
Women and Equalities Committee: Abortion Law in Northern Ireland Inquiry – December 2018

Marie Stopes UK response

Marie Stopes UK is an independent provider of abortion care services throughout England, providing quality abortion services to more than 62,000 women every year.ⁱ We formerly operated a clinic in Belfast, Northern Ireland, where our team worked tirelessly to drive awareness of women's options and provide the services allowed within the highly restrictive legal framework. Sadly, the strict criteria set out in law meant we could only provide support to a fraction of the women requiring abortion care, so in December 2017, following the UK Government's decision to fund abortion treatment for Northern Irish women in England, we took the difficult decision to close the clinic to focus on supporting women from our clinics in England.

Marie Stopes UK provides abortion care in 50 locations, including nine centres, most of which offer both medical and surgical abortion services, as well as vasectomy services. We also operate a 24-hour contact centre, One Call, where clients can make enquiries, book consultations, counselling and abortion care appointments, and speak to a nurse for aftercare advice.

Marie Stopes UK is a country programme within the global charity, Marie Stopes International. Our 36 sister country programmes around the world provide life-saving reproductive health services in some of the world's most economically deprived and hard-to-reach communities. Some also operate in restricted environments and see first-hand the impact of unsafe abortion, when women are forced to take matters into their own hands because healthcare providers cannot offer them safe, legal services. An estimated 25 million unsafe abortions happen each year, and as a result an estimated 27,000 women die and 7 million more experience complications. As noted by the World Health Organisation, the legal status of abortion has no effect on a woman's need for an abortion, but it dramatically affects her access to safe services.

It is to the UK Government's shame that similarly oppressive laws that criminalise women and girls are still in place on our shores. Access to abortion care is central to women's human rights and equalityⁱⁱ, and the UK is falling short.

This submission will primarily focus on two points of the Committee's Terms of Reference - *what are the experiences of women in Northern Ireland who have been affected by the law on abortion* and *what are the responsibilities of the UK Government under its international obligations for taking action to reform abortion law in Northern Ireland*.

The Victorian-era abortion laws that underpin abortion care in Britain still govern abortion care in Northern Ireland today.ⁱⁱⁱ The Abortion Act 1967, as amended by the Human Fertilisation and Embryology Act 1990, does not extend to Northern Ireland and, as such, the grounds under which an abortion may be carried out in Northern Ireland are far more restrictive than in England, Scotland and Wales. This means that the vast majority of women and girls seeking services in Northern Ireland are forced to travel to England in order to receive care under the Abortion Act.

We have spoken with team members from across Marie Stopes UK, from those who guide Northern Irish women through booking an appointment over the phone, to those caring for them in our centres and clinics, to ask their views and experiences of what Northern Irish clients face in trying to access abortion care. This submission is also informed by experiences and insights from when we operated our clinic in Belfast, and by how few women we could offer abortion care services to in Belfast under the current law.

Providing abortion care to Northern Irish clients

Marie Stopes UK Belfast Clinic

Marie Stopes UK's Belfast Clinic opened on Great Victoria Street in October 2012, and provided services to clients in Northern Ireland until its closure in December 2017. During that time, we were the only independent abortion care provider in Northern Ireland, working under the strict abortion law in the country. The clinic was open two days a week, and offered services including consultation, counselling, ultrasound scanning, contraception, cervical smear tests, and – where legal – medical abortion up to 9 weeks' gestation. The restrictive laws made the abortion care services we could provide at the Belfast Clinic extremely limited, and created an inequity between the care we could legally give to clients in England and the care we could provide to women in Northern Ireland.

The abortion laws that we were bound to in Northern Ireland state:

It is only lawful to perform a termination of pregnancy if:

- it is necessary to preserve the life of the woman, or
- there is a risk of real and serious adverse effect on her physical or mental health, which is either long term or permanent.

It is for a medical practitioner to assess, on a case by case basis, using their professional judgement as to whether the individual woman's clinical circumstances meet the grounds for a termination of pregnancy in Northern Ireland^{iv}

When we opened our clinic in Belfast, many local women, and even some local GPs, were not fully aware of a woman's legal options. For five years, our Belfast team provided the services allowed within the highly restrictive legal framework and worked tirelessly to drive awareness of women's options and entitlements when faced with an unplanned, crisis, or unviable pregnancy.

As we were not commissioned by Local Commissioning Groups (LCGs) to provide services in Belfast, our clinic provided private services which clients would self-fund. We were able to offer a heavily subsidised fee for Northern Irish clients, but even with reduced fees, a medical abortion at our Belfast Clinic cost in the region of £415.00.

