

DÁIL ÉIREANN

AN COMHCHOISTE UM SHLÁINTE JOINT COMMITTEE ON HEALTH

Dé Céadaoin, 16 Meán Fómhair 2026

Wednesday, 16 September 2026

Tháinig an Comhchoiste le chéile ag 9.30 a.m.

The Joint Committee met at 9.30 a.m.

Comhaltaí a bhí i láthair / Members present:

Colm Burke,	Maria Byrne,
Michael Cahill,	Teresa Costello.
Sorca Clarke,	
David Cullinane,	
Martin Daly,	
Pádraig O'Sullivan,	
Peter Roche,	
Marie Sherlock.	

I láthair / In attendance: Deputies Michael Healy-Rae, Carol Nolan and Peadar Tóibín and Senator Sarah O'Reilly.

Teachta / Deputy Pádraig Rice sa Chathaoir / in the Chair.

Gnó an Chomhchoiste - Business of Joint Committee

An Cathaoirleach: We will briefly go into private session to consider some housekeeping matters.

Chuaigh an comhchoiste isteach i seisiún príobháideach ar 9.38 a.m., cuireadh an suí ar fionraí ar 9.57 a.m. agus cuireadh tús leis arís i seisiún poiblí ar 9.58 a.m.

The joint committee went into private session at 9.38 a.m., suspended at 9.57 a.m. and resumed in public session at 9.58 a.m.

Health (Abolition of the Three Day Wait Rule) Amendment Bill 2026: Discussion

An Cathaoirleach: We have received apologies from Senator Nicole Ryan. The Senator is on maternity leave.

I remind members of the constitutional requirement that they must be physically present within the confines of the Leinster House complex in order to participate in public meetings. I will not permit a member to participate where he or she is not adhering to this constitutional requirement. Therefore, any member who attempts to participate from outside the precincts will be asked to leave the meeting. In this regard, I ask any members partaking via Microsoft Teams to confirm, prior to making their contributions, that they are on the grounds of the Leinster House campus.

Today, the committee will commence the scrutiny of the Health (Abolition of the Three Day Wait Rule) Amendment Bill 2026. This Private Members' Bill provides for the removal of the mandatory three-day wait period. Under Irish law, anybody who presents to a doctor for an abortion before 12 weeks of pregnancy is required to undergo a mandatory three-day wait period before accessing care. This rule is provided for in the Health (Regulation of Termination of Pregnancy) Act 2018, which became law following the repeal of the eighth amendment. In June, the Bill we will be discussing today passed Second Stage in the Dáil. This committee has been tasked with scrutinising it from a legal and policy perspective. It will then be our job to report on the process and make a recommendation to the Dáil as to whether the Bill should proceed to Committee Stage.

To assist the committee in this matter, I welcome the following witnesses from the Irish College of General Practitioners: Dr. Ciara McCarthy, clinical lead for women's health; Dr. Suzanne Kelly, deputy medical director; and Dr. Diarmuid Quinlan, medical director. I thank them for being here today. As agreed by the committee, we also invited the Irish Medical Organisation to attend. The latter does not have a stated position and is therefore not before us today.

I wish to read out a note on privilege. Witnesses are reminded of the long-standing parliamentary practice that they should not criticise or make charges against any person or entity by name or in such a way as to make him, her or it identifiable or otherwise engage in speech that may be regarded as damaging to the good name of a person or entity. Therefore, if witnesses' statements are potentially defamatory in relation to an identifiable person or entity, they will be directed to discontinue their remarks. It is imperative that they comply with any such direction.

Members are reminded of the long-standing parliamentary practice to the effect that they should not comment on, criticise or make charges against a person outside the Houses or an official either by name or in such a way as to make him or her identifiable.

To commence today's proceedings, I now invite Dr. Ciara McCarthy to make the opening remarks on behalf of the Irish College of General Practitioners.

Dr. Ciara McCarthy: My name is Dr. Ciara McCarthy and I am a Cork GP and the Irish College of GPs and HSE GP clinical lead in women's health. I am joined by my colleagues Dr. Suzanne Kelly, deputy medical director, and Dr. Diarmuid Quinlan, medical director of the Irish College of GPs. On behalf of the Irish College of GPs, we thank the Cathaoirleach and the members of the committee for the opportunity to contribute to the joint health committee's consideration of the proposed amendment. The Irish College of GPs aims to support patients and GPs by encouraging and maintaining the highest standards of general practice, education and training. We are the professional body for general practice in Ireland, with a membership of 4,900 GPs. GPs in Ireland manage the vast majority of patient contacts across the health system, with GPs and practice nurses conducting in excess of 29 million consultations per annum. Abortion care is one facet of the comprehensive women's healthcare currently delivered in general practice, which includes the provision of contraception, antenatal and postnatal care, endometriosis care, menopause care and cervical screening.

Abortion care in general practice follows a three-visit model. There is an initial first consultation whereby a woman's decision is discussed, with referral for counselling and time for further reflection if required. Medical eligibility is assessed and sufficient information is given to the woman to enable her to make informed consent. Testing for sexually transmitted infections and the provision of information about contraceptive methods may also take place. A second consultation follows whereby the woman confirms she wishes to proceed with a medical abortion and informed consent is obtained. The abortion process is initiated, details around emergency contraceptive care are provided, and follow-up is arranged. Many forms of contraception may be initiated at this visit. Finally, a third visit takes place two weeks after the second, whereby the success and completion of the early medical abortion is confirmed and a woman's physical and psychological well-being is assessed.

The proposed amendment would remove the legally mandated three-day waiting period which currently exists, whereby a minimum of three days must elapse following a woman's initial consultation before she can commence a medical or surgical abortion. The content of our presentation will consider the practical, procedural and organisational issues that may arise if the amendment is passed, and their implications for patient care, and outline the published clinical academic evidence that supports the amendment.

Abortion care in the form of early medical abortion has been provided in Irish general practice since January 2019 and is underpinned by section 12 of the Health (Regulation of Termination of Pregnancy) Act 2018. That section of the Act provides for termination of pregnancy up to 12 weeks' gestation. There are currently 498 holders of termination-of-pregnancy services contracts in primary care, with the majority of these being GPs. The Irish College of GPs has developed a range of educational and clinical supports to assist GPs who provide abortion care in their practices. Guidance for GPs who do not provide abortion services has also been developed by the college to support members in meeting their ethical and legal obligations.

I will now consider the practical, procedural and organisational implications of the amendment. First and foremost, a woman's individual decision-making process must continue to be supported if the proposed amendment is passed. Women seeking abortion care present with varying levels of clinical need and at different stages in the decision-making process. It is imperative that the proposed amendment supports the importance of a reflection period for women who require it. The length of this reflection period should be responsive to a woman's individual needs and should be determined by the woman in consultation with her doctor, rather than being legally mandated. This allows for the delivery of personalised, holistic and comprehensive care, including the provision of post-abortion contraception, testing for sexually transmitted infections, and screening for gender-based violence where appropriate.

Second, it is well documented that many women face barriers in accessing healthcare, including abortion care. The mandatory three-day wait can disproportionately impact women already navigating obstacles to healthcare: poverty, disability, gender-based violence, homelessness and addiction, to name but a few. The proposed amendment would enable increased flexibility in scheduling appointments for women while ensuring that the care delivered is individualised but also underpinned by strong clinical judgment, informed consent and careful safeguarding.

Third, the current mandatory three-day waiting period can alter the clinical care pathway for some women. Hospital care is necessary if the gestational age exceeds nine weeks and six days by the time the mandatory waiting period has elapsed. Hospital-based care may result in additional visits for the woman, increased emotional distress or longer distances to travel in order to access care, and may increase the complexity of care co-ordination and delivery for the healthcare system. For a smaller group of women, the current mandatory waiting period may result in an inability to access abortion care in Ireland. Some women may present for care within the gestational limit of section 12 of the Act but will have exceeded 12 weeks' gestation by the end of the mandatory waiting period and are therefore not eligible to access abortion care in Ireland. The proposed amendment would better align clinical and legislative frameworks for these groups of women, which would allow personalised care to be delivered in primary care when deemed to be safe, appropriate and acceptable to the woman.

A body of national and international evidence considers the impact of mandatory waiting periods for those accessing abortion care. The World Health Organization's abortion care guideline, published in 2022, advises against the use of mandatory waiting periods in abortion care. The evidence demonstrates that mandatory waiting periods can delay or restrict access to abortion care, can increase emotional distress and can create logistical difficulties for both the woman and healthcare systems.

In Ireland, the unplanned pregnancy and abortion care, UnPAC study, published in 2022, provided a qualitative review of abortion care services in Ireland. Women who had used abortion services who were interviewed in the course of the study noted that the mandatory waiting period had little to no impact on their personal decision-making process.

The independent review of the operation of the Health (Regulation of Termination of Pregnancy) Act 2018, published in 2023, concluded that the statutory three-day waiting period results in delays in accessing care and increases the psychological and physical burden carried by women. The review recommended replacement of the mandatory waiting period with a discretionary reflection period.

The HSE model of care for termination of pregnancy services underpins the provision of high-quality, woman-centred care and is supported by clinical guidance from the Irish College of GPs and the HSE. The proposed amendment better aligns legislation with these clinical frameworks, supporting comprehensive clinical care while considering a woman's individual needs and preferences. Abortion care must continue to be woman-centred, incorporating time for reflection and decision-making where required while maintaining high standards of clinical assessment, informed consent, safeguarding and continuity of care, including the provision of post-abortion contraception where appropriate.

The Irish College of GPs will continue to support GP providers of early medical abortion through the provision of clinical guidance and regular educational updates. Any legislative change will be reflected in this clinical guidance, ensuring care is compliant with current legislation, evidence based and patient centred.

Gabhaim buíochas leis na comhaltaí go léir.

