X to ABC – where to now for abortion in Ireland

Thank you to the National Women's Council for hosting this seminar. It is a privilege for Doctors For Choice to be working with an organisation that for so many years has lead the way on promoting women's rights, and women's health.

I am Mary Favier, I am a GP in Cork.

When talking this subject I usually start off with some numbers that state the obvious but are not always well understood facts.

For Irish women **abortion is a common experience**.

It is variously estimated that between 1 in 10 and 1 in 15 Irish women of reproductive age have had an abortion. Abortion is the most common gynaecological procedure an Irish woman will undergo. An Irish woman is more likely to have had an abortion than have had her appendix or her tonsils removed. We regularly hear about the number of women who travel each year to England for abortion – about 4000 thousand, but does that mean much until you think of that in terms of your circle of family, friends, acquaintances, work colleagues. Look around you: if you are affluent and/or well educated the abortion rate may be as high as one in five Irish women. Not far off the European average of nearer one in three.

Abortion is a very safe procedure with fewer than 1% having a minor complication such as bleeding or infection. This is not often how it is portrayed by anti-choice groups but it is a fact. The death rate from safe legal abortion is virtually nil but not zero. There is about one

death about every 10 years in the UK where about 60,000 abortions are performed each year, thus 600,000 in ten years.

There is between one and three maternal death per year in Ireland in the context of 80,000 deliveries per year. Thus it is worth remembering that abortion at any gestation is safer than continuing a pregnancy at any gestation.

The mental health effects of abortion on women are also not zero but are very low. Comprehensive studies have debunked the myth that many women are psychologically hurt by abortion. The overwhelming reaction of most women is relief. Your mental health before becoming pregnant is the best predictor of your mental health after an abortion. Situations that are likely to cause problems are where the abortion is being undertaken in a situation of coercion or secrecy. The latter point is particularly pertinent in Ireland. The mental health aspects of abortion have been well elaborated by Professor of Psychiatry Veronica O'Keane who is in the audience today.

Earlier I referred to affluent Irish women. As with so many other health issues, **class issues** have a significant impact on any decision that will be made to access abortion. It costs approximately €1000 to travel to England from Ireland for an abortion, covering clinic costs, and travel and accommodation costs. This amount of money is rarely immediately available to women in poverty or low-paying jobs or who are raising children alone. Family doctors have seen women get credit union loans, not pay the mortgage, take the Holy Communion savings, the holiday money and money from under granny's mattress. Money lenders have been involved, with the woman eventually paying several times over – such is the desperation of women to control their fertility as they see fit. Child-care issues are highly significant for many women particularly in a silent community where excuses must be made

for why one is away for the weekend. I've seen all types of excuses used. One of the most common, not now so useful was that the woman had one a shopping trip for two to London on the local radio. Not a good excuse now when you are behind on your mortgage. You're unlikely to be heading on a shopping spree..

Teenage women are particularly vulnerable to cost issues and many opt to continue the pregnancy as the costs soon become insurmountable. A direct consequence of the financial issue is that Irish women have more late abortions than the average English woman. Late abortions after 14 weeks involve more invasive procedures, general rather than local anaesthetics and a greater risk to health. The delay is contributed to by difficulties in getting good information about abortion services in England, rogue counselling clinics also add to the problem, as do delays in raising the money and the need to arrange the trip in secret. Ash clouds and bad weather on the ferries take on a new meaning on Monday mornings when the distraught woman rings the surgery to see if she still has time to reschedule. Similarly an asylum seeker must be told that if she travels to the UK for an abortion she may forfeit her asylum application. The result is she must now face an enforced pregnancy. This reality is born out every day in doctors surgeries around the country.

One case that I'll always remember is of a mother bringing her young child in to the surgery on a Monday with a chest infection...

This type of story is taking place every day in Ireland- but this distress is not documented or considered valid. You don't know these stories because nobody refers to it. Other than the

publication ten years ago of the journey detailing women's stories of travel to England for abortions and last year Kathy Sheridan's piece in the Irish Times profiling women who had had abortions for years of foetal anomaly there is almost completely deafening silence around women's experiences. Indeed this voice was again absent in the recent Oireachtas hearings. More than 150000 Irish women have had abortions and were watching those hearings with interest every day. Not one woman who had had an abortion was asked to speak. Was it not considered important? Was there a risk the politicians might hear things they would prefer unsaid i.e. abortion is common in Ireland. The lack of representation puts in the shade the fact that no general practitioner was asked to speak.