Those who did not meet the strict legal criteria, as described above, were not able to access our abortion care services under the legal framework. The options that remained for them included arranging an appointment for abortion services at our centres and clinics in England, but this would mean incurring travel and accommodation costs, and until June 2017, clients were not eligible for funded care as arranged by the Government Equalities Office (GEO).^v

Over the years, it became apparent that women in Northern Ireland were increasingly risking their liberty by illegally ordering medical abortion pills from online providers. The law in Northern Ireland carries a maximum sentence of life imprisonment for procuring an illegal abortion. Prosecutions are not merely hypothetical - a mother who bought her then 15-year-old daughter abortion pills online is facing two charges of unlawfully procuring and supplying the abortion drugs mifepristone and misoprostol with intent to procure a miscarriage, contrary to the 1861 Offences Against the Person Act. If her challenge is unsuccessful, the mother faces a criminal trial and up to five years in prison.^{vi}

Harassment and intimidation

Alongside the legal barriers to care in Northern Ireland, there were also physical and sociological barriers in the form of harassment and intimidation tactics used outside our Belfast Clinic by anti-choice protesters.

The level of harassment and intimidation felt by team members and clients alike was relentless from when the clinic opened in 2012 until its closure in late 2017. The hostile environment meant that the clinic had to take extra measures to keep clients safe, such as employing security guards to be stationed at the entrance, and training teams of volunteer client escorts to walk with clients past often large and intimidating gatherings. As seen in incident reports, the activity outside of our Belfast Clinic represented the most intimidating behaviour that could be witnessed outside of any location.

One such report from 05/01/2017 states, “When a staff volunteer was entering the building one of the protesters said 'She's here'. As she opened the door, two other protesters walked towards the entrance and glared at her. One of them mouthed 'I'm going to get you' through the glass.”

In 2015, our former Programme Director of Northern Ireland, Dawn Purvis, pursued charges of harassment against Bernadette Smyth (Director of the anti-choice group Precious Life). Smyth was convicted of having caused harassment which barred her from the area around the Belfast Clinic and from engaging with Dawn.

In response to the ruling, Dawn explained,

“[The] sentence is important, not just for me, but for all the women who have been subjected to abuse and intimidation since the clinic opened...I fully respect people’s right to peaceful protest, but it is totally unacceptable to intimidate women accessing a legal health service or the staff that provide their care.”^{vii}

However, the conviction was overturned not long after, in June 2015.

Every woman of reproductive age was targeted by the anti-choice groups, even if they were entering the building to visit one of the many other offices. Clients often confided in our teams at One Call about their experiences of harassment outside of the Belfast Clinic.

Gary Sheppard, a Client Service Advisor at One Call, recalled,

“I have spoken with clients who were physically assaulted outside our clinic in Northern Ireland. One of these wasn't even coming for abortion, but a private smear test.”

For those few, vulnerable women who were eligible to access legal abortion care in Northern Ireland, the ordeal they faced at the hands of the anti-abortion groups was abhorrent. As seen from two logged incidents from our Belfast Clinic on 09/03/2017 and 13/04/2017 respectively, our clients and their companions were directly targeted. Protestors attempted to make clients miss their appointment or “out” them as potential clients which shattered their confidentiality and right to privacy.

“On return for 2nd stage MA [medical abortion], the client and her mother made us aware that they were harassed by protesters outside the building when leaving the day before. They said no to the protesters leaflets and were shown a plastic 'foetus'. The protester tried to draw attention to them by shouting loudly and she grabbed the mother’s arm and tried to pull her back.”

“Our client arrived for 2nd stage MA [medical abortion] extremely upset and crying in reception. A protester at the front door had blocked her entrance to the building and put a plastic 'foetus' up to her face. She told

her that 'a baby at 20 days old has a heartbeat.' Building security tried to accompany client in the lift but she thought he was a protester and did not listen when he explained he worked for Marie Stopes.”

In all cases, the police were informed. However, the fact that convictions for harassment and intimidation were overturned, signalled to the anti-choice groups that their intimidating behaviour was mandated by the courts. Their stigmatising behaviour was emboldened by a law that makes criminals of women for trying to access reproductive healthcare, where a woman who takes medical abortion pills procured online after being raped could face a longer prison sentence than the man who raped her.

At a recent public event hosted by Abortion Rights^{viii}, to discuss why we need to decriminalise abortion in the UK, Marie Stopes UK Medical Director, Imogen Stephens, explained, “We need to decriminalise to destigmatise, and we need to destigmatise to decriminalise.” This is never more evident than in Northern Ireland.

Legal abortions

On average between 2013-2017, our Belfast Clinic was only able to lawfully offer abortion care treatment to just under five clients a month. Compare this to the average 68 clients a month, who gave their place of residence as Northern Ireland, who travelled for treatment in England over the same period.

Marie Stopes Centres and Clinics in England

For those who are ineligible for a legal abortion in Northern Ireland, our centres and clinics in England offer a glimmer of hope. But as all our team members are acutely aware, the need to travel to another country to access care that should be available to you at home creates many complex issues. Demi McCann, our Clinical Team Leader for Commissioning and Specialist Services summarises:

“It is heart-breaking how what can be an already difficult situation is made so much more stressful for Northern Irish women. From needing to take time off work or finding childcare, then having to find the funds for travel and accommodation, and on top of this the worry of having to try and keep family members, friends or colleagues from finding out. Just thinking about it is exhausting. It is simply not fair.”

