

# THE EXPERTS HAVE SPOKEN

THE OIREACHTAS COMMITTEE ON HEALTH AND CHILDREN HELD THREE DAYS OF HEARINGS IN THE SEANAD CHAMBER FROM 8 - 10TH JANUARY, WHERE THEY HEARD EVIDENCE AND RECEIVED SUBMISSIONS FROM MEDICAL AND LEGAL WITNESSES AND FROM ADVOCACY GROUPS.

## **THIS BRIEF SUMMARISES THE KEY POINTS MADE BY MEDICAL EXPERTS AT THE HEARINGS**

### **SUMMARY**

- The evidence given by medical experts at the recent Oireachtas Committee hearings on abortion has seriously undermined any case for legalising abortion on suicide grounds.
- In particular, experts at the hearings agreed that abortion is not a treatment for suicide. They also confirmed that they had never come across a case where abortion was the only treatment for a woman who was suicidal.
- A leading expert in suicide prevention submitted that the government's proposals could 'normalise' suicide.
- Senior psychiatrists testified that abortion would be 'completely obsolete' in respect of a person who is extremely suicidal.
- Evidence was given that abortion can actually increase the risk of suicide.
- Experts confirmed that suicide in pregnancy is very rare - and that treatment for suicidality included providing safety, nursing support, psychological help and medication.
- Obstetricians agreed that not one woman has died in this country because of our ban on abortion or the provisions of the 1861 Act - and that women always receive appropriate care.
- They confirmed that doctors do not need to directly end the life of the unborn child in order to save a mother's life.
- Official UK figures reveal that, since 1992, not one Irish woman has undergone an abortion in Britain in order to save her life.
- Following the hearings a group of 15 Obstetricians wrote to the Committee supporting the view that existing medical guidelines protected mothers and doctors. They said that they had been excluded from giving evidence.

## EXPERT EVIDENCE HEARD AT COMMITTEE HEARINGS ON ABORTION

### 1. THE EXPERT EVIDENCE HAS DEMOLISHED THE CASE FOR ABORTION LEGISLATION

The Oireachtas Committee on Health and Children held three days of hearings where they heard evidence and received submissions from medical and legal witnesses and advocacy groups.

The key evidence heard by the Committee is detailed below and can be summarised as follows:

#### ON ABORTION AND SUICIDE (We recommend you also read the experts' own comments below)

- A.** All of the medical experts agreed that abortion is NOT a treatment for suicidality.
- B.** None knew of a case where an abortion was the only treatment for a woman who was suicidal.
- C.** None knew of a case where an Irish woman had died by suicide because abortion was not available.
- D.** Senior psychiatrists testified that abortion would be 'completely obsolete' in respect of a person who is extremely suicidal.
- E.** Evidence was given that abortion can actually increase the risk of suicide
- F.** Experts confirmed that suicide in pregnancy is very rare - and that treatment for suicidality includes nursing, psychological treatment and medication.
- G.** A leading expert in suicide prevention has said that the proposed legislation could 'normalise' suicide.

Elsewhere, John Bruton, the former leader of Fine Gael, has spoken out to oppose including suicide as a ground for abortion. And the Chairman of the Irish Association of Suicidology, Dr Justin Brophy, has also said that legislation based on the X case would create a 'logistical nightmare' for psychiatrists.

### 2. EXPERTS ALSO CONFIRMED THAT MOTHERS ARE SAFE IN IRELAND (We recommend you also read the experts' own comments below)

- A.** Experts at the hearings confirmed that not one woman has died in this country because of our ban on abortion or the provisions of the 1861 Act.
- B.** They also confirmed that doctors do not need to directly end the life of the unborn child in order to save a mother's life.
- C.** Doctors reaffirmed that terminology is hugely important, and that it is of enormous psychological importance to a woman who is having her pregnancy interrupted for a life-saving procedure whether we call that an abortion or a termination of pregnancy.
- D.** Following the hearings a group of 15 obstetricians wrote to the Committee supporting the view that existing medical guidelines protected mothers and doctors, and saying they had been excluded from giving evidence.
- E.** One leading obstetrician described as 'histrionic' claims that doctors were in fear of being jailed because of Ireland's pro-life laws.
- F.** Official figures show that since 1992 not one Irish woman has travelled to Britain for an abortion in order to save her life.

