

SAMPLE RESPONSE TO THE GOVERNMENT CONSULTATION ON A NEW LEGAL FRAMEWORK FOR ABORTION SERVICES IN NORTHERN IRELAND

Guidance

Don't be afraid to personalise your responses. Talk about how this will affect you, and your children personally. Talk about your own experiences. If you are a healthcare professional, express any fears you may have for your ability to advance or even continue in your career. If you have a disabled child or relative, you may wish to make clear any concerns you have for their protection, and the safety of other children like them who are, as yet, unborn.

There are a number of key questions, the significance of which is not at all clear from a cursory reading. If you feel you cannot complete the whole consultation, we suggest you try to provide at least some response to these.

- **Question 1** – which seeks to introduce unlimited access to abortion without reason, record, or restriction for a period of either 12 or 14 weeks. This is the gravest threat in the new system as it would not even provide the fiction of restraint currently in place in the mainland. Furthermore, as currently proposed, no detailed statistics about its use, or the reasons for its application would be gathered, making future debate and discussion extremely difficult. Once the principle of unrestricted access is granted all future debate will only be about the gestational limit and – since there is no reference to the test of being capable of being born alive – no advances in imaging or understanding of fetal development would be relevant to the debate.
- **Question 3** – which effectively suggests the introduction of the current model from the mainland as defined by the 1967 Abortion Act
- **Question 5** – which proposes the re-introduction of the original, very limited model of access to abortion which was previously available here in Northern Ireland. A Christian *may* respond yes to both, although the second question in particular is very difficult.
- **Question 15** – which offers the opportunity to make general comments about the whole issue and the process

What these critical questions highlight is that we are being presented with in this document are three frameworks:

- The existing, very limited provision appears to be what is in mind in Question 5. Bearing in mind that the government cannot legally return to that arrangement, this represents something less than the absolute minimum that can be introduced as the law stands. As such, it is very strange for them to canvass our opinion on it.
- The current model in the mainland as mandated by the *1967 Abortion Act* in question 3. This is significantly *more* than the minimum required by legislation. As it stands now it is largely a system of abortion on demand, although a fiction of medical necessity is maintained.
- Their preferred model in Question 1. This is a system of unprecedented liberality in the British Isles with no requirement to provide any reason at all for abortion in the first 12/14 weeks and in which virtually no records would be kept.

What is not offered is any scheme which implements *only* what the government was actually requested to introduce – the requirements of the UN CEDAW report which are, abortion provision:

- Without restriction to the prevention of “long-term or permanent” effects

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- In cases of rape and incest
- Where so-called “fatal fetal abnormality”¹³ has been detected – a condition which will result in the child either dying in the womb, or being born with a terminal condition for which only palliative care can be offered, e.g. Potter syndrome where the kidneys do not develop, or anencephaly or hydranencephaly.

That is not acting in good faith and we should highlight that. What we would prefer is no change to the law. However, given that this option is not legally available, and – furthermore – given that there is currently no legal bar on abortion in Northern Ireland, we should, as Christians, hold them to their own word, and insist on their sticking to what their own amendments claimed was necessary. Otherwise they will be shown to have obtained a vote in the House of Commons on false grounds, because what they argued for in the debate will *not* be the system they intend to introduce.

What they have done, in proposing a move from the most restricted abortion provision in the British Isles, to the most liberal, in a single leap (a leap accomplished through a deplorable abuse of parliamentary procedure) is unconscionable.

Responding Online

The consultation may be found at this address:

<https://www.gov.uk/government/consultations/a-new-legal-framework-for-abortion-services-in-northern-ireland>

Follow the link to “Respond online”

Introduction

There are some basic identification questions:

- What is your name?
- What is your email address? (optional)
- What is your organisation? – None

For organisation do not write ‘*Carryduff Baptist Church*’. Firstly we have not taken a vote on this and so cannot claim to speak with one voice, and secondly, there is a possibility that the NIO will take all the forms which say ‘*Carryduff Baptist Church*’ as a single response and so downplay the number of critical responses to the media later.

Thereafter you will be stepped through the questions in turn. At any point you can click, “Save and return later”, leaving your email address will allow them to send you a special link that you can follow to pick up where you left off.

¹³ These have been defined under four broad headings: “*Major Chromosomal trisomy ... Lethal autosomal recessive genetic disorders ... Rare midline developmental disorders ... Lethal neural tube defects involving the skull*”, HM Government, ‘Report of the Working Group on Fatal Fetal Abnormality: Healthcare and the Law on Termination of Pregnancy for Fatal Fetal Abnormality - Proposals to the Minister of Health and the Minister of Justice’, 11 October 2016, page 30, <https://www.health-ni.gov.uk/publications/report-working-group-fatal-fetal-abnormality>.