Every month, around 32 women from Northern Ireland leave their homes and cross the Irish Sea to access abortion care at Marie Stopes UK Centres alone. Our Manchester Centre sees the most Northern Irish residents, welcoming 74.6% of all Northern Irish clients, due to the availability of flights from Northern Ireland to nearby airports.

The annual Department of Health and Social Care National Abortion Statistics for England and Wales detail the number of Northern Irish clients who travelled to England to visit independent clinics, such as those run by Marie Stopes UK, BPAS, or NUPAS, as well as private clinics and hospitals.

Funding from the GEO to allow Northern Irish women to access free abortion care for abortions in England alleviated some financial inequality, and the 2017 statistics (Table 1) show that there has been a recorded increase from 2016 in the number of women from Northern Ireland travelling to England for abortion care services since the funding announcement.^{ix}

Table 1:
Northern Irish residents travelling to England and Wales for abortion care

Year	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Total	1173	1123	1101	1107	905	802	837	833	724	919

The Family Planning Association (FPA) suggest that the figures above are an underestimation, and that the true figure is nearer 2,000 women a year as many women from Northern Ireland do not always give their real address for fear that their family will find out about their abortion^x.

How women and girls are affected^{xi}

The current laws affect Northern Irish women, girls and their families in numerous ways, owing to the constant barriers to accessing care that are put in their way. These barriers are not only legal, but geographical, financial, economic, sociological, and emotional.

Alexandra Nommay, a Registered Nurse and Safeguarding Lead caring for Northern Irish clients in our Manchester Centre, described the barriers that women from Northern Ireland face when travelling to England to access care, and the impact this has on them. She has seen Northern Irish clients who:

- have had non-viable pregnancies but were scared to enquire about abortion care in Northern Ireland, because they thought they might be refused treatment at home;
- have faced abuse from relatives and friends for having an abortion, when they have been forced to tell them to arrange childcare;
- have received hurtful comments from their doctors and other health professionals when they have mentioned that they were considering abortion;
- have struggled to cover the cost of travel;
- have never previously been out of Northern Ireland, and have had to travel to England alone.

Alexandra adds:

“A huge number of clients have mentioned struggling to fund travel and treatment when they had to pay privately. Many others have mentioned struggling to cover childcare due to not wanting to tell people about having a termination. Others have mentioned struggling to get time off work without disclosing the reason and facing stigma.”

There are multiple ways in which the abortion law in Northern Ireland costs women. Residents of Northern Ireland are acutely aware of these costs when calling our contact centre to enquire about an abortion care appointment in England, and are also aware of the lack of locally accessible, non-judgemental information about abortion services and their rights. A team member at our One Call 24-hour contact centre explained,

“...cost was one of the biggest concerns [for women]. Costs for travel, treatment, loss of income, childcare. Cost to their emotional wellbeing due to the stress of trying to obtain a termination”.

Knowledge of their rights

The restrictive criminal law, and the inevitable stigma this causes, creates a culture of silence where Northern Irish women are too scared to ask for information. Ciara McHugh is a Northern Irish Midwife who worked at Marie Stopes West London Centre. She explains, “[there are] social pressures and assumptions that [Northern Irish women] will continue with an unwanted pregnancy, and a general silence surrounding the issue in NI. They’re isolated and alone.” Because of this, women in Northern Ireland are often unsure or unaware of what few rights and access options they have. Ultimately this means that many Northern Irish women are still not aware of the GEO funding, and means-tested financial assistance for travel costs to England available to them.

We asked our team members who have cared for Northern Irish clients face-to-face or over the phone, “Have you ever spoken to a Northern Irish client who was unaware of their rights to access funded abortion care in England?” 58.8% of those who responded said yes.

Unfortunately, this is not the only area in which there has been a lack of information delivered to women in Northern Ireland. Another aspect of care available to them is GP referral. Northern Irish women are free to contact abortion care providers in England directly to self-refer, but it seems that lack of knowledge and public discourse, owing to stigma and silence, prevents many from knowing that speaking to their GP first is an option.

We asked our team members who have cared for Northern Irish clients face-to-face or over the phone, “Have you ever spoken to a Northern Irish client who was unaware of their rights to speak to their local doctor about a referral to an abortion care provider?” 64.7% of those who responded said yes.

This amounts to an inequality, not just of legal services, but of an adequate care pathway and continuum of care for Northern Irish residents that is simply not the case for any other residents of the UK. Northern Irish women pay the same rates in National Insurance as any of our other clients in the UK, but are forced to accept a reduced NHS service (of information and of care) when in their own country.

This reduced NHS service contributes to the fear that Northern Irish women feel when approaching healthcare professionals for abortion care options, even when speaking to our dedicated pro-choice teams in England.