### 3. ABORTIONS ARE NOT CURRENTLY PERFORMED IN IRELAND

Much confusion was caused at the recent Oireachtas Committee Hearings when a number of newspapers reported that up to 30 'abortions' occur every year in Ireland to save mothers' lives. They misquoted the evidence of two Masters of maternity hospitals who gave figures regarding the number of 'interruptions' or 'terminations' of pregnancy taking place in their hospi-

## EXPERT EVIDENCE HEARD AT COMMITTEE HEARINGS ON ABORTION

tals each year. But, as the Masters themselves pointed out, the life of the baby was not deliberately ended in any of these instances - and the procedures are not considered abortions.

There is a crucial difference between a life-saving medical procedure and abortion. A termination of pregnancy can be a caesarean section, natural birth, an early delivery to save the life of a mother, etc. It is the ending of the pregnancy, which usually does not mean the death of the baby. An abortion, in contrast, is the direct and intentional killing of the unborn child.

Abortions do not occur in Irish medical practice when life-threatening complications arise; in this situation doctors are free to intervene and save the mother, even if this results in the unintended death of the baby.

### **4. THE 1861 ACT PROTECTS WOMEN FROM ABORTIONISTS**

Abortion campaigners want to scrap the 1861 Act because then the main law prohibiting abortion will be removed. The Act has an important function in deterring back-street abortions, as barrister Maria Steen pointed out, it prevented abortion provider Marie Stopes from opening on the streets of our towns and cities, as we recently saw in Belfast.

Claims that doctors are currently under threat of prosecution due to the 1861 Offences Against the Person Act are unsubstantiated, given the protections doctors enjoy when they act in good faith within the Medical Council Guidelines. At the hearings, medical experts confirmed that they were unaware of any instances where concerns about the 1861 Act had deterred any doctor from delivering life-saving medical care to mothers. Professor William Binchy made the point that “the concern that doctors will be arrested, prosecuted and imprisoned, as mentioned yesterday, is not a real concern in the sense that the law operates on the basis of the bona fides of the doctor's approach in this area.”

Prof Binchy also confirmed that providing clarity in the law did not require abortion legislation,

“One may say we must have legislation, which means we must have legislation that incorporates the X decision. That is a shorthand, as it were, for implementing the X case decision. However, that is not necessarily the case. One could have clarification, for example, through protocols and standards of practice with the greatest of specificity. One could have books of standards for clarification if one so desired. One could also have legislation clarifying existing medical practice in this area. It is not a question of having a fetish about legislation but rather a well-based, reasonable concern that the word “legislation” is actually a shorthand for implementation of the decision in the X case. That is a crucial point that must be made in that context.

I stress again that the evidence the joint committee has received from doctors is that they are not actually holding back and failing to administer treatments to mothers out of concern for the law. They are going ahead and doing what they should do in the circumstances to save mothers' lives. The actuality on the ground is fine.”

### **5. ABORTION PROVIDERS ENCOURAGE VULNERABLE WOMEN TO LIE**

Abortion campaigners say that opposing abortion on suicide grounds is tantamount to saying that women will lie. But recent investigations into practices at the Irish Family Planning Association, and indeed at abortion clinics worldwide, have revealed that women are encouraged to lie by abortion counsellors.

In Ireland, women were told to lie to their doctors about having undergone an abortion - a practise that leading Ob/Gyn, Dr Sam Coulter Smith, said could put women's lives at risk. In the US, as revealed by undercover investigations, women were told by abortion provider, Planned Parenthood, to lie to cover up statutory rape.

## EXPERT EVIDENCE HEARD AT COMMITTEE HEARINGS ON ABORTION

In the recent BBC *Panorama* programme, Ann Furedi of the British Pregnancy Advisory Service admitted that the mental health clause in the British Abortion Act was routinely abused.