An Cathaoirleach: Thank you, Dr. McCarthy. We will now take questions from Members. As there are a number of Members here who are not members of the committee, I will explain how we operate the committee in terms of the order of the rota and the questions. We have an agreed rota for the committee based on party size. We allocate eight minutes for each of the members for their questions. We take a break after about an hour for five minutes and then proceed with the questions. The time remaining will be divided between those who are not members of the committee if not exceeding eight minutes, and then we conclude at 12 noon. We will go through all the committee members with eight minutes each, take a five-minute break, and then, however much time is left, depending on the non-members who are here, I will divide up the remaining time accordingly. We have three so far but others may arrive as well. I know this is an issue that many Members across the Oireachtas are quite keen to get in on. I ask the regular members of the committee to try to stick as closely as possible to the eight minutes allocated to ensure there is time left for the others to come in. We will try to keep on time and keep the break to five minutes as well.

I ask for people's co-operation on that in order to ensure we get as many speakers in as possible. The first speaker is Deputy Daly on behalf of Fianna Fáil.

Deputy Martin Daly: I thank the witnesses from the Irish College of General Practitioners, Dr. Kelly, Dr. McCarthy and Dr. Quinlan, for coming in. GPs were tasked with providing early termination services under the relevant Act when it was implemented. I understand there are 498 contract holders. Approximately how many GPs are in practice in Ireland?

Dr. Diarmuid Quinlan: There are 4,000.

Deputy Martin Daly: We are talking about a subgroup of GPs who have undertaken to offer this service, which is a legal service provided for in legislation. Is that correct? Is it difficult for those individual GPs to provide this service? Have they run into difficulties with protests, for example?

Dr. Diarmuid Quinlan: There are nearly 500 contract holders. Some practices have more than one provider, which means there are more GPs providing the service than there are contract holders. The majority of those GPs have found that their patients and communities welcome the provision of this service and that it has integrated seamlessly into clinical practice,

along with all the other women's healthcare services Dr. Kelly mentioned, including menopause and endometriosis care. There are a small number of GP practices where there have been quite vocal protests against the provision of safe termination of pregnancy.

Deputy Martin Daly: Some GPs are providing a legal service under protest from parties who object.

Dr. Diarmuid Quinlan: Yes.

Deputy Martin Daly: There is a demand for this service, with approximately 10,000 terminations per year in Ireland. Is that right?

Dr. Diarmuid Quinlan: Yes.

Deputy Martin Daly: Is that demand led by women who present to GPs looking for the service?

Dr. Suzanne Kelly: Yes, that is correct.

Deputy Martin Daly: We are here today specifically to review the three-day waiting time provided for in the legislation. There is great play made about the fact that 15% to 17% of women who present for a first consultation with their GP do not return for the second consultation. Are the reasons for that known?

Dr. Ciara McCarthy: As we indicated in our opening statement, many women have reached a careful and considered decision with regard to their pregnancy prior to presenting to seek abortion care. However, as we also stated, women present at different stages of the decision-making process. Women who express uncertainty will be encouraged to take time for reflection and this will include a suggestion of referral for non-directive counselling through the My Options service. It is important that the proposed amendment would maintain the importance of that reflection period for women who require it. This will ensure that care is individualised according to the woman's needs, rather than mandating a set waiting period in law. It will allow a woman to reach a decision regarding her pregnancy.

The Deputy asked about the reasons women may not present for a second visit. Some women will elect to continue their pregnancy after a period of reflection. Others may require transfer to a hospital setting in order to complete their abortion care. Some women may suffer miscarriages, while a smaller cohort may travel to another jurisdiction to access care.

Deputy Martin Daly: What is the prevalence of natural miscarriage in the first trimester? Does it occur in up to one third of pregnancies?

Dr. Ciara McCarthy: Between 20% and 25% of pregnancies end in miscarriage.

Deputy Martin Daly: Is there any follow-up review of the women who do not present a second time? Is any research being done to assess why that happens? The witnesses are shaking their heads. I did not think that information was available but I wanted to ask about it.

The witnesses represent the 495 or so members of the Irish College of General Practitioners who have contracts to provide this service. They also possibly represent some members who do not provide the service. Obviously, there are members who are opposed to abortion under any circumstances, as is their right. It is a deeply held feeling. In representing the college

today in the context of the practicalities relating to the three-day waiting time, what are the witnesses' feelings in terms of its abolition? Would abolition create a situation that makes abortion more permissible or would it respect the right of the adult woman who has made the decision to present for abortion care?

Dr. Suzanne Kelly: The evidence has shown that the mandatory wait does not really help; rather, it just hinders. The change would allow the patient to take any period of time she needs for reflection and would allow for more flexibility around scheduling the next appointment in terms of women's ability to attend their GP practice. It will make it easier for patients to schedule the subsequent appointment around their own needs, including work and caring responsibilities.

Deputy Martin Daly: I have only two minutes remaining. Will the witnesses walk us through the evidence they have in relation to the mandatory three-day wait and how it may affect outcomes?

Dr. Ciara McCarthy: Is the Deputy referring to the published national and international evidence?

Deputy Martin Daly: Yes.

Dr. Ciara McCarthy: The World Health Organization published the first edition of its abortion care guideline in 2022 and an updated edition in 2025. It conducted a full meta-analysis of available evidence in the course of developing that guideline. It concludes with advice against the use of mandatory waiting periods because they delay or restrict access to abortion care for women, which impedes access to any abortion care for some cohorts of women, can increase emotional distress and can impose logistical and economic challenges for both women and the larger healthcare system.

In terms of Irish research, the UnPAC study was a qualitative piece of work involving interviews with women who had accessed abortion care services in Ireland following the implementation of the Act in 2019. The women interviewed felt that the mandatory waiting period had little to no impact on their personal decision-making process.

Deputy Martin Daly: Is there any other aspect of personal healthcare for either males or females where we introduce a barrier to access to that care? If someone makes a decision to opt for some form of healthcare, is there any area of medicine other than abortion where such a barrier applies?

Dr. Diarmuid Quinlan: All doctors, including GPs, are well versed in consent and supporting patients to reach an informed, correct decision that is appropriate for them, in line with the HSE consent policy. There is no other facet of healthcare where there is a legally mandated waiting period.

Deputy David Cullinane: My first question is for Dr. McCarthy. Will she confirm that she and her colleagues are here as professionals speaking for the ICGP as a representative body and not as a lobby group?

Dr. Ciara McCarthy: Yes, I can.

Deputy David Cullinane: To confirm, the witnesses are being asked for their professional and clinical advice and are answering on behalf of a representative body.

Dr. Ciara McCarthy: Yes.

Deputy David Cullinane: I will start with the essence of the Bill before teasing out some of the issues. I am the author of the Bill. I am not at all opposed to a period of reflection. I have no problem if an amendment needs to be made to the Bill to ensure that one is provided. For me, this is an issue of choice and ensuring that when a woman is going through a difficult pregnancy or has to make a decision, that decision is a matter for her and the timing must also be a matter for her.

What we are talking about here is the mandatory element of the three-day wait. Will the witnesses confirm that the Bill is dealing with the mandatory element of the waiting period?

Dr. Suzanne Kelly: Yes.

Deputy David Cullinane: Dr. Kelly stated that the mandatory element does not really help.

Dr. Suzanne Kelly: It does not help.

Deputy David Cullinane: I have a few questions for Dr. McCarthy about some of the points that were raised, which are important. She indicated that the waiting period affects some women more severely than others. Will she expand a little on what she meant by that?

Dr. Ciara McCarthy: It is reflected in all aspects of healthcare that not everybody experiences the same access to healthcare and that some may experience barriers to access.

We consider abortion care to be no different from any of the other services we provide within general practice. The same barriers apply, including issues such as poverty, caring responsibilities, homelessness, addiction and other social issues. A mandatory wait that does not necessarily allow for flexibility of care according to the woman's individual preferences and needs may create an additional obstacle for cohorts of women who are already navigating obstacles and impede their access to care.

Deputy David Cullinane: Obviously, there are many different opinions on this issue. I accept that. I imagine that there are different opinions within the GP fraternity as well. I acknowledge that. That should be put on the record. Would removing the mandatory element of the three-day wait and having an option of a period of reflection really alter the options women have? If women still have the option of reflecting, which they can choose to do themselves, whether it is three days or even longer, if that is what they want, then what right is being removed? What is being removed if they still have the option of reflecting, if that is what they choose?

Dr. Suzanne Kelly: Sometimes, it comes down to the gestational term. We are under a time constraint with the termination of pregnancy, particularly under section 12. There are two things in this regard. There is the woman's right to take time to decide, but there is also pressure for it to happen within a certain period. The vast majority of women opt to have a period of reflection. We can take that time to take blood tests, refer for ultrasound scanning or engage colleagues in secondary care. There is always a period of time between the first and second consultation. Removing the mandatory wait is simply about situations where a patient seen today wishes to come back on Friday because they have the day off work or their children are in childcare. Currently, we have to say to them that we cannot see them on Friday and that they will have to wait until Monday. If it is a bank holiday, they will have to wait until Tuesday.

There is a period of reflection. There is a period to gather medical information and carry out an assessment. There is a waiting period. It is just that removing the mandatory three-day wait allows us to flexibly schedule that second visit.

Deputy David Cullinane: In the expert opinion of the witnesses, any of whom can answer this question, is there any possibility that removing the mandatory element of the three-day wait would lead to coercion?

Dr. Ciara McCarthy: I am not fully understanding-----

Deputy David Cullinane: The arguments that will be put forward by those who oppose the Bill is that the mandatory element gives women an opportunity to reflect. If the mandatory element is removed, it may well be that women are forced to make a decision more quickly or to have an abortion that they may not necessarily want.

Dr. Ciara McCarthy: In cases where women present with uncertainty in their decision or where GPs, who are very experienced clinicians, may feel that the woman involved is uncertain or have a suspicion that the woman is being coerced into seeking abortion care, it is important that a period of reflection and a referral for non-directive counselling be recommended. In the case of coercion, a referral to other support services may be recommended as well to allow the woman to come to a considered decision, within the legislative limits of the Act. Most women present early on in gestation and they have a lot of time they can take to make a decision.