A Client Service Advisor at our One Call contact centre said, “I’ve found NI clients too often communicate a sense of shame about their feelings and decision. In this case, they often feel they can’t ask the questions that they want to, and are entitled to in order to reassure them.”

Ciara McHugh, has had a similar experience when providing care to Northern Irish clients in our West London Centre, “[Northern Irish women] access care in the U.K. expecting to be judged and mistreated as they are in their own country and are surprised by the compassion they are treated with in England”. Marie Stopes UK believe that no country should harbour laws that create mistrust between women and their sexual and reproductive healthcare providers.

Travel barriers: The distance and cost

“I had a lady explain the route she had to take once. She needed an over 2-hour journey by public transport to reach the airport in Belfast, then a 3-hour airport + flight waiting time to then get to the UK, 1 hour to reach their hotel, 1 hour to reach the clinic, 1 hour to go back to the hotel, 1 hour to go back to the airport, 3-hour flight + waiting time to go back to NI, then 2 hours to take public transport back to her house. This is 14 hours of dealing with new sights, working out instructions, routes, extra stress because of this both before and after treatment, worrying about missing connection links. Bad weather potentially cancelling flights as it was threatening to snow at the time. This is on top of the normal ‘should I terminate this pregnancy’ stress. She was worried about dealing with pregnancy symptoms (she was vomiting a lot) and dealing with post-treatment symptoms (medical abortion and bleeding) for the 14 hours of travel.

“She wasn't comfortable to ask for support from a close friend for the journey itself and its associated costs. She couldn't ask her partner as he had ended their relationship just before she became aware of the pregnancy and didn't want to approach him. Her parents were elderly and not well (she was in her 30's, they were in their 60's). She had to deal with this alone in the end.”

– Team Member, One Call

Last year, more than 900 Northern Irish women made journeys to access abortion care in England. They had no other option but to make this journey to be able to access safe and legal abortion care. Alexandra Nommay has experience of supporting those who have made the long journey to Manchester, and has seen how the long journey affects their mental wellbeing, explaining, “I have seen a huge amount of Northern Irish women cry because of the stress of travelling.” The exportation of Northern Irish women requesting abortion services may allow abortion care to be ‘out of sight, out of mind’ for the Northern Irish government and authorities, but travelling to England has real ramifications for all our Northern Irish clients.

The length of the journey, and the ways in which Northern Irish clients need to travel has the potential to impact their health and wellbeing, and often goes against the medical advice that we ordinarily give.

We strongly recommend that clients travel home with a companion after treatment and that their companion stays with them for 24 hours. We also strongly advise that clients stay overnight locally, with friends or family if possible – though we are aware that this is not always possible. Abortion Support Network is a charity that can offer hosted accommodation, in cities where the most frequently visited centres and clinics are based, for vulnerable clients without anyone to accompany them. However, for most clients who are ineligible for assistance, an extra night's stay plus a companion's travel and accommodation costs is an additional financial burden that many are not able to bear.

We ask that clients do not use public transport following their abortion treatment, though realise that Northern Irish clients will be crossing the Irish Sea via plane or ferry. Offering free taxis to airports and ferry ports is one small way in which we can make the difficult journey a little easier, particularly for those who may be vulnerable and have never travelled outside of Northern Ireland before. When working in our West London Centre, Ciara McHugh recalled “We once had a teenage couple attend in their school uniforms from Belfast. They didn't have enough money to get back to the airport following the procedure.”

We will always advise against travelling a long way on the same day of treatment, as there is an increased risk of developing deep vein thrombosis (DVT – blood clots in the legs) from a period of sitting still, such as on a long car or plane journey, after surgery, and during pregnancy.

Northern Irish clients who have opted for medical abortion treatment, will most likely experience the physical effects of this treatment while they are travelling back home. A medical abortion has been compared to the physical experience of an early miscarriage. Strong cramping and heavy bleeding are to be expected. The abortion will usually begin within two-five hours, but there is a chance that it could start sooner. Some clients have reported heavy bleeding just 30 minutes after they have been administered the misoprostol tablets, the second part of medical abortion treatment. They may experience heavy bleeding for a few hours. During this time, it would be expected for them to pass pregnancy tissue and blood clots that may range from the size of a pound coin to the size of a lemon. This is a normal part of the process, but one that should happen in the privacy and dignity of your own home, not in an airplane toilet cubicle or on a bus. Other side-effects of medical abortion medication may include nausea or vomiting, headaches, diarrhoea, fever or chills, temporary flushes, or sweats. Clients may experience side effects fairly soon after taking the medication, which is why we strongly recommend that clients are accompanied, and do not use public transport. Despite being made aware of physical affects that may begin on their journey home, many Northern Irish clients feel they have no choice but to ignore our recommendations to return home as quickly as possible.