### 6. THE EXPERIENCE OF CALIFORNIA

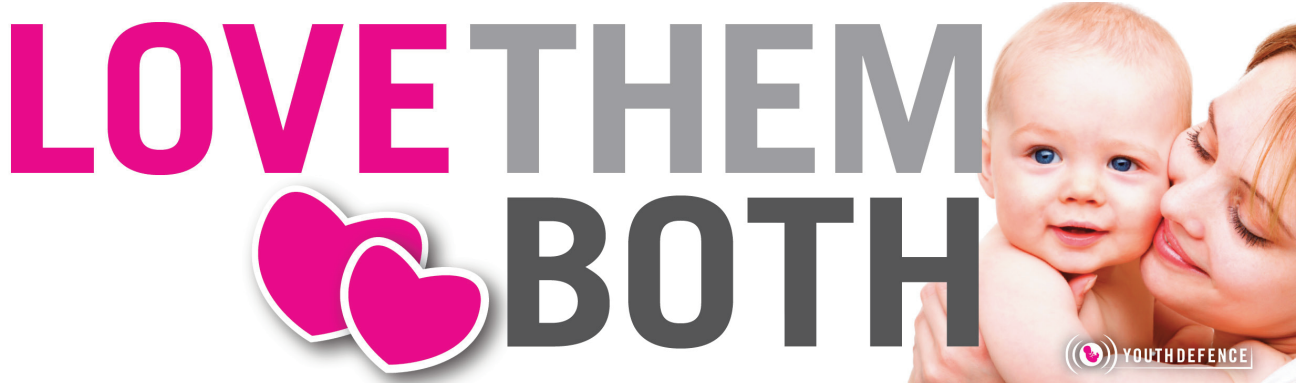
The experience of Britain in regard to abortion is well known: in 1967 the British Abortion Act legalised abortion on what were then considered restrictive grounds.

In 2011, a staggering 97% of almost 190,000 abortions carried out in Britain were performed on mental health grounds.

More than 20% of all pregnancies in Britain now end in abortion, leading the architect of the Abortion Act, Lord David Steele, to remark that: "he never envisaged there would be so many abortions".

Perhaps less well known however, is the experience of the State of California, where the 1967 Therapeutic Abortion Act allowed abortion where "the woman is dangerous to herself or to the person or property of others or is in need of supervision or restraint."

Again, it was argued that the provisions were very restrictive and could not be abused. One year later, 61,572 abortions had been performed, 98.2 per cent under the mental health provision.



Abortion: kills one, hurts another.

## ON ABORTION AND SUICIDE

### A. All of the medical experts agreed that abortion is never a treatment for suicidality

"There is no evidence either in the literature or from the work of St Patrick's University Hospital that indicates that termination of pregnancy is an effective treatment for any mental health disorder or difficulty."

**Prof James Lucey, St Patrick's University Hospital**

"...we need to become very focused on the fact there are other treatments for suicide. If a male patient pitched up in accident and emergency tonight and said he wanted to kill himself, there would be medical treatments, drugs and therapies, and these would be reviewed in a couple of weeks. That is the first-line treatment, and cases are reviewed after a couple of weeks."

**Dr Mary McCaffrey, OB/GYN, Kerry General Hospital**

"All appropriate mental health supports need to be made available for women who are at risk of suicide, have threatened to commit suicide or have suicidal ideation. The committee can ask the psychiatrists, but most people would agree that the termination of pregnancy is not a treatment in this regard."

**Dr Sam Coulter Smith, Master of the Rotunda Hospital**

"On the issue of suicide, nobody is suggesting that termination of pregnancy is a cure for mental anguish or the disorders associated with suicide ideation."

**Dr Rhona O'Mahony, Master of the National Maternity Hospital, Holles Street**

"...there is no evidence that abortion reduces suicide risk in pregnant women, and there is some evidence that it may have a negative effect in some instances."