Deputy David Cullinane: Is it the witnesses' view - I am always seeking expert opinion in this regard - that removing the mandatory element but retaining a period of reflection which a woman could choose to opt into would be an appropriate safeguard? Is there any international evidence or evidence from outside this jurisdiction which supports that argument?

Dr. Diarmuid Quinlan: The international evidence is very much that a mandatory waiting period does not support women in their decision-making and journey. It is an additional barrier that is disproportionately imposed on women from deprived communities.

Deputy David Cullinane: As GPs and doctors, would any of the witnesses have concerns if the mandatory element were removed? Obviously, we have to look at putting safeguards in place and ensuring women are fully protected. From the witnesses' perspective, while there may well be some amendments to the Bill, if the essence of the Bill to remove the mandatory element were to come into force, would they have any concerns about women accessing services?

Dr. Suzanne Kelly: No. It is just removing a barrier that is currently being faced by clinicians every day. That is what it does. I do not think it would be a concern among our members if that mandatory three-day wait is removed.

Deputy David Cullinane: Is there any clinical reason for the mandatory wait period?

Dr. Suzanne Kelly: There is no clinical reason. There can be a period of reflection for a woman to reach a decision. There can also be a period where additional medical assessments need to take place. Time can and will pass between the first and second visit. It is simply about removing the mandatory period specified in law. It adds flexibility.

Deputy David Cullinane: I have one final point. It was stated that a delay can push women beyond the early pregnancy limit, which, obviously, is 12 weeks. Is there evidence to support that?

Dr. Ciara McCarthy: There is currently no structured data collection in primary care. The HSE is undertaking data collection in secondary care. The plan is that this will be rolled out to include data collection on abortion care in general practice. However, we know from providing GPs that this occurs on occasion.

Deputy Peter Roche: The witnesses are most welcome. It is important that we have this debate and gain a genuine understanding about the impact of removing the three-day period. I will preface my remarks by saying that I am one of those people who did not support the Bill. I will never support the Bill. I say that in a context where approximately 10,000 abortions are carried out each year. In the five years between 2019 and 2024, 10,534 women did not return for their second appointment. It is fair to assume that there are thousands of young children under the age of seven who are happy, attending national school and fulfilling the lives of mothers and families. That is a consequence of those women not returning. If they had returned, those children would be absent from their lives. That is my take on this. They total 17% to 18% of the women in question. That is quite a considerable number.

I am sure people are familiar Amárach Research. The findings from a recent survey it carried out suggest that 55.3% of people are against getting rid of the three-day ban. That leaves 44.7% in favour of removing it. In 2018, we had the referendum and the people spoke. The turnout for that referendum was somewhere in the region of 64%. That shows the interest people had in it. That 64% equates to 2.153 million people. In my opinion - this is a personal view - the scrapping of those safeguards would be a profound betrayal of the members of the general public who took to the polling stations to make a decision to protect the lives of the unborn. It is against that background that I welcome the debate. This is a very serious issue that needs to be the subject of considerable debate because the impact is exactly what I mentioned regarding the number of children who are around today and who are happy.

I appreciate and absolutely understand the emotional torment, turmoil, embarrassment, upset and upheaval in a woman's life when she discovers she is pregnant. I get that. However, we are not talking about three months or three weeks; we are talking about three days.

Many is the one who went to bed with a hangover for three days. We are talking about the life of a foetus.

I listened with interest to the testimonials given by some of the 10,534 women who did not return. The most interesting and compelling thing was that those who went and did an ultrasound to definitively prove they were or were not pregnant, when they saw the movement and realised there was a human being that they were considering aborting, they instantly changed their mind. The whole dynamics changed.

I am saying that in the context of the significance and the huge importance for people to have a very informed choice, and make a very informed decision, before they reach that ultimate stage, where they visit for a second time and are administered treatment for an abortion. I fundamentally believe it would be wrong of me to even consider for one moment supporting the Bill. However, as I said earlier, I absolutely get it when it comes to those women who genuinely want to have an abortion. I say that in the interest of being fair about it.

I do not have any questions, and this is just a commentary. We are all public representatives - Senators and TDs. I live in a very rural part of County Galway. In my constituency office, I got no email or visit requesting me to support the Bill on the abolition of the three-day wait. It beggars belief that I did not get one person who wanted me to support it. Therefore, I asked myself the question: am I different from other public representatives in the context of the Bill that was presented to us? I hasten to add that the answer to that would be that, no, I am no different. I have empathy. I am human. I am Catholic by default, or by extension, and proud of it, but I do not believe there is a genuine shift among the general public to remove the three-day wait.

I appreciate it that the witnesses are here. I genuinely appreciate the fact we are having this discussion. I think it is critical. We need to discuss it in its totality because, fundamentally, at the end of this, it is not about numbers; it is about lives. It is about catering for the unborn who does not have anybody else to cater for them in the event that this passes.

An Cathaoirleach: The next slot is mine. I again welcome the witnesses. I thank them for coming before us and for their submission. I do not want to go over ground that we have already covered, but I will start with a summary of what we have heard, which is that the three-day wait is not clinically necessary. Do the witnesses agree with that?

Dr. Ciara McCarthy: Yes.

An Cathaoirleach: In terms of the international evidence presented of the World Health Organization recommending the removal of three-day waits, is there any evidence internationally to support the imposition of a waiting period?

Dr. Suzanne Kelly: We have not found it. The UN has published that there is no clinical benefit to a mandatory waiting period, with “mandatory” being the word.

An Cathaoirleach: The leading international bodies - the World Health Organization and the UN - say we do not need to have this three-day wait in place.

Dr. Ciara McCarthy: That guidance is derived from a review of all available international literature that was deemed to be of a standard high enough to be included in a meta-analysis.

An Cathaoirleach: The leading international evidence recommends that this is not medically necessary and should be removed. Is there any other area of healthcare in which the law imposes a mandatory waiting period?

Dr. Suzanne Kelly: Not that we know of.

An Cathaoirleach: It is internationally recommended to remove it and there is no other comparable area of law, so this is an anomaly in the legislative framework. If the waiting period is not rooted in science, clinically necessary or supported by evidence, is there any basis for retaining it?

Dr. Suzanne Kelly: We do not think there is any evidence to support retaining a mandatory waiting period. To reflect what Dr. McCarthy and Dr. Quinlan have said, there will be a period of reflection because each patient is having that consultation with the physician, opting perhaps to continue with their pregnancy, taking the time and gathering the medical evidence. It is simply removing the mandatory frame from the consultation.

An Cathaoirleach: There would still be a period, but the mandatory three-day wait would be removed. Do the witnesses think the mandatory three-day wait is an overstep into clinical practice in terms of having this set out in law and legislation?

Dr. Ciara McCarthy: The clinical framework has been designed around that mandatory wait. The removal of the mandatory wait would enable clinicians to have flexibility in scheduling care according to a woman's individual clinical needs and preferences, including an option of a reflection period of an unset time. It is a time that is set according to the woman in consultation with her doctor, rather than being mandated in law.

An Cathaoirleach: The removal of the mandatory wait would allow for more flexibility in terms of the kind of care that can be provided to women.

Dr. Ciara McCarthy: Yes. I think it would better align our clinical and legislative frameworks with regard to abortion care.

An Cathaoirleach: I submitted some parliamentary questions on the number of GPs who currently provide access to abortion. The HSE released data to me in July that showed that 13 counties had fewer than ten GPs providing abortion care. That is half of the counties in the Republic. It does not provide specific numbers. It does it by category, with bands of zero to ten, ten to 20 and 20-plus, to protect the privacy and safety of GPs. Are there any counties in which there are no GPs providing abortion care currently?

Dr. Suzanne Kelly: I do not think so.

Dr. Ciara McCarthy: I am not aware of any county that has no GP providers currently, although we acknowledge there is a variation in the number of providers by county.

An Cathaoirleach: With half of the counties having ten or fewer, it seems low. It is a question of access to services as well.

Dr. Diarmuid Quinlan: I have already mentioned that some practices have one contract but several GPs providing it. There is a difference between contract holders and the GPs providing the service.

Dr. Suzanne Kelly: It is also a very small part of general practice. Although the absolute number sounds large, we have 100,000 consultations happening every single day in general practice, so today, 100,000 people in Ireland will see their GP or GP nurse. The absolute number of appointments is actually incredibly small.

An Cathaoirleach: Are the witnesses aware of any instances of women timing out of abortion care completely due to the mandatory waiting periods?

Dr. Suzanne Kelly: Yes.

An Cathaoirleach: Can you tell us a bit more about that?

Dr. Suzanne Kelly: Those women, because of gestational age, are referred for hospital visits, but for clinical reasons they may only realise at an advanced stage about their pregnancy. Once they reach 11 plus three, the mandatory three-day wait puts them to the very last day. Primarily, it puts hospital services under huge time pressure. We would not necessarily speak to that because it is very much hospital-delivered care at the point of gestational limits. Nonetheless,

there are cases where women, for one reason or another, have not realised that they are pregnant.

An Cathaoirleach: And the three-day wait is pushing them over the limit. In their opening statement, the witnesses referred to Trinity's unplanned pregnancy and abortion care study, which found that the mandatory waiting period had little to no impact on women's decision-making process. Is that the witnesses' experience from their own practice?

Dr. Diarmuid Quinlan: If I may, we are here to deal with the perspective of the Irish College of GPs and not our personal experience as GPs.

An Cathaoirleach: Are there any other aspects of the 2018 Act that the witnesses would be in favour of amending, or other parts of the Act that are acting as barriers in terms of accessing care?

Dr. Diarmuid Quinlan: Again, with respect, we are here to discuss the mandatory three-day wait, and that is what we are prepared for. We are happy to engage with the Cathaoirleach and other Members of Parliament at a later date on any other topics, but we are here specifically to discuss the mandatory three-day wait.

An Cathaoirleach: That is fair enough.

In terms of the three-day wait, is there anything the witnesses would like to say or add? Is there anything that has come up so far that they would like some time to respond to? There are a number of minutes left in the slot if there are any points they would like to make.