Funding from the GEO has alleviated some financial inequity, but many women still have to pay for travel and accommodation. While means-tested financial assistance is now available from the UK Government for Northern Irish residents, there are still clients who do not meet assistance criteria, who have needed to borrow money from family or friends, or take out a bank loan.

There are other financial implications to needing to travel long distances for legal abortion care, including childcare costs, taking a day off work, or turning down work if self-employed. Clients have had to delay access to abortion care because they couldn't afford a passport to travel to the U.K. Some clients also require follow up appointments, which could mean the journey had to be taken all over again.

For those that cannot travel, there is no other option for abortion care but to resort to buying illegal abortion pills online - risking some of the harshest criminal penalties in Europe - even in cases of rape, incest or fatal foetal abnormality. Marie Ford, Client Service Advisor at our One Call contact centre reported that she is aware of clients who were unable to travel at all, and so faced continuing an unwanted pregnancy, because of financial difficulties, work commitments, childcare needs, disability, domestic violence, or their immigration or refugee status.

Gestation limits and possible treatment failure

In England, Marie Stopes UK Centres provide medical abortion care up to 9 weeks and 3 days' gestation, and surgical abortion care up to 23 weeks and 6 days' gestation. Our network of smaller clinics around England, hosted in GP surgeries and health centres, also offer medical abortion up to 9 weeks and 3 days' gestation. Treatment gestation limits create additional complexities for some Northern Irish clients who have opted for medical abortion treatment, believing that they are under 9 weeks' gestation, but when scanned at the clinic they are over this gestation. In these cases, we would be unable to continue with that medical abortion treatment. The client would need to book an appointment for a surgical abortion treatment on another day to proceed with abortion care. On occasion, this is just not possible for the client. Alexandra Nommay has seen this happen first hand while caring for clients at our Manchester Centre,

“As a clinic nurse, I do not come across clients who are unable to travel, but I have seen a small number of Northern Irish clients who have scanned over the limit for medical termination and have been unable to get back for surgical treatment due to financial and work difficulties.”

Abortion is the most common medical and surgical procedure in the UK, and the procedures are very safe.^{xii} There are some possible complications or risks, as with any medical procedure, and some of these have the potential to impact Northern Irish women more than most. With a medical abortion, risks of an incomplete

abortion or treatment failure are uncommon, affecting 3 in 100 people and 1 in 100 people respectively, but require further treatment if they do occur.^{xiii} The follow-up treatment may be medical, such as taking misoprostol medication and antibiotics, repeating medical abortion treatment, or a minor surgical procedure, or surgical abortion. Sometimes we may need to make a referral to another NHS service. While treatment failure is rare for surgical abortion, affecting 2 in 1000 people, in the event of failure further treatment would have to be discussed.^{xiv} Retained tissue is a common complication of a surgical abortion, affecting 5 in 100 people, where follow up care may be needed, which could include medication, or another surgical procedure very similar to a surgical abortion.^{xv} It is highly likely that aftercare in the event of a complication would require additional travel for Northern Irish residents, and more time away from home, work, and family.

Alexandra Nommay has seen Northern Irish clients who are impacted by the need for follow-up treatment, requiring another visit to a centre or clinic in England within the 23 week and 6-day time limit. She explains, “Financial and time barriers to travel have often caused problems with Northern Irish clients whose treatment has failed.”

It is undeniable that the restrictive law that forces women to travel for care impacts their treatment options, and any required follow up care.

Stigma and shame: The impact of travelling in silence

Stigma and silence caused by the perceived criminality of abortion care in Northern Ireland affects women’s mental wellbeing when travelling to England for care.

“There is a stigma and a miasma of shame surrounding the issue in NI”, explains Ciara McHugh. “I know many women who have married abusive men due to family pressures to continue with a pregnancy. I have had women fleeing abusive partners who have asked how they can explain the end of a pregnancy without disclosing that they have accessed abortion services.”

Our teams in our centres, clinics, and contact centre tell us that the stigma Northern Irish women face often means that they lie about why they are visiting England. Clients have been known to call into local department stores to make sure they have shopping bags to take back home. One of our Registered Nurses from the Manchester Centre said: “I have worked with [Northern] Irish clients when working at Manchester Centre who have had to travel for treatment as they could not access treatment in Ireland. Many clients have lied to people in Ireland about why they were coming to England due to stigma.” The restrictive law forces women to travel, and the stigma of travelling forces them to stay silent and lie to those closest to them. Many Northern Irish women are not able to confide in a friend or family member to ask them to accompany them to England.

Conscientious objection: GP attitudes to abortion care

The practice of conscientious objection for healthcare professionals around abortion care was introduced, and protected, by the 1967 Abortion Act in England, Scotland and Wales. Some healthcare professionals choose to conscientiously object based on their personal views on when life begins, or due to religious practice. The All Party Parliamentary Group (APPG) on Population, Development, and Reproductive Health, report that ‘The imposition of a doctor’s religious beliefs on a vulnerable patient is a way to harm women and CO [conscientious objection] nearly always involved services needed by women (contraception and abortion).’^{xvi}

As stated by the World Health Organisation, *Individual health-care providers have a right to conscientious objection to providing abortion, but that right does not entitle them to impede or deny access to lawful abortion services because it delays care for women, putting their health and life at risk.*^{xvii} Conscientious objection should never amount to obstruction of pre- or post-abortion care.