**Professor Patricia Casey, Mater Hospital and UCD**

### B. None knew of a case where abortion was the only treatment for a woman who was suicidal

"However, we have not had the experience of seeing any women who were suicidal where the appropriate treatment for their suicidal feelings would have been a termination of pregnancy."

**Dr Anthony McCarthy, College of Psychiatry**

"Although we have discussed this among the group [of 12 Obstetricians and Gynaecologists], I personally have no knowledge of ever having cared for a woman who wanted to end her life specifically because of a pregnancy, and in my pursuit of information over the past week or so, I have been unable to identify any other consultant who did know of such a woman, which backs up the information we already have - i.e. that this is an extremely rare situation."

**Dr Mary McCaffrey, OB/GYN, Kerry General Hospital**

"I was asked if we have ever had to perform a termination of pregnancy because of risk of suicide; not in my experience."

**Dr Sam Coulter Smith, Master of the Rotunda Hospital**

"I refer to Deputy Terence Flanagan's question on whether we, as perinatal psychiatrists, have ever seen a situation in which termination of pregnancy has been the treatment for a suicidal woman. To reiterate our statement, with more than 40 years of clinical experience between us, we have not seen one clinical situation in which this is the case."

**Dr John Sheehan, Consultant Perinatal Psychiatrist, Rotunda Hospital**

"However, one must remember that it is absolutely individual, and for us, with our 40 years of experience, we have never assessed a woman for whom our management would be to advise a termination and for the legislators, this must be taken into consideration."

**Dr Joanne Fenton, Consultant Perinatal Psychiatrist, The Coombe Women's Hospital**

“In my work as a psychiatrist, I run the attempted suicide service in the Mater Hospital in which we see and assess more than 400 attempted suicides in women per year. I have never seen a pregnant woman who was suicidal for whom an abortion was the only answer.”

*Prof Patricia Casey, Mater Hospital and UCD*

**C. None knew of a case where a woman had died by suicide because abortion was not available**

“I am not aware of any death from suicide because a termination was declined.”

*Dr Mary McCaffrey, OB/GYN, Kerry General Hospital*

“All appropriate mental health supports need to be made available for women who are at risk of suicide, have threatened to commit suicide, or have suicidal ideation. The committee can ask the psychiatrists, but most people would agree that termination of pregnancy is not a treatment in this regard.”

*Dr Sam Coulter Smith, Master of the Rotunda Hospital*

**D. Senior psychiatrists testified that abortion would be “completely obsolete” in respect of a person who is extremely suicidal**

“Someone who is intensely suicidal often needs admission to hospital. It is exactly the opposite to the medical intervention and, consequently, even the notion of carrying out an emergency termination is completely obsolete in respect of a person who is extremely suicidal. I reiterate that in our practice, we see people who are profoundly depressed, who feel hopeless, worthless or utterly helpless to deal with situations. In such situations, one can see clearly the intervention usually is to admit such people into hospital, day hospital or home care but the intention is to support and help them through the crisis they are in. It is not to make a decision that is permanent and irrevocable.”

*Dr John Sheehan, Consultant Perinatal Psychiatrist, Rotunda Hospital*

“If the woman is profoundly depressed and mentally ill, she would be advised not to take any major life decision at that time, and frequently admission to hospital might be advised. Ongoing review and monitoring would typically be required.”

*Dr Anthony McCarthy, College of Psychiatry*

**E. Evidence was given that abortion can actually increase the risk of suicide**

“There is also a study which was carried out in Finland, which I did not have an opportunity to refer and which focuses on related suicide in women who had abortions or miscarriages or who gave birth. That study indicates that among those who had abortions, the suicide rate was six times the national average. In those who gave birth, it was half the national average. There is data to support the proposition that there is no evidence that abortion helps women's mental health.”

*Prof Patricia Casey of the Mater Hospital on a study which has found that women who undergo abortions were six times more likely to die by suicide.*

“Every one of us working in the perinatal service will have seen women who had terminations of pregnancy and who will feel profoundly guilty about that during a subsequent pregnancy, and it will have a negative effect on them.”