Dr. Suzanne Kelly: GPs all over Ireland are seeing women at every stage of their lives. They provide contraceptive care, combined antenatal care in pregnancy, menopause care and endometriosis care. This is just one small part of what we do. It has integrated into general practice. There is room for people who are non-providers as well as for providers. The college is supporting both with education and clinical guidance.

An Cathaoirleach: I thank Dr. Kelly. On the political points one of the members raised earlier with regard to the number of people who have raised this, I can give a different perspective. Many constituents of mine and women I know have raised this as an issue they care deeply about. I know there are women across the country who would like to see this mandatory three-day wait removed. I do not think it is an accurate reflection to say that there are not people out there who care deeply about this issue and who want to see change in this area. That is one of the reasons my party produced a Private Member's Bill on this issue separate from the one we are discussing, which was put forward by Sinn Féin. There is considerable support among people for a change to the legislation. With regard to changes post the referendum, referendums are not about things being set in stone forever. We have made changes to legislation in other areas following referendums, such as the referendum on divorce. We have changed laws following many referendums. As Members of the Oireachtas, it is our obligation to engage with the law and to amend it. That is our job. We are having these sessions to think about how best the law can serve the people of Ireland. That is one of the reasons we are having this session. We will have a further session on the matter next week. We have received many written submissions, which we will also consider.

Deputy Marie Sherlock: I warmly welcome the representatives from the ICGP. They are here in their capacity as representatives of an impartial professional body to present evidence-

based positions. Unfortunately, I am not sure that view is shared by all members of the committee or by all those present. I understand and respect that some people are opposed to abortion. People are genuinely entitled to their views but I do not believe they are entitled to cherry-pick facts. We had a presentation earlier today which sought to cherry-pick facts, particularly with regard to why women did not come back after the three days. It ignored that it may have been because of miscarriage or timing out, although those women may have changed their minds, which they are perfectly entitled to do. Anybody who has gone through an abortion or termination or any other women or other person out there who feels strongly about this issue would be deeply hurt by comments referring to a three-day hangover or other phrases like it. I personally believe that the three-day wait is degrading and demeaning to women. The Labour Party has believed the same for a long time. I believe that, when a woman gets that appointment, she knows what she wants to do with regard to her pregnancy. The suggestion that women do not know what they want when they turn up to that first appointment is deeply degrading.

We are here to talk about the ICGP's professional experience. I will ask about the clinical need for the three-day wait or any indications for such a need and also about the practicality of that wait. With regard to the clinical need, the witnesses have been very clear that the WHO advises against a waiting period and that most EU member states have either not had one or have removed it. Ireland is an outlier. The witnesses quoted the Unplanned Pregnancy and Abortion Care Study, UnPAC, data. I will ask about the supports for women when they turn up for that first appointment. Will the witnesses briefly talk us through the list that is gone through when a woman turns up and says that she wants to have a termination?

Dr. Ciara McCarthy: The first consultation when a woman presents seeking abortion care is a very comprehensive consultation. Both the HSE and the Irish College of General Practitioners have provided full clinical guidance documents to support GPs in delivering this care. I may not have an exhaustive list here, but we first ask the woman what is her considered decision with regard to the pregnancy. If she expresses any uncertainty or ambivalence, she will be directed to the My Options phone line to avail of non-directive counselling. If she has a supportive partner, friend or family member she would like to discuss it with, she is encouraged to do so. Again, we make clear that this period of reflection is not limited to the current mandated wait and that the woman can take additional time if that is required to reach a considered decision. Other things we assess in the course of that visit include medical eligibility for community-based early medical abortion, gestational age and coercion. We determine whether there is a need to screen for sexually transmitted infections. We undertake any necessary referrals or investigations such as blood tests or ultrasounds if they are required. We provide women with both verbal and written information about the medical and surgical abortion processes. They can take time to peruse that so that, if they decide to proceed at a subsequent visit, they will be able to provide informed consent. We also discuss contraception that can often be initiated at the time of an early medical or surgical abortion to reduce the risk of another unplanned or crisis pregnancy.

Deputy Marie Sherlock: How long is an average consultation? Obviously, every doctor will differ, as will every woman presenting.

Dr. Ciara McCarthy: Individual GPs will decide how best to structure this within their practices. We are here on behalf of the college and not on behalf of individual members. From what I have listed, the Deputy will see that it is not a short consultation by any means.

Deputy Marie Sherlock: There is one thing I perceive or understand in respect of those who are opposed to removing the three-day wait. Some will always be opposed to it. That is fine. There are others who raise legitimate concerns about the anxiety or mental health of a woman presenting, although I have not heard anybody raise that. Are there clear structured pathways for women who turn up looking for a termination but who also present with mental health distress?

Dr. Suzanne Kelly: It really depends on the area. General practitioners are very used to seeing mental health problems in their day-to-day practice. Specifically on the area of pregnancy, some maternity units around the country have perinatal mental health teams. Where there is an acute mental health crisis related to pregnancy or the post-partum period, there are defined clinical pathways to refer the patient to that service.

Deputy Marie Sherlock: As I understand it, that only applies after 12 weeks and not prior.

Dr. Suzanne Kelly: Again, it probably differs from place to place and depends on what services can cope with at that time.

Deputy Marie Sherlock: A clear structured path for women presenting with mental health distress is certainly worthy of conversation. I will ask about the practicalities. It is critically important to consider women with a disability, women who do not have flexible work arrangements, women who live in very rural locations and language barriers. There are a raft of issues resulting in women finding it difficult to get appointments and to then turn up three days later. From my experience of people from my constituency of Dublin Central and from right across the country contacting me, I know that many people do not have a GP. They are ringing GP practices looking for an appointment but are not registered with that practice. Will the witnesses reflect what they see happening? I understand that people end up going to online GP services because they do not have a GP. The lack of access to GP services is also a critical part of the story.

Dr. Diarmuid Quinlan: There is really good access to GP services. Every working day in Ireland, 100,000 people see their GP or GP nurse. We absolutely acknowledge that there is a shortage of GPs and that the GP workforce is under significant strain. We are working really constructively with the HSE and the Department of Health to increase GP training numbers. We have increased GP training numbers by 300 in the past year alone. The number is up 10% over the past five years but the population is up 9%. We have expanded our GP training. We have other schemes, such as the international medical graduate rural GP programme, to expand the number of GPs so that people can have access to high-quality specialist GP care.

Deputy Marie Sherlock: I appreciate that great work is being done. It would be really useful to understand the number of phone calls coming into GP practices from people who are not patients of the practice but who are looking for a consultation related to termination of pregnancy. That would also give us some sort of insight into the shortfall or gap as regards people being able to access a GP service, particularly with regard to termination of pregnancy, where a time constraint applies.

Dr. Ciara McCarthy: Women who are seeking termination of pregnancy care will often access a GP through the My Options helpline. They may choose not to attend their regular GP, may be aware that their regular GP does not provide abortion care services or may not have a regular GP, as the Deputy rightly pointed out. They can contact the My Options helpline and will be given the phone numbers of a number of GPs and clinics within the local area. When they phone to say that they got the number through My Options, it will be flagged with the GP.

An Cathaoirleach: We are over time. I suggest that we take a quick break and resume in five minutes. Is that agreed? Agreed.

Cuireadh an suí ar fionraí ar 10.51 a.m. agus cuireadh tús leis arís ar 10.55 a.m.

Sitting suspended at 10.51 a.m. and resumed at 10.55 a.m.

Senator Teresa Costello: This whole conversation has me feeling very conflicted. I would hate for it to turn into a point-scoring exercise and for the reality that obtains to be lost. I do not think a woman goes in for an abortion as if she is buying a packet of Smarties. It is a huge decision for her. I look at people who rear children on their own. They struggle. Life is really difficult. Children's needs are not met. I have seen people who are anti-abortion being so abusive to those who are at a really vulnerable stage of their lives. They show no empathy or understanding.

The witnesses stated that the three-day wait can impact the service. This has been available since 2019. Why have planning and proper implementation not happened in circumstances where a three-day wait can disrupt a service that has been available since 2019? Why is it having such a significant impact on the service? If this has been available since 2019, why was it not incorporated into the planning in order to ensure that people will not time out of care? Why was it introduced in the first place? What was the reasoning behind it?

I have done a bit of research. In other countries, the waiting period is seven days, which is too long. I am looking at how it is done, and it seems to look after the women and give them time to reflect and talk to their GPs. GPs are not mind readers. The witnesses spoke about how a GP can assess whether there is coercion involved. That is a significant amount of pressure to put on GPs. I am looking at how it is carried out at the moment, and it looks quite comprehensive. It looks like it deals with people taking time before making an informed decision. It allows time for the GP to build a relationship with the person. I am a bit confused about how something that has been in place since 2019 does not incorporate what I am talking about..

Dr. Ciara McCarthy: It would be quite clear that if the proposed amendment is passed, then the high standards and comprehensive clinical care currently being delivered under the HSE's model of care and the clinical guidance from the ICGP and the HSE need to be maintained. I refer here to comprehensive clinical assessment, safeguarding, informed consent, emergency follow-up and provision of post-abortion contraception if appropriate and acceptable to the woman.

What the amendment does provide for is an amount of flexibility in how that care is delivered that is responsive to the woman's needs and is not mandated by law.

Senator Teresa Costello: How would it look different if a woman presented to a GP and the mandatory three-day wait had been removed?

Dr. Ciara McCarthy: As we outlined in the opening statement, the mandatory three-day wait can impact a woman's care in several ways. The first is that it can impact the clinical care pathway that she receives. As Dr. Kelly has said, if a woman presents on a Wednesday, that three-day wait elapses on a Saturday, which means that she is not able to access care until the Monday at the earliest. On a bank holiday, it would be on a Tuesday. For many reasons, she may choose to opt into a Friday consultation, which would put her waiting in excess of that. For women who present closer to the gestational limit for community care, the mandatory wait may push them into requiring hospital care. For women who present close to the legislative gestational limit under section 12 of the Act, it may mean that they are unable to access abortion care in Ireland.