Guidance for Health and Social Care Professionals on Termination of Pregnancy in Northern Ireland was issued in March 2016 by the Department of Health, Social Services and Public Safety, which outlines the duty that healthcare professionals in Northern Ireland have to women requesting abortion care or in need of aftercare support.^{xviii} Section 4.9 of the guidance outlines how Northern Irish healthcare providers should continue to support their patients in non-emergency situations, even if they conscientiously object to abortion care. This section references *The General Medical Council’s (GMC’s) Good Medical Practice (Nov 2013)*, which states that:

‘You must explain to patients if you have a conscientious objection to a particular procedure. You must tell them about their right to see another doctor and make sure they have enough information to exercise that right. In providing this information you must not imply or express disapproval of the patient’s lifestyle, choices or beliefs. If it is not practical for a patient to arrange to see another doctor, you must make sure that arrangements are made for another suitably qualified colleague to take over your role’

We know this guidance is not being followed in practice. A Client Service Advisor from our One Call contact centre explains: “I’ve encountered NI clients’ GPs expressing judgement and in some cases telling the client what she should do in the sense of being pro-life.” Marie Ford who is also part of our Client Service Advisor team said,

“I was told by a client who visited her local GP - Her doctor was male and was very aggressive towards the client when she wanted to talk about her options - This doctor was very forceful with his own beliefs.”

Other barriers to abortion care also result from conscientious objection, with a One Call team member describing their difficulties in trying to arrange blood tests for Northern Irish clients at their local GP practice, and in obtaining letters confirming details of their medical history.

Conscientious objection can also have a devastating impact on vulnerable women and girls who need safeguarding support or intervention. Given our role on the frontline, supporting women in communities across the country, we witness many women who are facing abuse at home or in their community for becoming pregnant or for having an abortion. They feel more able to reach out to us about issues of protection. Gary Sheppard recalls:

“One client came to me in tears advising that she was planning to move back to England to live with her abusive partner after having only just been given a hostel place in Northern Ireland. She felt that this was her only option as the GP she spoke to advised that they would never give permission for her to have an appointment.”

Aftercare

With regards to aftercare and onward referrals in Northern Ireland, it is a similar picture of guidance not being followed. In section 1.7 of the guidance, it is stated that,

‘Regardless of where a termination of pregnancy has been carried out, where necessary, support must be provided for individuals through aftercare services including counselling and other psychological support services. It is the responsibility of Health and Social Care Trusts to provide access to aftercare support for all women where it has been assessed to be required.’

Section 5.16 also states,

‘Aftercare services should be available to any woman who presents with symptoms or complications following a termination of pregnancy, regardless of where it was carried out, so that she has access to appropriate treatment and counselling where required.’

Again, we know this is not happening in practice among some doctors in Northern Ireland. A Client Services Advisor at One Call told us a disturbing story, recalling “I have encountered a client who said her GP would not prescribe her antibiotics for an infection she developed after an abortion.” As healthcare providers who care about the wellbeing of our clients and the quality of our care, we know that if an infection is not treated it can lead to further serious problems, including pelvic inflammatory disease (PID), which requires urgent medical attention. That any doctor would ignore their patient’s aftercare needs is a dereliction of their duty and tantamount to intentional harm.

The practice of placing conscientious objection over the health and wellbeing of women creates apprehension towards seeking any local aftercare advice, and medical assistance if needed. Gary Sheppard identified that, “Clients from Northern Ireland are often too scared to seek medical help post-abortion as they will be stigmatised for it.” We have no way of knowing the true scale of the implications that this has on Northern Irish women’s health and wellbeing. Ciara McHugh says she has struggled to give Northern Irish clients practical advice on how to receive follow-up care in the past, explaining: “I have encouraged them to attend A&E and state that they have miscarried as they are too frightened to admit to abortion. It is terrifying that women feel compelled to lie to healthcare providers in order to be safe.”

Government responsibilities to Northern Irish women

Human rights bodies and organisations have long recognised that restricting access to abortion care contravenes human rights standards, and in some cases, can lead to physical or mental suffering which may constitute ill treatment or torture. The UN Human Rights Committee recently commented that the right to life includes the right to have a safe abortion, and that States should ‘remove existing barriers that deny effective access by women and girls to safe and legal abortion, including barriers caused as a result of the exercise of conscientious objection by individual medical providers.’^{xix}

In June 2018, a majority of Supreme Court judges concluded that Northern Ireland’s law is incompatible with human rights, but were forced to dismiss the legal challenge on a technicality.