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Responding by Email

You can complete the response form found alongside the consultation document. You can type it up on a computer or scan your handwritten submission, and email it to:

abortionconsultation@nio.gov.uk

This is also the address for any questions about the process.

Responding by Post

You can also fill in the consultation by hand and post it to

Northern Ireland Office
Stormont House
Stormont Estate Belfast
BT4 3SH

But keep in mind that it must arrive with them before the 16th December.

Consultation Questions

Question 1: Should the gestational limit for early terminations of pregnancy be:	Yes	No
Up to 12 weeks gestation (11 weeks + 6 days)		✓
Up to 14 weeks gestation (13 weeks + 6 days)		✓
<p>If neither, what alternative approach would you suggest? <i>There is no justification for a period of unrestricted access for abortion. The UN CEDAW report deliberately singled out explicit provision in cases of “rape and incest”, and nothing more than such explicit provision should be provided. Using that requirement to smuggle in unrestricted access in all cases is a grossly disproportionate response which would lead to a policy under which only a tiny fraction of abortions would be performed on the grounds offered to justify the provision. The government implicitly acknowledges the cultural inappropriateness of the imposition of this unprecedented system of unrestricted abortion in Northern Ireland when they admit there will be, “a more significant number of people raising conscientious objections than in other parts of the UK”. Instead of trying to ride roughshod over these widespread moral convictions, an implementation which actually enacts nothing more than what the legislation requires should be considered. The definitional difficulties concerning rape and incest can be addressed through mechanisms other than criminal convictions and so minimise the distress for victims. Similar efforts are already being made in the attempts to provide benefits for children conceived without consent. A proper implementation would focus on the provision of a sympathetic process for the reporting and investigation of sexual crime. This would deal with the genuine issues surrounding proof and reporting of sexual crime instead of abusing them as an excuse for something else.</i></p>		
Question 2: Should a limited form of certification by a healthcare professional be required for early terminations of pregnancy?	Yes	No
		✓
<p>If no, what alternative approach would you suggest? <i>Since I disagree with the provision of unrestricted access, a robust but sympathetic process of certification will still be required to identify whether the appropriate grounds for abortion have been met. This will also ensure that adequate data about the extent of abortion and the reasons offered for them will be captured to better inform future policy decisions.</i></p>		
Question 3: Should the gestational time limit in circumstances where the continuance of the pregnancy would cause risk of injury to the physical or mental health of the pregnant woman or girl, or any existing children or her family, greater than the risk of terminating the pregnancy, be:	Yes	No
21 weeks + 6 days gestation		✓

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23 weeks + 6 days gestation		✓
<p>If neither, what alternative approach would you suggest?</p> <p><i>This is the language of the 1967 Abortion Act, a test which, in practice, offers unrestricted access to abortion. This question is therefore an indirect attempt to extend unrestricted access to abortion from the proposed 12/14 week limit to a 21/24 week limit. It is culturally inappropriate, disingenuous, and far in excess of anything required by the NI (Executive) Act. No provision should be made for abortion at such late stages of pregnancy outside of those previously in place in Northern Ireland. In addition, the UN CEDAW report only requires provision where there is, "Threat to the pregnant woman's physical or mental health" – the introduction of perceived threats to existing children or other family members is an unwarranted extension.</i></p>		

Question 4: Should abortion without time limit be available for fetal abnormality where there is a substantial risk that:	Yes	No
The fetus would die in utero (in the womb) or shortly after birth		✓
The fetus if born would suffer a severe impairment, including a mental or physical disability which is likely to significantly limit either the length or quality of the child's life		✓
<p>If you answered 'no', what alternative approach would you suggest?</p> <p><i>The insertion of the clause "without time limit" puts this proposed provision far in excess of anything required by law or the current public debate. No such provision is demanded by the UN CEDAW report and it would be an abuse of the process to introduce more than a strictly time limited provision. In addition, the insertion of the clause, "quality of the child's life" significantly exceeds the findings of the NI Assembly Working Group on Fatal Fetal Abnormality and clearly breaches the UN CEDAW requirement against, "perpetuating stereotypes towards persons with disabilities" by concluding that their life isn't worth living. Instead full mental and physical support for any woman carrying a child capable of being born alive should be offered to all.</i></p>		

Question 5: Do you agree that provision should be made for abortion without gestational time limit where:	Yes	No
There is a risk to the life of the woman or girl greater than if the pregnancy were terminated?	✓	
Termination is necessary to prevent grave permanent injury to the physical or mental health of the pregnant woman or girl?		✓
<p>If you answered 'no', what alternative provision do you suggest?</p>		

Question 6: Do you agree that a medical practitioner or any other registered healthcare professional should be able to provide terminations provided they are appropriately trained and competent to provide the treatment in accordance with their professional body's requirements and guidelines?	Yes	No
		✓
<p>If you answered 'no', what alternative approach do you suggest?</p> <p><i>Midwives should <u>never</u> be required, or even requested, to undertake a procedure which is the antithesis of their training and vocation. Nor should the model of outsourcing to independent sector organisations be introduced because of the need for stringent oversight in this controversial area. The profit motive is incompatible with rigorous ethical oversight.</i></p>		

Question 7: Do you agree that the model of service delivery for Northern Ireland should provide for flexibility on where abortion procedures can take place and be able to be developed within Northern Ireland?	Yes	No
		✓

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If you answered 'no', what alternative approach do you suggest?