Senator Teresa Costello: The witnesses mentioned that they were representing the ICGP here. How did they consult their members in advance of today? Was there a full consultation with all members? Did the witnesses get much feedback?

Dr. Diarmuid Quinlan: Our presentation is largely based on the published evidence, both internationally from the WHO and the studies available in Ireland, such as the UnPAC study. We are providing evidence-based information to support the decision-making in the Oireachtas.

Senator Teresa Costello: I am sorry, but I thought the witnesses told the Chair that they were representing the ICGP.

Dr. Diarmuid Quinlan: We are speaking on behalf of the ICGP. We are representing it. My understanding of the question was how we came up with the presentation.

Senator Teresa Costello: No. Did the witnesses consult their members ahead of today's meeting? What was the feedback?

Dr. Diarmuid Quinlan: We did not consult the wider membership on this.

Senator Teresa Costello: Okay. Those are all my questions.

Deputy Colm Burke: I thank the witnesses for coming here today. I know they have extremely busy schedules and I appreciate them coming to give evidence.

Following on from the last question, of the 400-odd GPs providing the service, was a survey done in relation to the proposed change to the three-day wait? A survey was not done. The reason I am asking this question is because I have spoken to a number of people who are providing the service, both consultants and GPs, and they are firmly of the view that the three-day rule should stay in place.

Dr. Diarmuid Quinlan: We did not conduct a survey of that cohort.

Deputy Colm Burke: What I am saying is about consultation. The witnesses are giving a presentation today on the basis of expert evidence, which I fully accept, but I am getting a different line from people who are providing the service, who believe that the three-day period should be kept in place. What I am saying is that there is a different view among people who are providing the service to what has been presented here this morning.

Dr. Diarmuid Quinlan: The UnPAC study is based in Ireland. It is a very detailed study. It looked particularly at 59 women and their experiences. Their experience of the three-day wait was that it did not contribute to-----

Deputy Colm Burke: I know, but at the same time, Dr. Quinlan is acknowledging that a survey was not done of the people providing care. I am not even talking about the 4,900 GPs. I am talking specifically about the 459, I believe, that are providing the service. A survey was not done.

Dr. Diarmuid Quinlan: There was no survey. The important cohort in this discussion of the three-day wait is not the medical practitioners providing the service, but the women availing of the service.

Deputy Colm Burke: I accept that. In fairness, the people to whom I spoke were of the view that it was helpful to the patients to have the three-day period.

Dr. Diarmuid Quinlan: The evidence says the opposite.

Deputy Colm Burke: International best practice was mentioned. There are 14 European countries where there is a mandatory period. I think it is seven days in Italy, six in Belgium and three in Germany, Portugal and Hungary. Dr. Quinlan is quoting international practice, yet 14 European countries have a waiting period as we have in Ireland.

Dr. Ciara McCarthy: We are aware that there are a number of other European countries that have mandatory waiting periods, which, as Deputy Sherlock outlined, are of varying duration and have varying requirements, but the presence of a mandatory waiting period does not necessarily mean that it is grounded in evidence. The international evidence would not support the use of mandatory waiting periods in abortion care.

Deputy Colm Burke: These are 14 countries that are of the same view that the period is beneficial to the people giving the advice but also to the people receiving the advice. It is in place in 14 different countries across Europe.

Dr. Diarmuid Quinlan: The evidence speaks to the opposite. The World Health Organization and evidence within Ireland are very clear that the mandatory three-day wait is not helpful for the decision-making of the majority of women, and is especially burdensome on women from migrant communities.

Deputy Colm Burke: When referring to international evidence, and likewise in relation to the presentation this morning when I asked about the survey, the people whom I spoke to believed it was of benefit to the patients and people receiving the care. They believed that having the second consultation was beneficial in all aspects. That was their big argument to me about it. The witnesses have talked about the third consultation and people coming back two weeks later. That is also very beneficial for people, but the argument being put forward to me by people providing the service is that they believe the three-day rule should not be changed.

Dr. Ciara McCarthy: It is important to say that we are not in any way diminishing the importance of a reflection period for women who express any uncertainty or ambivalence about their decision, but it is important that, as we do in other areas of healthcare, the length of that reflection period should be discussed by the woman in consultation with her doctor and agreed. It may be that it is actually in excess of the current mandatory three-day waiting period, but that should be individualised and should not be mandated in law.

Deputy Colm Burke: One of the points being put to me by the practitioners is that sometimes when a person comes in and they want a termination, they have not thought it through fully, both the pros and the cons. They have not looked at all of the information. I fully accept the evidence given by the witnesses where people come to their doctors before they take the decision and the doctors have to advise them that they have taken the decision but must come back in three days' time. I fully accept the argument on that as well. I am talking about the people who come in and there has been no prior consultation of any description. The argument being put to me by the practitioners is that they feel that the three days for reflection is extremely helpful so that when the person takes the final decision for the termination, they know that it is their best decision and they have no regrets afterward.

Dr. Ciara McCarthy: We are speaking to the same thing, which is that a reflection period should be individualised according to a woman's needs and preferences. This is in keeping with the international evidence. It supports a woman in taking the time that is needed to make that considered decision if she has not already reached it by the time she presents to her general practitioner.

Deputy Colm Burke: Dr. McCarthy keeps citing the issue of international evidence, but the international evidence is also that there are 14 other European countries with the same process in place. There are two sides on the international evidence in the sense that one country alone has a waiting period of seven days, not three days. In another country, it is six days. While I know that there is a report from the WHO, it is not necessarily reflective of what is being thought of in other jurisdictions.

Dr. Diarmuid Quinlan: The World Health Organization is very clear on its position on the mandatory aspect of the three-day wait, or mandatory waiting periods. The evidence on the mandatory piece is clearly that it does not support women in their decision-making process. We would agree that a reflection period is a really important component of safe access to termination of pregnancy.

Deputy Colm Burke: Could I just ask that a survey would be done?

An Cathaoirleach: I am sorry Deputy, you are over time. We are going back to Fianna Fáil.

Deputy Pádraig O'Sullivan: I welcome all the witnesses this morning; it is 11 o'clock so it is still morning. I left Cork at 5 a.m. to be here so I am a bit confused. This is a very emotive debate. Nobody wants to pitch two sides against each other but that is generally what this descends into in the fullness of time, unfortunately. I will go back to the question that Senator Costello finished on, which is about the lack of consultation with colleagues. The witnesses are here today presenting a technical report about the mandatory element of it. I get that. I am not sure how much notice they had of coming in here but it was a few weeks. At any time, was any consideration given to consultation with the wider membership?

Dr. Diarmuid Quinlan: My recollection is that we got notification in the late summer, so time was of the essence. As we know from the referendum, this is a very divisive topic in society. Our evidence today is based on international and Irish evidence on the mandatory three-day wait. We came here to inform the Oireachtas on the implications of that evidence for the Irish scenario, as well as leaning onto the evidence of the Irish experience of the mandatory three-day wait.

Deputy Pádraig O'Sullivan: I get the witnesses' rationale. However, if I attend a public meeting in Cork tonight, people will see me there and I will be representing the Government whether I like it or not, whatever the situation or whatever the topic. The witnesses' presence here today would seem to suggest or project that they are representative of their wider grouping. By their own admission they have not consulted or so we can discern clearly. Maybe when the witnesses go back and confer with their membership in the fullness of time, it might be the case that what they have said is reflective of what they think. I think there was a missed opportunity that consultation was not done. I want to put that on the record. Deputy Martin Daly earlier noted that there are approximately 500 GPs, and probably more, of the total 5,000 registered, who partake in providing abortion care. I feel it was a missed opportunity that there was not wider consultation. It would have led to a fuller debate.

Are the witnesses familiar with the research done by the smart grouping?

Dr. Ciara McCarthy: Is the Deputy referring to the Southern Taskforce on Abortion and Reproductive Topics, START Ireland?

Deputy Pádraig O'Sullivan: Sorry, yes. Again, I was up at 5 o'clock this morning.

Dr. Ciara McCarthy: Is it the activity data on abortion in general practice, ADAPT, study?

Deputy Pádraig O'Sullivan: It is the statistics they presented. We were talking about the gestational period and the 12-week window narrowing, leading to hospitalisation or more urgent decisions having to be made. They have data which suggests that was only true in the case of 1% of the patients they studied. I think that out of 450 patients, five or six would have said that the narrowing of the window was a factor in their decision-making. Are the witnesses familiar with that study?

Dr. Ciara McCarthy: Yes, with the published findings from the study to date.

Deputy Pádraig O'Sullivan: It was said earlier by Deputy Sherlock that there is a myriad of reasons people do not return for the second consultation. It is just to contextualise it. Would the witnesses accept that it is a relatively good study? Would they doubt its bona fides?

Dr. Suzanne Kelly: The ADAPT study?

Deputy Pádraig O'Sullivan: Yes.

Dr. Suzanne Kelly: No, it is a good study, it is supported through Trinity.

Deputy Pádraig O'Sullivan: Potentially, in those 10,000 or so situations over the last four years, of those people who did not come back for a second consultation, 1% would have not returned because of that narrowing window.

Dr. Ciara McCarthy: Yes, but there will also be a cohort of women who do not return for other reasons, for example those who presented between ten and 12 weeks of gestation and so accessed hospital care after that first consultation, women who suffer miscarriage and women who are outside of the legislative limit and who travel abroad to access care.

Deputy Pádraig O'Sullivan: I am trying to get information here. If roughly 1% of that cohort are in that situation, have we any breakdown in respect of other situations that arise for

those people not presenting for the second consultation? If we have done it in that situation, have we done it in any other situations? There are probably myriad reasons why they do not.

Dr. Ciara McCarthy: We hope that the ADAPT study, when it publishes its findings, will provide some clarity on the breakdown of those cases but that data is not available to date. It is not published to date.

Deputy Pádraig O'Sullivan: How did the data I am referencing come into the public domain if the other stuff has not?

Dr. Ciara McCarthy: I am not aware of that. We can come back to the Deputy on that but I am not aware of that data.