Abortion law in Northern Ireland is incompatible with the following articles within the European Convention on Human Rights:

- Article 3 (the prohibition of torture and of inhuman or degrading treatment);
- Article 8 (the right of everyone to respect for their private and family life); and/or
- Article 14 (the prohibition of discrimination)

The European Convention on Human Rights is a contract between the member states of the Council of Europe. The UK Government signed up to the Convention, not the Northern Ireland Government. It is, therefore, the UK Government that is obliged to fulfil the UK state’s obligations under the Convention.^{xx}

The UN Committee on the Elimination of Discrimination against Women (CEDAW) has also reported that the UK is violating the rights of women in Northern Ireland with this draconian criminal law.^{xxi} The Committee’s report, published in February 2018, found that the UK is responsible for,

‘grave violations of rights under the Convention [on the Elimination of All Forms of Discrimination against Women] considering that the State party’s criminal law compels women in cases of severe foetal impairment, including FFA [fatal foetal abnormality], and victims of rape or incest to carry pregnancies to full term, thereby subjecting them to severe physical and mental anguish, constituting gender-based violence against women.’

It also found,

‘systematic violations of rights under the Convention considering that the State party deliberately criminalises abortion and pursues a highly restrictive policy on accessing abortion, thereby compelling women to: (i) Carry pregnancies to full term; (ii) Travel outside Northern Ireland to undergo legal abortion; or (iii) Self-administer abortifacients.’

CEDAW is clear that these human rights infringements in Northern Ireland are the responsibility of the UK Government, even if the infringements are happening under a framework of devolution. It stated,

‘The UK argues that following the devolution of health and criminal law to NI, Westminster cannot amend NI’s criminal law, including revising abortion laws. The Committee recalls that under international law of State responsibility, all acts of State organs are attributable to the State. The Vienna Convention on the Law of Treaties provides in article 27 that a party to a treaty may not invoke the provisions of its internal law as a justification for its failure to perform it. Moreover, the Committee’s General Recommendation (GR) No. 28 (2010) on the core obligations of States parties reiterates that the delegation of government powers “does not negate the direct responsibility of the State party’s national or federal Government to fulfil its obligations to all

women within its jurisdiction". Thus, the UK cannot invoke its internal arrangements (the Belfast Agreement) to justify its failure to revise NI laws that violate the CEDAW Convention.'

The UK government is a global leader in supporting sexual and reproductive health and rights and to ensuring women and girls can access comprehensive reproductive health services, including family planning and safe abortion services around the world. Through the UK's support, including to Marie Stopes International, millions of women and girls have been able to access vital services. The UK Department for International Development (DFID) considers safe and legal abortion a right and has designed programmes to reduce unsafe abortion.^{xxii} This is an opportunity for the UK Government to show the same leadership for domestic reproductive health and rights, to fulfil their international obligations.

Northern Ireland's abortion laws create massive and unjustified inequality for Northern Irish women. We know that the restrictive laws have a detrimental effect on Northern Irish residents looking to access abortion care services. Marie Stopes UK is proud to be an abortion care provider representative within the Coalition for Abortion Reform in Northern Ireland, and will continue to stand with fellow pro-choice and human rights organisations, and pro-choice MP Stella Creasy in pushing for equality so that the women of Northern Ireland are not left behind.

Events from earlier this year, such as the Republic of Ireland vote to repeal the country's constitutional ban on abortion, the positive progress of Isle of Man's Abortion Reform Bill, and UK MPs voting in favour of Diana Johnson MP's Bill to decriminalise abortion in England, Wales and Northern Ireland by 208 votes in favour, versus 123 against, are clear signs that there is an appetite in the British Isles and neighbouring countries for change, and that the current law is out of step with public opinion.

We therefore ask the government to recognise women's agency and autonomy, and provide full and unrestricted access to abortion services in every part of the UK. Where legal, regulatory, social or economic restrictions exist, States must make every effort to remove them and ensure universal access. Providing women with greater access to abortion care by bringing it in line with other healthcare provision should be a priority for the country. We call on politicians in Belfast and Westminster to act now, to right this grievous wrong and to give *all women in the UK* access to decriminalised healthcare. Until this happens, we remain committed to advocating for the abortion rights of Northern Irish women, and providing the non-judgemental, supportive abortion care in England that they should be legally granted at home.