The privatisation and relaxation of regulation on so profound a matter is unacceptable. It should only be performed within NHS hospitals. Even the system of approved places offers too much scope for abuse.

Question 8: Do you agree that terminations after 22/24 weeks should only be undertaken by health and social care providers within acute sector hospitals?	Yes ✓	No
If you answered 'no', what alternative approach do you suggest?		

Question 9: Do you think that a process of certification by two healthcare professionals should be put in place for abortions after 12/14 weeks gestation in Northern Ireland?	Yes ✓	No
Alternatively, do you think that a process of certification by only one healthcare professional is suitable in Northern Ireland for abortions after 12/14 weeks gestation?		✓
If you answered 'no' to either or both of the above, what alternative provision do you suggest? <i>The justification for certification by a single healthcare professional is cynical in the extreme. The consultation's notes betray that the government recognises the moral repugnance felt by many to the system being imposed. Conscientious objections should never be considered as a "practical difficulty" to be worked around. Administrative simplicity should never be a factor in the ending of a human life. Any system imposed must at least require dual certification in all cases without exception</i>		

Question 10: Do you consider a notification process should be put in place in Northern Ireland to provide scrutiny of the services provided, as well as ensuring data is available to provide transparency around access to services?	Yes ✓	No
If you answered 'no', what alternative approach do you suggest?		

Question 11: Do you agree that the proposed conscientious objection provision should reflect practice in the rest of the United Kingdom, covering participation in the whole course of treatment for the abortion, but not associated ancillary, administrative or managerial tasks?	Yes ✓	No
If you answered 'no', what alternative approach do you suggest?		

Question 12: Do you think any further protections or clarification regarding conscientious objection is required in the regulations?	Yes ✓	No
If you answered 'yes', please suggest additional measures that would improve the regulations: <i>There should be provision for conscientious objection to any participation, in any capacity, in the provision of abortion. This includes the managerial and administrative functions explicitly excluded in the provisions described in question 11. If allowed to stand, such exceptions will inevitably limit the careers of those with valid moral objections. It is nothing less than a discriminatory legal bar to promotion beyond a level which would bring such practices into their purview. In addition, provision should be required to ensure that, even in an emergency, no individual should be required to participate in a procedure repugnant to their conscience.</i>		

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Question 13: Do you agree that there should be provision for powers which allow for an exclusion or safe zone to be put in place?	Yes	No
		✓

If you answered 'no', what alternative approach do you suggest?

If provision contemplated under the consultation should be provided only in NHS hospitals (per question 7) then, not only will this ensure clinical excellence, it will also avoid the phenomena of sites dedicated to no other purpose than the ending of life in the womb. Such locations are inflammatory. In any case no such "proactive designation" of exclusion zones should be contemplated. It is not only in contravention of the ECHR, but it sets a dangerous precedent in implicitly defining reasoned discussion and peaceful protest as inherently harassing. Rather than suppress legitimate and compassionate protests, efforts should be made to ensure that public order is strictly maintained at such locations with a policy of zero tolerance for actual harassment and abuse.

Question 14: Do you consider there should also be a power to designate a separate zone where protest can take place under certain conditions?	Yes	No
	✓	

If you answered 'no', what alternative approach do you suggest?

Question 15: Have you any other comments you wish to make about the proposed new legal framework for abortion services in Northern Ireland?

The entire legislative enterprise has been procedurally flawed from the start: it springs from an illegitimate amendment, clearly outside the scope of the original NI(Executive) Bill, which was inappropriately presented to parliament by the Speaker, and was not supported in the devolved region of Northern Ireland, meaning that it is contrary to the principle of that devolution.

The model being put forward in this consultation is not only more liberal than that now operating in England, it far exceeds the requirements of the UN CEDAW consultation which is the only explicit standard demanded in legislation. As such, it offers every appearance of being designed, not to respond to specific needs (the much cited circumstances of fatal fetal abnormality), but as a step in the pursuit of a philosophical desire to entirely deregulate abortion. As such the motivation behind the framework under consideration is suspect and susceptible to the accusation of partiality and overreach. In other words, it not a response to clearly defined needs, but the imposition of a philosophy of life, and the legislative silencing of reasoned dissent.