Deputy Pádraig O'Sullivan: Okay. As I said, it is in the public domain. I am just trying to discern the information.

An Cathaoirleach: We can take a written submission to the committee on that, which we can circulate to all members.

Deputy Pádraig O'Sullivan: It would be informative. I have two other questions. On the reflection period, Dr. McCarthy said that "Abortion care must continue to be woman-centred, incorporating time for reflection and decision-making where required while maintaining high standards of clinical assessment". I do not think any of us will disagree with that. Can she clarify for us what that reflection would mean, not just to her but to GPs in general?

Dr. Ciara McCarthy: I think it means that GPs can individualise that reflection period according to the woman's needs. Again, for a woman who expresses uncertainty, that reflection period may be longer than the current mandatory waiting time. The key is that it is based on a woman's need in consultation with her doctor, rather than being mandated in law.

Deputy Pádraig O'Sullivan: It is about flexibility more than anything else, and giving individualised access to care as Dr. McCarthy is describing it.

Dr. Ciara McCarthy: General practitioners provide excellent individualised care for woman, as Dr. Kelly said, across the breadth of women's healthcare, and abortion care is no different.

Deputy Pádraig O'Sullivan: On the follow-on consultation, the third appointment, do the witnesses have any data or information individual to themselves as to how many people present for that third consultation? Is it availed of? Is there any statistical analysis?

Dr. Suzanne Kelly: It is part of the model of care. In all of the clinical education that is provided to doctors who provide this care, the standard of care is to offer a schedule and ensure that the third appointment takes place. It is an important part of care.

Deputy Pádraig O'Sullivan: Do the witnesses find that women do not avail of it, as they have made their decision?

Dr. Ciara McCarthy: Data collection at primary care level is currently limited to the statutory notification facility which is included in the Act. The HSE is collecting data at a secondary care level and is examining means by which that can be expanded to include primary

care and general practice. That will provide us with the information but it is not currently available.

An Cathaoirleach: Our last committee member present is Deputy Cahill.

Deputy Michael Cahill: I welcome our guests. This is a very important meeting and a hugely important, emotive issue for the women here in Ireland. It is critical that the members of the committee get the very best of expert advice on both sides of the three-day wait debate. It is the least we deserve and again I ask that this request is given favourable consideration. It is the very least this issue deserves. We have over 10,000 abortions every year. That is the equivalent of one abortion for every five babies born alive.

Between the HSE data on GP reimbursements following abortion consultations and the Government annual reports, there have been over 6,000 abortions documented in Ireland since it became legal eight years ago. The vast majority of them are through the GP pathway during the first 12 weeks. Why we are seeing abortions on this scale is an important question, I believe, and something that has not really been focused on. Before making any changes that are going to realistically lead to wider abortion there needs to be a genuine examination of what supports pregnant women should have available and what needs to be improved in that context. Would the Irish College of GPs support an independent assessment of the outcomes and needs around unplanned pregnancy before making decisions on changing legislation on the three-day wait?

Dr. Diarmuid Quinlan: I did not quite catch the question.

Deputy Michael Cahill: Would the Irish College of GPs support an independent assessment of the outcomes and needs around unplanned pregnancy before making decisions on changing legislation on the three-day wait?

Dr. Diarmuid Quinlan: We have very good international evidence and we also have very good evidence from Ireland, the UnPAC study, which has looked at the aspects of the mandatory component of the three-day wait, so I think we already have the evidence to inform our decision-making.

Deputy Michael Cahill: This is where the problem lies, in that the evidence I am receiving is the opposite. This is the reason we need a balanced debate on this particular issue. This is a very important, sensitive and emotive issue. We need the best advice possible because ultimately it will fall on us, the members of this very important committee.

An Cathaoirleach: On the final point in relation to the best evidence and the best advice, the committee decided collectively that we would invite the Irish College of GPs and the IMO, the Department of Health and the HSE in order to get that policy expertise and that legal perspective. That was a collective decision made by the committee as a whole prior to the summer and then we issued our invitations to the witnesses to come before us to give us that evidence and their perspective from their own individual positions.

As I said at the start, in case any members missed it, the normal way we operate the committee is that each committee member has an eight-minute slot and then the remaining time is divided among the additional Members who have come in and requested to speak, and that will be based on the order in which they came in. I have Senator O'Reilly, Deputy Healy-Rae, Deputy Tóibín and Deputy Nolan. They should get eight minutes each and I ask that each of

them stick to that. If they do not stick to it, they will be just taking from the end. I ask Members to adhere to that and we will start with Senator O'Reilly.

Senator Sarah O'Reilly: I thank the witnesses for coming in today. I am happy to be here to discuss this really important matter. I have spoken to many GPs who agree with keeping the three-day wait. It is important that it should be on the record that there are GPs out there who are practising and who agree with keeping the three-day wait. It is worth noting that 90% of GPs do not provide abortion and the witnesses are not representing their views, the majority of their membership.

I will go first to Dr. McCarthy. She spoke previously about free contraception schemes and the importance of consultation so that women can make an informed decision. Dr. McCarthy believes a woman should have two appointments if she wants to get an IUD, a coil, but only one if she wants an abortion. Abortion is an irreversible decision. How does Dr. McCarthy stand over these two conflicting positions?

Dr. Ciara McCarthy: The model of care currently follows that a woman will present for an initial consultation and then a second consultation whereby the abortion process is initiated. The proposed amendment does not necessarily need to reflect a change in how care is delivered at a structural level but it does provide flexibility around scheduling of those consultations.

Senator Sarah O'Reilly: There was talk earlier in the committee that there is no other area where two appointments are required-----

Dr. Ciara McCarthy: We did not specifically say that there was no other area where two consultations are required. We said there is no other area where there is a legally mandated waiting period between consultations.

Senator Sarah O'Reilly: In the past week I have been contacted by women who kept their babies because of the three-day wait. There are thousands of these women out there and their voices have been nowhere in this conversation today - nowhere. They were not contacted. As the 10,000 women who never came back were not contacted for their evidence as to why they did not come back, I do not think we can really clearly talk about that. As the lead for women's health, would Dr. McCarthy agree that the voices of these thousands of women cannot be excluded from this debate on such an important safeguard?

Dr. Ciara McCarthy: Again, women do not present for a visit for varied reasons and we do not currently have exact data on those women. I think their voices are very important, as are the women who choose to access abortion care, and what we should do is ensure that the care is individualised to a woman while maintaining high standards of clinical care that we currently have under the model of care and clinical guidance.

Senator Sarah O'Reilly: I am a woman who got pregnant at 16 so I understand what it is like to have a crisis pregnancy. I understand the trauma, the confusion and the panic that sets in. With regard to taking it away, that second appointment is a crucial appointment, particularly for women like me who have crisis pregnancies. It gives that reflective period and that time. The woman may think completely differently in the first few days than in the second few days. Removing the three-day wait would actually create a barrier for women like me because it would remove an additional support for women. If a woman goes for her appointment and is

unsure what she should do, what is being proposed is that she should have to pay for a second appointment. How will that impact a more vulnerable woman?

Dr. Suzanne Kelly: We are not opting to change anything about how clinical care is delivered. As general partitioners, we see women, as with all patients, who are struggling with making healthcare decisions. We recognise that and we absolutely respect it. The vast majority of women who present with an unplanned or crisis pregnancy present very early, in which case there is plenty of time to reflect. We can see that women need time to make a decision, whichever decision they make, and we are just upholding their rights. If they can take a week, we will happily give them that week. We do not charge them for a second visit. In fact, if they come back and ask for another visit to discuss through their options again and not proceed, they do not get charged for that visit either. We are trying to provide holistic care to that patient in that moment and if they choose to continue with that pregnancy, they will get combined antenatal care.

Senator Sarah O'Reilly: I will finish with this. I too have had no people contacting me asking for the three-day wait to be removed. The evidence I have is that nobody has contacted me, emailed me or got in touch to ask for the removal of the three-day wait. In fact, it is the opposite. I have people telling me that they have their babies now because of the three-day wait. Go raibh maith agat.

Deputy Peadar Tóibín: Gabhaim buíochas leis na finnétithe as teacht isteach anseo inniu. I greatly appreciate the presentation. Before the witnesses wrote their report on this, how many mothers did they speak to who availed of the mandatory three-day wait and went on to have their children?

Dr. Ciara McCarthy: Again, the submission and opening statement today are based on available and best available international and national evidence rather than individual statements.

Deputy Peadar Tóibín: Okay. So, we have 10,000 women who for various reasons did not go to their second consultation. Many of them are sitting at home with their children today. In the analysis of this, which is the primary topic we are discussing, and in the whole area of evidence and consultation with women who actually took advantage of the mandatory three-day wait, has nobody ever thought to sit down and have one discussion with them?

Dr. Diarmuid Quinlan: Our presentation is based on the available published evidence.

Dr. Ciara McCarthy: Both the UnPAC study and the independent review of the Act included interviews with women who had availed of abortion services and women who had continued their pregnancies after visit one. A range of views were included across both of those reports.

Deputy Peadar Tóibín: When the O'Shea report was presented to this committee in the previous Dáil, it was stated that there had been no discussions with any women who had their babies as to whether or not the mandatory wait time was a good thing. To be honest, people were shocked by that. I am surprised that the ICGP has made a decision on something without speaking to half the cohort of individuals who benefited from that. Dr. Quinlan mentioned the available evidence. Those women have met us and have had those discussions. They have

made themselves available to us, and I know they would make themselves available to the ICGP. I ask the ICGP to meet those women who have had their children and to listen to them.

It is fair to say that the lack of consultation with the ICGP's membership has shocked people as well. We know there are many doctors who are members of the organisation and who significantly disagree, on a human rights basis, with the organisation's perspective on this issue. I understand that the ICGP's opposition to the three-day waiting period is a long-term position as opposed to just a recent one. In all of that time, how many doctors who are members of the organisation has the ICGP consulted with?

