGrath, Michael.</i>		
<i>McHugh, Joe.</i>		
<i>McLoughlin, Tony.</i>		
<i>Mitchell O’Connor, Mary.</i>		
<i>Mitchell, Denise.</i>		
<i>Munster, Imelda.</i>		
<i>Murphy, Catherine.</i>		
<i>Murphy, Eoghan.</i>		
<i>Murphy, Paul.</i>		
<i>Neville, Tom.</i>		
<i>Noonan, Michael.</i>		
<i>O’Brien, Darragh.</i>		
<i>O’Brien, Jonathan.</i>		
<i>O’Callaghan, Jim.</i>		

<i>O'Connell, Kate.</i>		
<i>O'Dowd, Fergus.</i>		
<i>O'Loughlin, Fiona.</i>		
<i>O'Reilly, Louise.</i>		
<i>O'Sullivan, Maureen.</i>		
<i>Ó Broin, Eoin.</i>		
<i>Ó Caoláin, Caoimhghín.</i>		
<i>Ó Laoghaire, Donnchadh.</i>		
<i>Ó Snodaigh, Aengus.</i>		
<i>Pringle, Thomas.</i>		
<i>Quinlivan, Maurice.</i>		
<i>Rabbitte, Anne.</i>		
<i>Ring, Michael.</i>		
<i>Rock, Noel.</i>		
<i>Ross, Shane.</i>		
<i>Sherlock, Sean.</i>		
<i>Shortall, Róisín.</i>		
<i>Smith, Bríd.</i>		
<i>Stanley, Brian.</i>		
<i>Stanton, David.</i>		
<i>Troy, Robert.</i>		
<i>Varadkar, Leo.</i>		
<i>Wallace, Mick.</i>		

Tellers: Tá, Deputies Seán Kyne and Tony McLoughlin; Níl, Deputies Mattie McGrath and Michael Collins.

Question declared carried.

**An Leas-Cheann Comhairle:** Deputies are familiar with Standing Order 138 which states that any interventions should be very brief. If anyone wishes to make an intervention it should be very brief. It is not Second Stage, Committee Stage or Report Stage so we will keep with custom and practice. No one wishes to make a contribution. The Bill will be sent to the Seanad.

#### **Estimates for Public Services 2018: Message from Select Committee**

**An Leas-Cheann Comhairle:** The Select Committee on Business, Enterprise and Innovation has completed its consideration of the following Supplementary Estimate for public services for the service of year ending 31 December 2018: Vote 32 - Business, Enterprise and Innovation.

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The Dáil adjourned at 11.59 p.m. until 10.30 a.m. on Thursday, 6 December 2018.