In the many talks I have given on this subject in Ireland over the years, I always refer to the **overwhelming silence** around the subject of abortion.

To me the silence is a very big issue for the health profession in Ireland -. And I don't mean the silence of those who have had abortions. I make no criticism of them. I mean the silence of the doctors, the nurses, all health professionals. We see these cases and these women but we don't talk about them. There is no equivalent procedure in medicine that has such a high prevalence yet that is not discussed and indeed is actively discouraged as a subject of polite conversation amongst doctors. The judgement in the European Court of Human Rights on the ABC case spoke of the chill effect on the medical profession in Ireland. DFC had indeed detailed this in its Amicus brief to the Court. I think this is chill effect is considerable and hugely significant. It pervades Irish society but is particularly problematic amongst doctors. We, as a conservative male dominated profession have acted to uphold an out of date out of step, church dominated, anti choice viewpoint while pointedly turning

our back on the many many women patients who tell us sometimes harrowing stories of their attempts to control their own fertility.

It is in reaction to this lack of a voice that **Doctors for Choice was formed**. We are an organisation set up in response to debate at the time of the proposed 2002 referendum on abortion and suicide. We are a group of doctors reflecting all specialties but mainly psychiatry and general practice. Three of us initially got together and started a group as a reaction to the fact that at that time the only public medical voice was an anti-choice or pro-life voice. And that voice did not and does not reflect the reality of doctor's experience of abortion in Ireland and the opinion of many doctors working in Ireland then and now. Mark will address this issue in his talk. As an organisation we have also become an almost proxy voice for women who have had abortions as we are the doctors who see these women as patients and can tell their stories when they can't.

PAUSE

DFC supports a woman's right to chose abortion. We campaign for the provision of safe and legal abortion in Ireland. In that context we advocate that the legislative position re abortion in Ireland should be decriminalised along the lines of the Canadian model –i.e. regulated rather than legislated. Abortion is a gynaecological procedure and there should be no more reason that it should appear in our legislative framework than hysterectomy would.

We also advocate that abortion should be free at the point of care and that it should be provided in primary care. GPs are the doctors who engage with women in early pregnancy

and currently provide the vast amount of pre and post abortion care. We encourage early medical abortion as the method of choice; however support the need for a comprehensive surgical and late abortion service.

While we support the proposed changes to legislation along the grounds of the X case judgement we as doctors know that this will assist perhaps five to ten women a year. In the current case we can argue about how many physicians are needed to grant a request for abortion (an absurd five has been suggested) and we can demand that women can access the service close to home as opposed to in Dublin but in reality for most women it will be almost meaningless. For example it is likely that Savita Halappenavar would not have been assisted in the current proposed legislation as her situation, at time of her request for an abortion, was a threat to her health rather than a threat to her life. We argue that health and life are a continuum and cannot be separated. While we support any proposed changes in cases of rape or incest or foetal anomaly we think it is a mistake to only focus our attention on these issues. By assisting the passing of such legislation we believe it serves to entrench the exclusion of the vast majority of Irish women who have or wish to have abortions. It implies that there is validity to the argument that one abortion is more worthy than another, that one woman's health choices are more valid than another.

We would argue that you need to keep as your focus whom will be most disadvantaged by a partial solution? Affluent Irish women will continue to access abortion outside of Ireland whether the law is changed or not. But the people who will be left behind are the poor, the marginalised, the less educated, those with disabilities, asylum seekers, teenagers and those who live in small communities where finding 1000 euro in a matter of weeks, somebody to

mind your children for two days and then leave without anyone knowing why, is nigh on an impossible task.

I think instead we need to advocate for **all** Irish women's rights to access abortion in Ireland as part of a comprehensive healthcare system. There should be no hierarchy of entitlement or need. Inequality is inequality and that needs to remain the focus of any campaign.

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