Dr. Diarmuid Quinlan: Our position is that we are evidence-based. The care and model of care we align with and the evidence and training we give our GP members are evidence-based, so-----

Deputy Peadar Tóibín: The ICGP is here as a representative organisation. We do not know if its views represent those of its members. Does the ICGP have any evidence to show that its views represent those of its members?

Dr. Diarmuid Quinlan: We deliver a lot of education on termination of pregnancy on a regular basis around the country to our members and they avail of it. So, yes, we represent the members.

Deputy Peadar Tóibín: Is it true to say that the ICGP has not consulted with mothers or with doctors on this question?

Dr. Diarmuid Quinlan: We have not consulted with mothers. We provide a lot of education to our GP members-----

Deputy Peadar Tóibín: On the issue of consultation.

Dr. Diarmuid Quinlan: We did not consult with them about our statement today.

Deputy Peadar Tóibín: The witnesses mentioned that there is no clinical evidence relating to the mandatory three-day wait. This committee heard that 80% of abortions are for socioeconomic reasons. They are not for clinical reasons, so the clinical evidence element completely misses the fact that it is the socioeconomic pressures these mothers feel they face that are leading to these crisis pregnancies. The law actually recognises that, which is important.

The witnesses also mentioned that doctors should individualise care for each woman, but we know of two cases of coerced abortion in this country. In those situations, how did the doctors individualise care for the women involved?

Dr. Ciara McCarthy: We cannot go into individual cases today.

Deputy Peadar Tóibín: With the best will in the world, when doctors do their very best for women in each situation, it is impossible to be able to fully individualise care, particularly if we have cases of coerced abortion before our courts.

Dr. Diarmuid Quinlan: I am not familiar with the two cases to which the Deputy is referring.

Deputy Peadar Tóibín: If the ICGP was to write a report and come before a committee such as this one, it would have to make itself aware of those two cases. Coercion is a real issue, and

we know there are women in the courts fighting for protection for themselves because they have been coerced in this regard. Is it easier to recognise coercion on foot of one or two meetings?

Dr. Diarmuid Quinlan: GPs are well experienced in managing women who are in difficult circumstances and who are experiencing crisis pregnancy.

Deputy Peadar Tóibín: We have evidence that is not the case in all situations. Is it easier to recognise coercion on foot of one or two meetings?

Dr. Suzanne Kelly: With more frequent meetings, it is increasingly easier to recognise issues.

Deputy Peadar Tóibín: So there is a value in the mandatory two meetings.

Dr. Suzanne Kelly: We have a model of care that provides for three meetings with the patient and at least two meetings initially. We are not proposing any change to that.

Deputy Peadar Tóibín: Is it likely that a woman who is being coerced will not choose the second meeting if it is not mandatory?

Dr. Ciara McCarthy: Our preferred model of care supports a three-meeting consultation model. The amendment would not necessarily materially affect that.

Deputy Peadar Tóibín: My question is a serious one. The capacity of a professional to make a decision relating to coercion is radically increased the more engagement that professional has with the individual involved. A call for a reduction in that mandatory space reduces a doctor's ability to be able to deal with this. This is a very difficult situation. I understand that people have deep-seated views on it, but it is really important for this committee to be able to ascertain the views of the representative organisations. I think I am being fair when I say that there has been an admission that we do not know if the ICGP's evidence is representative of its members.

We also know that a significant cohort of the group of individuals who have benefited from the legislation and the constitutional change have not been engaged with by the ICGP. Not one woman or child has been spoken to by the ICGP regarding the preparation of this. In fairness, anybody who is an elected representative trying to make a decision on this will find that shocking and will find a gap in that the evidence is not even being gathered by the ICGP. In terms of protections for those suffering coercion, by the witnesses' own admission, two meetings provide doctors with a stronger opportunity to analyse and recognise that.

Deputy Michael Healy-Rae: I thank the Cathaoirleach for giving me the opportunity to speak. I also thank the witnesses for being here today. The idea behind abolishing the three-day wait is very flawed. The reason I say that is because the mantra of the parties and politicians who were selling the proposal at the time was that safeguards would be in place, that there would be a three-day waiting period and that they would ensure that the only people who would make this life-changing decision for so many people would take due time, care and consideration and be offered every support in the world for alternatives. Now the very politicians who sold it in that way are now doing a complete U-turn. In particular, I want to mention the people in Sinn Féin and the Labour Party who have already spoken here. I think of the irony. We are at 65,000 abortions - the number is skyrocketing - and at this critical time we are saying that we will take away the safeguard we did have, which offered ladies more

support about alternatives and which is what we call a cooling-off period that offered them a chance to think. That is inherently wrong.

Deputy David Cullinane: We are not saying that.

Deputy Michael Healy-Rae: I did not interrupt the Deputy when he spoke. What do we have to gain but, most importantly, what do the individuals involved have to gain from taking away that opportunity to think, avail of other services and seek help and guidance that might change their minds? The committee does realise that there are women who used that time to make contact with agencies and to get advice from friends, family or professionals and who did not come back for an abortion. Thankfully, today, those little babies - those people, and they are people - are contributing.

They are contributing and they are going to contribute. They might be the very people who will be in a room like this in the future. They might be the very people who will be in the Dáil Chamber or the Seanad making political decisions for others. We owe it to those people to fight to retain the three-day period. Not only that, I suggest that because of the fact that 65,000 young people are not going to be with us, we should be reflecting and asking what more we can do to offer help, advice, guidance and support to people who find themselves in what I would call a difficult situation, with an unplanned pregnancy and maybe other life pressures on them.

What other supports can we give them, instead of taking away the very thing that we promised them? The political masters at that time said to the people in 2018 to vote for this and they would get that. Now it is like moving the goalposts in the middle of a game. You are turning around now and you are saying that you are altering what you actually asked people to vote on. That is inherently wrong. I think that everybody should reflect on that. I do not need any more time because I have said what I came to say. I thank and appreciate the Chair.

Deputy Carol Nolan: I am delighted to get the opportunity to speak here this morning. As a pro-life politician, I am particularly appalled by attempts to take away a minimal safeguard for the protection of life, to prevent the destruction of life and possibly destroying another woman's life in the process. The majority of people wanted this minimal safeguard kept when it came to the referendum, and now that seems to be discarded, and we are going on a different path. It is quite shocking and unbelievable that we are at this point. Even the majority of people in the research carried out by Amárach Research clearly expressed their opinion in favour of the retention of this minimal safeguard for unborn life. Unborn life is precious. To think that an unborn baby, a vulnerable life, hangs in the balance, and that we are even discussing this this morning is particularly sickening.

I want to ask a few questions. The ICGP is on record as saying it does not know of any other procedure in general practice that is subject to the mandatory waiting period. Without getting into the broader debate about abortion itself, could that be because there are no comparable procedures in general practice in which human life is directly and intentionally ended? Can the witnesses identify another procedure carried out in general practice where the intention of the procedure is to end a human life?

I know from women and those who have contacted me about the number who do not attend their second abortion appointment. I got the figures in reply to a parliamentary question I tabled that between 2019 and 2024 there were 10,534 women who did not return for a second

appointment. That clearly shows that they subsequently changed their minds. I believe the majority of them do. They are grateful that they had time to reconsider the decision and that really supports the rationale for keeping this minimal safeguard. Does the ICGP not therefore see particular value in ensuring that every woman has a period of time, between her first consultation and the taking of the first abortion pill, to reflect on such a significant and irreversible decision? Without the three-day waiting period, a woman who has just discovered that she is pregnant could potentially access abortion pills within minutes. That is completely wrong, particularly in a case where a woman is confused and probably traumatised. The three days of waiting are only three days. Surely the experiences of women we encounter and the women who tell us how important and how vital and precious it is to retain this, including those who change their mind during the waiting period, raise significant and legitimate concerns that removing this opportunity for reflection does not serve women's best interests in the long term.

Dr. Ciara McCarthy: As we said in our opening statement, our first point in consideration of the implications of the proposed amendment is that the importance of a reflection period should not be diminished and must be maintained if the proposed amendment is passed, but the amendment, if passed, would allow for that period of time to not be mandated in law but to be individualised according to a woman's needs and her stage of decision-making so that she can make a considered decision after a period of reflection and after possibly accessing non-directive counselling.

Deputy Carol Nolan: The majority of people who voted in the referendum did not look for this. That is what it should come back to. They did not seek any amendment to current legislation. We voted the way we did in the 2018 referendum. Nobody looked for that. Assurances were given that there would be no change to legislation. Why are we even discussing this here today? It is just not acceptable.

Dr. Suzanne Kelly: We were just asked to bring the evidence about what change that would make and the practical considerations for general practice if the law changed. That was what our evidence was to support today. Our finding is that the international evidence does not support a mandatory three-day wait or a mandatory waiting period for termination and we presented some of the practical considerations for healthcare delivery in the community if the law were to change.

Deputy Carol Nolan: The witnesses' evidence does not capture the women who were glad that they did not go ahead with the abortion. As Deputy Tóibín and Senator Sarah O'Reilly pointed out, it does not capture those voices. It is flawed and it is biased. It should be scrapped. Whatever sample the witnesses are using along with this amendment should be scrapped immediately.

Dr. Diarmuid Quinlan: It is published evidence by the WHO, which is international, and the UnPAC study within Ireland captures the evidence within the Irish context.

Deputy Carol Nolan: Within the Irish context, the witnesses have not spoken to women. They have not spoken to those women who decided not to go ahead.

Dr. Diarmuid Quinlan: We are presenting the published evidence.

Deputy Carol Nolan: The women I speak to and those who Deputy Tóibín and Deputy Healy-Rae speak to are glad that it is there. We represent them and those voices. Those are

Irish women. The witnesses have not done that. How can they just say that everything is correct just because the WHO attached its name to it? It is quite frightening, actually. It is unbelievable.

An Cathaoirleach: On Deputy Nolan's question about why we are discussing it today, we are discussing it because a Private Member's Bill was passed on Second Stage by the Dáil. As part of that process, it then comes to the health committee to produce a report that will go back to the Dáil on whether we proceed to Committee Stage or not.