End Notes

- i Our services in England are commissioned by Clinical Commissioning Groups (CCGs) to provide NHS abortion care, and we also provide abortion care privately for those who are not eligible for funded treatment.
- ii The All Party Parliamentary Group (APPG) for Population, Development, and Reproductive Health consider abortion care to be centrally important to women's human rights and equality. In their March 2018 report, *Who Decides? We trust women: Abortion in the developing world and the UK*, their recommendations included that the UK should use their voice to reinforce this importance (recommendation 7). The report also set out four recommendations for abortion reform in Northern Ireland <http://www.appg-popdevrh.org.uk/APPG%202018%20AW.PDF>
- iii The Offences Against the Persons Act (1861) and the Criminal Justice Act (NI 1945) criminalise abortion in Northern Ireland.
- iv Department of Health, Social Services and Public Safety (2016) *Guidance for Health and Social Care Professionals on Termination of Pregnancy in Northern Ireland*. <https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/guidance-termination-pregnancy.pdf>
- v On 29th June 2017, the UK Government announced that it would fund, via the Government Equalities Office (GEO), abortions for women ordinarily resident in Northern Ireland. The Central Booking System went live on 8th March 2018 and is managed by follow independent abortion care provider, BPAS.
- vi Amnesty International, Northern Ireland: Woman who bought abortion pills for daughter in court to challenge prosecution. 5 November 2018, <https://www.amnesty.ie/northern-ireland-woman-who-bought-abortion-pills-for-daughter-in-court/>
- vii Amnesty International (2015), Northern Ireland: Barriers to accessing abortion services, AI Index EUR 45/0157/2015, page 17.
- viii Abortion Rights is the national pro-choice campaign, formed in 2003 by the merger of the two long-standing and influential campaigns – the National Abortion Campaign (NAC) and the Abortion Law Reform Association (ALRA).
- ix The number of Northern Irish women accessing care in England during quarter 3 and quarter 4 2017 increased by 46% and 62% respectively from the same quarters in 2016. In 2017 there were 919 abortions for women from Northern Ireland. This is an increase of over a quarter from 2016 and is the highest level since 2011. However, looking at the historical series, numbers of Northern Ireland residents having an abortion in England and Wales has generally declined since a peak of 1,855 in 1990. See full Department of Health and Social Care abortion statistics and commentary, <https://www.gov.uk/government/statistics/abortion-statistics-for-england-and-wales-2017>
- x Family Planning Association, (2015) Abortion Practice and Provision in Northern Ireland: Factsheet, <https://www.fpa.org.uk/sites/default/files/northern-ireland-abortion.pdf>
- xi We recognise that not all of our clients will identify as a woman or girl. We welcome and support people of all gender identities to access abortion care services when they choose.
- xii Royal College of Obstetricians and Gynaecologists (2017), Abortion care: Our responsibility. <https://www.rcog.org.uk/globalassets/documents/members/membership-news/og-magazine/spring-2017/abortion-care-services.pdf>
- xiii Medical abortion is a very safe option to end an early pregnancy. However, as with any medical treatment, there are some possible complications. An incomplete abortion (uncommon) means that the pregnancy is no longer developing, but some of the tissue is left in the womb. If this happens, further treatment will usually be recommended. Treatment failure (continuing pregnancy) (uncommon) means that the pregnancy continues to develop, even after taking both sets of tablets. If this happens, further treatment is discussed.
- xiv Treatment failure (continuing pregnancy) is a rare complication of a surgical abortion. This means that the pregnancy is continuing to develop, even after the procedure. If this happens, further treatment is discussed.
- xv Retained tissue (retained products of conception) is classed as a common complication of surgical abortion, affecting less than 5 in 100 people. This is where part of the pregnancy is not removed from the womb, or a blood clot forms in the womb following the procedure. Retained tissue, products, or clots will sometimes pass without treatment, or they may require further treatment.
- xvi All Party Parliamentary Group (APPG) on Population, Development and Reproductive Health (2018), *Who Decides? We trust women: Abortion in the developing world and the UK*. <http://www.appg-popdevrh.org.uk/APPG%202018%20AW.PDF>
- ^{xvii} World Health Organisation (2012), *Safe abortion: Technical and policy guidance for health systems (second edition)*. http://apps.who.int/iris/bitstream/handle/10665/70914/9789241548434_eng.pdf;jsessionid=CB34210746659B058A640F283CB2F470?sequence=1

xviii Department of Health, Social Services and Public Safety (2016) *Guidance for Health and Social Care Professionals on Termination of Pregnancy in Northern Ireland*. <https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/guidance-termination-pregnancy.pdf>

xix Human Rights Committee, General comment No. 36: On article 6 of the International Covenant on Civil and Political Rights, on the right to life, para 8 (2018) U.N. Doc. CCPR/C/GC/36 https://tbinternet.ohchr.org/Treaties/CCPR/Shared%20Documents/1_Global/CCPR_C_GC_36_8785_E.pdf

xx European Court of Human Rights (2013), European Convention on Human Rights. https://www.echr.coe.int/Documents/Convention_ENG.pdf

xxi Committee on the Elimination of Discrimination Against Women, Report of the inquiry concerning the United Kingdom of Great Britain and Northern Ireland under article 8 of the Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women, U.N. Doc. CEDAW C/OP.8/GBR/1 (23 February 2018) https://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/GBR/INT_CEDAW_ITB_GBR_8637_E.pdf

xxii Department for International Development (2013), *Safe and unsafe abortion: The UK's policy position on safe and unsafe abortion in developing countries*. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/324590/safe-unsafe-abortion2.pdf

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