

Repeal the Act

*A Submission from the Council for Life of the Irish Catholic Bishops Conference
To the Department of Health
In respect of the Review of the Operation of the
Health (Regulation of Termination of Pregnancy) Act 2018*

1. Background Note:

Article 7 of the *Health (Regulation of Termination of Pregnancy) Act 2018* requires that "The Minister shall, not later than 3 years after the commencement of this section, carry out a review of the operation of this Act".

It should be noted that this is not a review of the Act in itself, but only a review of how it operates. In announcing the review, the Department of Health states:

"Submissions responding to the questions set out in the consultation document below. are welcome. Submissions outside the scope of the review of the operation of the Health (Regulation of Termination of Pregnancy) Act cannot be addressed in this forum".

2. Submission

Our submission was made in March 2022, using the online template provided. This determines the format of the submission. I hope this text will be of help to Intercom readers and their parishioners. +Kevin Doran, Chairperson, Council for Life.

Questions 1 & 2 are about identifying who is making the submission and whether they are involved in the provision of termination of pregnancy.

Question 3 asks whether we believe that the Health (Regulation of Termination of Pregnancy) Act 2018 achieved what it set out to do?

In our reply, we pointed out that the Act has not done anything to improve the circumstances of women in crisis pregnancy. We wrote:

If the intention of the Act is to be understood as providing support and help to women who are distressed by the fact of being pregnant then it has failed utterly in that respect.

- It makes no attempt to understand the cause of a mother's unwillingness to proceed with the pregnancy and hence does nothing to address the cause of her distress.
- It offers no solution other than abortion. There is no requirement to discuss with the mother any other option to resolve her situation that would not involve the ending of the life of her baby

- Ninety-eight per cent (98%) of terminations have taken place in the first twelve weeks, most of them presumably carried out by pharmaceutical means. It seems inevitable that, for very many women, this is a lonely experience and one through which they go without the benefit of medical support
- While the Act does helpfully provide for a three day wait before proceeding with the abortion there is no requirement to use this time to explore other options
- There is no recognition of the rights, role or responsibilities of the father of the child.

Apart from all the above there is a further and much more fundamental problem with this act. It seriously undermines the moral authority of the state, as it legalises the direct and intentional taking of innocent human life. It effectively contradicts the fact that all human life is intrinsically good. Nobody, least of all an innocent child in the womb, deserves to have his or her life taken arbitrarily.

Question 4 asks: Are there are parts of the Act which, in your opinion, have not operated well?

In response we have said that there are parts of the Act which have not operated well. We wrote:

Apart from what is already set out in our response to Question 3 above, the following sections in particular do not operate well:

1. Section 9 (1) (b): The assessment of viability is a judgement, not an exact science. This judgement is likely on occasions to be erroneous. There should, at a minimum, be a provision to state that, in the case of termination of pregnancy after "viability", every reasonable effort must be made to safeguard the life of the baby both in the manner in which the pregnancy is ended and the baby delivered, and in the way of dealing with the baby post-delivery.
2. Section 20 Notification: The information which is notified (to the civil authorities) is woefully inadequate to allow any planning to help reduce the numbers of abortions that are carried out. There is no attempt to collect information on the issues which give rise to the decision to seek an abortion, no information on the mental/physical health of the mother, no information on the supports she has available to her. Without this information how can any meaningful attempt be made the address the issues that cause mothers to consider abortion.
3. Section 22 (1) Conscientious objection: While a superficial reading might suggest that this bill supports conscientious objection, a more careful reading shows that it does not. It removes the right to meaningful conscientious objection by requiring the practitioner to assist the woman in procuring the abortion.

There is also a total failure to allow for institutional conscientious objection. Institutes (such as healthcare facilities) that provide public services are not just operated by individuals. They are frequently established on the basis of a shared

vision, which underpins the ethos or characteristic spirit of the institution. These institutions, often because of their ethos, have served society well over many years and it is not appropriate that they would be expected to abandon their ethos simply, on the grounds that "the State is paying".

Question 5 asks: Are there parts of the Act which, in your opinion, have operated well?

On the grounds that the Act, in its intention and its consequences, is in total conflict with the common good, we answered:

No.

Question 6 asks: Are there any further comments you would like to make on the operation of the legislation?

We replied:

Human life irrespective of race, sex, religion, stage of development, human status, physical or mental wellbeing is always a great good and deserving of the utmost respect from the state.

The right to life is inviolable. It is the most basic of human rights. Abortion laws render this inviolable human right a mere civil right to be protected or not at the whim of the legislature which in the end diminishes the right to life of us all. If the state can discriminate against some human lives, no human life is safe.

The purpose of the state is to serve the common good of all, and in a particular, the most vulnerable who are unable to defend themselves and their own rights. It should be unconscionable that the state would use its power to allow a deliberate and intentional attack on the life of the most vulnerable.

The fact that the number of Irish women having abortions has almost doubled since the introduction of this legislation should be deeply concerning to everyone. It is not only a matter of the lives lost and the benefits to families and society that those lives may have brought about. It is also a cause of great concern that so many women are left with the burden of knowing they have been complicit in ending the life of their own child. As a modern wealthy society, it is not credible that we have nothing better to offer women in distress.

We know from information gathered by women who have contacted the HSE helpline that there is no attempt to offer any other option to a mother other than abortion (ref *Students for Life, MyOptions Project*). This is a great failure and should be remedied without delay so that every woman who is distressed by being pregnant is supported and helped to see the many different ways in which she can be helped either to care for her child or to allow other loving couples to do so. We know well the anguish of so many couples who find themselves unable to have children of their own who would very willingly care for someone else's child including by means of open adoption and shared parenting.

This legislation makes no attempt to engage the father of the child in supporting the mother and sharing the responsibility for this new life.

There is no option for citizens of good will, who respect and honour the right to life of every human person, other than to work towards the repeal of this legislation while seeking to provide genuine support and help to women who are distressed by reason of a pregnancy.

STATISTICS

The statistics provided below are taken from official government publications in the Republic of Ireland and in the UK. They were not part of the original submission, as they would already be well known to the Department of Health. They are provided here by way of background to the submission to facilitate those who would not otherwise have easy access to them.

Terminations of Pregnancy in Ireland since Dec. 1st 2019

Termination (categorized by Section of the Act) in the case of:	Number of Terminations Notified		
	2019	2020	2021
"Risk to life or health" (Section 9)	21	20	Unpublished *
"Risk to life or health in an emergency" (Section 10)	3	5	Unpublished *
"Condition likely to lead to the death of a foetus" (Section 11)	100	97	Unpublished *
"Early Pregnancy" (Section 12)	6542	6455	Unpublished *
Total	6666	6577	Unpublished *
*Expected in June 2022			

UK Abortions involving Women from the island of Ireland 2002 – 2020 (UK Government Statistics)	Number	N.I.	Republic
	2002	1,391	6,522
	2005	1,164	5,585
	2010	1,101	4,402
	2015	833	3,451
	2018	1,031	2,879
	2020	371	194

The above statistics indicate that the numbers of abortions in England, involving women resident in the Republic of Ireland were falling steadily prior to the legalization of abortion in the Republic of Ireland.

The figures for the Republic of Ireland show that there has been a very significant increase in the numbers of abortions involving Irish women, in the years since the repeal of the 8th amendment and the subsequent legislation.