



SEXUALITY, INFORMATION
REPRODUCTIVE HEALTH & RIGHTS

Coalition to Repeal the Eighth Amendment Press Conference

29th September 2016

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There is now consensus that Ireland's abortion laws and policies are a political, legal and healthcare shambles. The focus is now on what comes after a repeal of the Eighth Amendment.

The Citizens' Assembly has been tasked to "consider the Eighth Amendment of the Constitution and to make such recommendations as it sees fit and report to the Houses of the Oireachtas".

For many of us there is certainly a sense that we are covering old ground: we have had the report of the Constitution Review Group in 1996, the Green Paper on Abortion in 1999, the All-Party Oireachtas Committee on Constitution in 2000 and the report of the Expert Group on the A, B and C v. Ireland cases in 2012.

The situation remains broadly the same – the Citizens' Assembly has three options to consider.

1) Firstly, the Citizens' Assembly could, theoretically at least, consider leaving the shambles of the Eighth Amendment in place and continue to criminalise and stigmatise thousands of women who would still have to bear the burden of cost, delays and the harms to their health by travelling to the UK.

Social inequities are likely to increase the number of women seeking illegal and unsafe abortions and Ireland's human rights record would be damaged further.

2) Secondly, the Citizens' Assembly could recommend exception based legislation (repeal and replace). But when the Citizens' Assembly consider this, it will find that piecemeal referendums and bills to deal with exceptional circumstances get caught up in definitions and ideology and political compromises—just like the Protection of Life During Pregnancy Act.

This is not only problematic because the resulting reforms would apply only to a small proportion of the women who need abortion services.

Exception based abortion legislation doesn't work because it is based on a distrust of women and a distrust of doctors; criminal provisions remain in place, barriers are erected to minimise access to services.

And such an approach doesn't even work for the women it intends to help. In our services, the Irish Family Planning Association still see sick women required to travel to the UK despite the Protection of Life During Pregnancy Act.

The impossibility of legislation for fatal foetal anomaly as an exception has already been ruled out by the Government.

Will those who advocate an exception in the case of rape require forensic evidence of sexual penetration or a Garda investigation to confirm that intercourse was involuntary or exploitative?

Such an approach results in further political, legal and service shambles.

3) Thirdly, the Citizens' Assembly could consider and recommend the health care systems approach (repeal).

Ireland is not the first State to find itself faced with complex dilemmas over abortion.

Right across Europe abortion has been a difficult political issue to resolve. But in most European countries abortion policy has been settled by consensus.

Nearly every country in Europe ensures timely and affordable access to good-quality abortion services, delivered in a way that ensures that a woman gives her fully informed consent that respects her dignity, guarantees her confidentiality, and is sensitive to her needs and perspectives.

There are either no criminal or penal codes throughout pregnancy, or abortion is no longer subject to criminal regulation, and has been removed as a criminal offence.

In these situations, abortion services have usually been integrated into the health system and are governed by the laws, regulations, medical and ethical standards that apply to all health services.

This approach is based on the evidence that legal restrictions on abortion do not result in fewer abortions.

And that laws and policies that facilitate access to safe abortion do not increase the rate or number of abortions. Criminal sanctions simply violate women's human rights and harm women's health.

In 2002, Switzerland decriminalised abortion and the following year the abortion rate dropped, due to increased contraceptive use.

Some countries like Norway allow abortion on request in the first 12 or 13 weeks of pregnancy as a harm reduction measure, after which ethical frameworks require doctors to consult more widely and take into consideration the woman's current, future physical, psychological, and social circumstances.

But what all these countries have in common is a health systems approach that aims to provide abortion services as early as possible and as late as necessary.

If the Citizens' Assembly aims to be more just a delaying tactic it must look to the international evidence base and it must consider how consensus on abortion emerged in other countries.

Anything else is just more noise and distraction.