
**STATEMENT FROM START DOCTORS CONFERENCE 6th OCTOBER 2018 REGARDING**
**THE PROPOSED LEGISLATION**
**FOR THE REGULATION OF TERMINATION OF PREGNANCY**

START (Southern Taskgroup On Abortion and Reproductive Topics) hosted Ireland's first conference on Early Medical Abortion in UCC on 06.10.18

This was attended by 120 delegates including GPs, Obstetricians, Psychiatrists, Midwives, Nurses, Doctors in training, medical students, as well as representatives from relevant advocacy groups .

The conference dealt with the legal and medical aspects of providing abortion care in Ireland.

We welcome legislation to facilitate and regulate the termination of pregnancy in Ireland. However, we have serious concerns about a number of issues in the Health (Regulation of Termination of Pregnancy) Bill 2018 which we feel require urgent attention and amendment. Doctors must work within the legislation, and we are best placed to advise if the legislation is workable in clinical practice.

1.Requirement that the termination of pregnancy is carried out by the same doctor who certifies their opinion on the termination being within the legislation (Section 10, 11, 12 and 13).

It is not workable in practice if the legislation mandates that the doctor who certifies must be available three days later to facilitate the abortion by prescribing medication in primary care or arranging the termination in hospital. It will happen that the same doctor is not available when the mandatory 3 day wait after certification has elapsed, for various reasons including part-time working or leave, as well as commitment to other duties or services. Where termination of pregnancy is carried out in hospitals, it will prevent arrangements for delivery being made in referring or local hospitals, where a person has been referred to specialist fetal or maternal medicine tertiary services.

There is no medical reason for this requirement and it poses a serious risk to the implementation of abortion services in clinical practice. There are numerous examples of well-established protocols in primary and secondary care which allow the hand-over of care from one doctor to another so as to ensure continuity of care for patients. There should also be a two-way pathway of care between our tertiary and regional hospitals.

2.Examination of the pregnant person is mandated prior to certification (Section 13).

This requirement is not supported by international medical evidence for pregnant people seeking early medical abortion. It poses a barrier to care as it assumes physical and in-person examination. It thus precludes the use of telephone and/or the use of remote access mechanisms for those whose access to abortion care would otherwise be difficult. The words "having examined the pregnant woman" could be replaced with "having consulted with the pregnant woman".

3. Requirement for a 3 day wait between certification of termination of pregnancy and carrying out the termination ( Section 13)

We continue to oppose the mandatory waiting period ,for which there is no medical basis. It is not clear when the 3 day wait begins and when it ends, and how this is to be managed in clinical practice, given the practical consideration of access to weekday or weekend services in primary and secondary care. This is particularly important where a pregnant person may be close to the 12 week gestation limit. We suggest that the time-frame should begin at the point of first contact with the 24-hour helpline and/or practitioner/provider, but this will only work in practice if Point (1) and Point (2) are noted.

4. Offences (Section 5)

The legislation does not fully decriminalise abortion. The retention of a 14 year prison sentence for persons (including doctors) who offend under this legislation will cause significant concern amongst doctors about prosecution and so lead to a conservative interpretation of the law. Doctors are not reassured by references in the legislation to "good faith" and reasonableness" as a defense.

The offence to 'intentionally end the life of a foetus otherwise than in accordance with the provisions of this Act' needs clarification and retains a prospect of criminalisation for practitioners if the medical procedures used during termination of pregnancy are challenged (e.g. feticide), unless specifically mentioned.

<u>Other considerations</u>

1. There is a risk … of serious harm to the health, of the pregnant woman (Section10).
Doctors will require clarity as to what "serious harm to health" means in terms of the law. Is a doctor to consider the pregnant person's own assessment of the risks to her life/health when determining this? There is currently no mention of this in the legislation, and it could be provided for in the text.

2. Notifications (Section 21).

The requirement for the doctor's medical council number to be returned to the Minister as part of the notification process is unnecessary and is not founded on principles of good medical practice.

3. Early Pregnancy (section 13 )
A termination may be carried out in accordance with this section where the pregnancy concerned has not exceeded 12 weeks of pregnancy.
It is not clear if the gestation limit referred to shall be 12 weeks plus zero days , or 12 weeks plus 6 days gestation.

4.Abortion provision in practice will not be confined to women (all Sections).
The language of the legislation should be amended to include non-binary, intersex and trans people.

As practising doctors working on the frontline of this issue in primary care and maternity hospitals, we request that the issues highlighted above be addressed urgently in the the Health (Regulation of Termination of Pregnancy) Bill 2018, so that we can provide the safe accessible abortion care our patients deserve.

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