(Interruptions)

An Cathaoirleach: No, I am just answering. People are tuning in who are citizens of the State who want to understand the process, so I am just going to take a moment to explain the process to the citizens who care about this issue. A Bill was passed on Second Stage by the Dáil. The process if it is a Private Member's Bill is that the committee considers it, holding two sessions, then produces a report that will go back to the Dáil. If the Dáil agrees, it will be Committee Stage, then Report Stage and will proceed to go through the ten-step legislative process. That is so people understand the background and context. Deputy Nolan posed the question and I think citizens deserve an answer to that question.

Deputy Sorca Clarke: I thank our guests. My apologies for being late this morning. Unfortunately, it could not be avoided. I have two very basic questions that I would like an answer for today. From their perspective, can the witnesses highlight to the committee any medical reason that this three-day wait needs to remain or should remain?

Dr. Ciara McCarthy: As we stated before, I think a reflection period is key and is of real importance for women who express uncertainty or ambivalence in their decision-making process, but it should be governed by individual need rather than mandated in law. There are other clinical situations where an investigation such as blood tests or an ultrasound to confirm gestational age or rule out an ectopic pregnancy may be required and the abortion process would not be commenced until those were completed. This is governed by clinical need and not mandated in law.

Deputy Sorca Clarke: I happen to agree with Dr. McCarthy about periods of reflection, and I do not know one woman who I have spoken to who has sought a termination of pregnancy who did not already have a very long and arduous period of reflection. The concern that I have regarding a period of reflection is that setting it in legislation is doing a disservice to women.

It is saying to us that we should only reflect for a period of three days. If I found myself in that position, I may choose to reflect for five days. Is that right? Is that wrong? I may choose to reflect for two days. Is that right or is that wrong? I believe the provision of the termination of pregnancy should be based on medical criteria and not on some period of time that is left open to interpretation and set so rigidly in legislation that we do a disservice to the women seeking to terminate pregnancy.

I also do not like, nor do I agree with, the attempts to rerun a referendum. I remember campaigning for that referendum. In fact, I will give an example. I remember walking up the driveway of a property in Monksland, County Westmeath. There was an older gentleman coming out of his house. I asked if I could have a conversation with him for a minute. He told me he was going to stop me there "young lady". We were off to a great start at that, I can tell

you. He said he had campaigned against the amendment being made in the first place. There is no way we should, or can, pigeonhole people into certain opinions. The point I am making is that it needs to be a discussion between the woman and her doctor.

We were all clear when the legislation passed after the referendum that this Act would be reviewed within three years. We are behind the cart on that one, but the commitment that it would be reviewed was given in that legislation and we are now having that review. To my mind, one of the most difficult conversations any woman will have with a doctor is about terminating a pregnancy. It is not an easy decision, and it is not a quick decision. I trust women to make the decision in their own best interests. I agree with the witnesses about the three-day wait, but outside of questions about gestational age, which needs to be identified, is there any other medical reason why three days is an appropriate period, or is there an appropriate period of time to have in legislation? I know what my opinion is, I know what my party's opinion is and I know what I said on the floor of the Dáil, but what is the medical perspective on three days?

Dr. Suzanne Kelly: We do not have any medical reason for it to be three days. We respect women's right to take time to have a period to reflect. They can have non-directive counselling through My Options, discuss it with their families, or come back to discuss it with us. That is not an issue, and it still takes two visits. It is just the mandatory aspect of it.

Deputy Sorca Clarke: Am I correct to say that if a woman chooses to have three conversations with her GP, that is okay? If she chooses to have five conversations or whatever number that woman chooses for herself to be appropriate to herself and the position she is in, then that is okay. There is not a limit on the number of conversations a woman can have with her GP.

Dr. Suzanne Kelly: No, absolutely not.

An Cathaoirleach: We have about eight minutes before we conclude. I know Deputies Cullinane and Daly want to come back in. We will have four minutes each.

Deputy David Cullinane: I might not even take that. As the author of the Bill, I will respond to some of the comments that were made. I opened my contribution by saying I was respectful of the different opinions people held in this committee, in the Dáil generally and in society. Obviously, there are mixed views. I agree that we are not and should not be seeking to rerun a debate we had during the referendum. Clearly, there are people who are opposed to abortion and may, for that reason, oppose this Bill, which is fair enough. However, that does not give anybody the right to conflate issues that are being dealt with in this Bill. The most important point made in the contributions from the ICGP was the individualised reflection element, which is important. I am not looking to take away any right of opportunity for a woman to consider, pause, take time or reflect. That is not what is being proposed at all, and of course a woman should take whatever time she needs to arrive at a decision of her choice. What we are dealing with, which we have gone over already, is the mandatory element of it, which creates practical problems and challenges and is not grounded in clinical or medical evidence. I know of nobody who is seeking to remove that individualised reflection opportunity that a woman should have. In fact, it may be five days, a week or two weeks for some women. It might be a second, third or even fourth consultation. What we are doing for those who have made up their minds is removing the mandatory element, which is a barrier.

I want to defend the integrity of the people who have come before this committee today. They were asked to come here for a specific reason, namely, to present evidence. It was to present evidence based not on consulting every single GP. I do not think that would have been reasonable because I do not see how that would work. You would not do it in any other area if you were to come before an Oireachtas committee. The witnesses have to study whatever published evidence is available. They do not get to choose what that evidence is. They have based their presentation on international evidence and evidence that is available here. To be fair to the witnesses, they have fairly articulated the evidence available to them. I do not think any of them would disagree that there are different views within the GP fraternity, as there are in society more generally. I feel it is important, when we invite witnesses here, that we are fair to them, that it is clearly acknowledged why they are here, what they were asked to do and what they have done. I do not believe it is acceptable that anybody would undermine the integrity of people who have come here in good faith to present evidence, which in my view is not biased. They have set out clearly that they were not giving individual opinions. They were asked about individual opinions and cases, and they did not go into that territory. They stuck clearly and rigidly to what we asked them to come to do. That is really important.

Ultimately, each individual Member of the Oireachtas has to decide whether they support this Bill. As the author of the Bill, I am very conscious of different opinions, but I cannot allow the idea to stand that there are people in the Oireachtas, including myself, who want to remove an opportunity for women, if it is their choice, to reflect, pause and consider when it comes to a termination. I would not do that. I do not believe any reasonable person would. That point needs to be made clearly. The point about individualised reflection as opposed to the mandatory element of it was probably the most important point that was made and then reinforced by the witnesses. I thank them for their presence and for their contributions.

Deputy Martin Daly: My comment is in the same vein. We asked witnesses to come here to give evidence based on published research on the three-day wait. It is regrettable that there was an attempt to politicise this. The decision on the legalisation and provision of abortion services in Ireland was a political decision. It was not a decision of the Irish College of General Practitioners or its members. The decision to bring forward a change in the rules will be a political decision. I respect all views on this. I respect people who oppose abortion and I respect people who feel abortion should be available. By the way, abortion did not just begin with the legalisation of abortion in this country. I am a rural GP. There was abortion in this country for 60 years. People went to England. That was the safety valve. There were no guard-rails there except often the kindness of individual GPs or family planning clinics that were prepared to help those women in a time of crisis. We do not know the time of reflection these women have put in. These women are our mothers, sisters and aunts. They are our friends. Regrettably, there was no chat about the 10,000 women who go through abortion each year. Yes, if there were services and they came to a different conclusion, that would be desirable, but the reality is that it happens, and we should not talk in disparaging terms about those women, who are our mothers, sisters, aunts and friends. We need to be careful with the language we use.

We cannot second-guess how much reflection a woman has undertaken unless she visits her GP. It has happened in my case. There are women who have reflected for many days and weeks before they present for care to a GP. We should respect their maturity and autonomy in coming to a decision to undertake something like an abortion. We are talking about the

mandatory imposition of three days on women. The ICGP witnesses, and with some empathy, very clearly pointed out that a period of reflection was important and that it should be left between an experienced GP and that woman to decide how much reflection was required.

It ultimately comes down to the autonomy of that woman, advised by her GP. I must also say we need to be careful about how we talk about medical professionals who provide this service. This is a legal service. It is a health right to women in this country. It is really important, notwithstanding that many GPs may be opposed to abortion or are pro-choice but do not want to provide this service, that we have a core of medical professionals who will provide this service. Who else will provide it? It is a political decision to legislate for it but we need people to provide the service so it is really important that those medical professionals are supported in the role.

It was not incumbent on the college to ask 4,500 GPs who have very many different opinions but it is absolutely important that the Irish College of GPs provides high-quality, adequate training in the area of termination of pregnancy so that the service is of a high quality to the women who choose to seek that service. The witnesses are right to say that they do not represent all members in this. They represent the training, standards and education that the college provides to the medical professionals who provide this service to women, which is a legal right for those women. It is really important to distinguish that and tease it out. I will finish now. I thank the witnesses for coming in here today. I appreciate the evidence they gave, which was based on published evidence and not on hearsay.

An Cathaoirleach: I thank the Deputy. That concludes our deliberation of the matter. I too thank Dr. McCarthy, Dr. Quinlan and Dr. Kelly from the Irish College of GPs for their assistance in today's deliberation on the Health (Abolition of the Three Day Wait Rule) Amendment Bill 2026. I know how much time and effort goes into preparing for a session like this. I thank them for their detailed submission, opening statement and all the work that went into it in terms of gathering and evaluating the evidence. I also share the concerns of other committee members. Some of the charges made about the methodology and approach were unfair. I would ask members to reflect on the charges made in advance of future contributions at this committee. Again, I thank all the witnesses for their time. It is greatly appreciated.

The committee will continue its consideration of this matter at next week's meeting with the HSE and the Department of Health.

Cuireadh an comhchoiste ar athló ar 12.02 p.m. go dtí 9.30 a.m., Dé Céadaoin, an 23 Meán Fómhair 2026.

The joint committee adjourned at 12.02 p.m. until 9.30 a.m. on Wednesday, 23 September 2026.