*Dr Anthony McCarthy, College of Psychiatry*

**F. Experts confirmed that suicide in pregnancy is very rare.**

“The risk of suicide in pregnancy is extraordinarily low.”

*Dr Sam Coulter Smith, Master of the Rotunda Hospital*

“International studies suggest that the suicide rate in pregnancy is from a third to a sixth of the expected rate in non-pregnant women, indicating that frequently pregnancy confers a protective effect against suicide.”

*Dr Anthony McCarthy, College of Psychiatry*

**G. One expert in suicide prevention warned that the proposed legislation could ‘normalise’ suicide’.**

One of Ireland leading experts on suicide prevention, **Professor Kevin M. Malone**, of **St. Vincent’s University Hospital and UCD**, also made a submission to the hearing where he warned of the danger of the law ‘normalising suicide’ :

“Legislating for this inexplicably legitimises and normalises “suicidality” under certain conditions - for women only. By foregrounding a theoretical risk of suicide in women, and enshrining “suicidality” in Irish law, the proposed legislation runs the risk of further invisibilising, normalising, and at worst exacerbating the much more real and volatile threat of increased suicide risk in Irish men, and potentially accelerating suicide risk in young women also. ..[I]t would be regrettable and perhaps unethical if legislation on “suicidality” were to potentially compromise the therapeutic alliance between psychiatrist and patient. Extreme caution is advised in terms of uninformed or misinformed legislation generating unintended consequences,” he wrote.

As **Dr Jacqueline Montwill**, consultant psychiatrist, has said, the treatment for suicidality in a pregnant woman "is to make sure that the patient is safe, make sure that patient is on the appropriate medication... and to make sure that the appropriate psychological treatment, support, intervention and nursing support is made available to her.”

**OTHER EVIDENCE ON SUICIDE**

**1.** The **Chairman of the Irish Association of Suicidology** has said that legislation based on the X case would create a ‘logistical nightmare’ for psychiatrists if implemented.

**Dr Justin Brophy**, a consultant psychiatrist with Wicklow Mental Health Service, made his comments in an interview with an Irish language newspaper, *Gaelscéal*.

Dr Brophy said that medical judgements can be wrong

and that suicidal intent is an 'easily fabricated condition' and that while psychiatrists can show that a woman is suicidal based on her stated symptoms, it is very difficult for them to prove that a woman who says she is not suicidal is not, nor is it their job to do so.”

**2. Eleven top-level consultant psychiatrists have also written to Fine Gael** advising them that "termination of pregnancy is not a psychiatric treatment for suicidality, nor is it mentioned as such in any of the major textbooks of psychiatry.” The letter also expresses the belief that "offering an abortion to a distressed person who is psychiatrically ill would be strongly ill-advised since the person's capacity to make important life decisions is frequently impaired."

**3. And former Fine Gael leader, Mr John Bruton**, has opposed legalising abortion on suicide grounds. He said that "when you actually look at the words in the constitution which talk of an equal right to life. Well, a possibility is never equal to a certainty. All you can ever say about suicidal ideation is that there is a possibility that it might be fulfilled, whereas in the case of a termination you have the certainty of the ending of that other life ..."

**4.** A British abortionist has admitted that the mental health clause in the British Abortion Act is routinely abused. In a BBC *Panorama* programme, **Ann Furedi**, the chief executive of the **British Pregnancy Advisory Service**, has admitted that British doctors actively ‘pretend’ that women's mental health is at risk so that they can sign off abortions without questions being asked.

The programme also heard from **Professor Clare Gerada**, chairperson of the **Royal College of GPs**, who confirmed that the mental health risk is not objectively tested. “What we have is what the woman tells us,” she says. “It isn’t for me to judge her or be moralistic.”

## ON PROTECTING MOTHERS' LIVES

### A. Experts testified that not one woman has died in this country because of our ban on abortion or the provisions of the 1861 Act

"I was asked if there had been any needless maternal deaths because people would not or felt they could not act. I am not aware of any such case."

*Dr Sam Coulter Smith, Master of the Rotunda Hospital*

"I am not aware of any needless deaths ... I have never withheld treatment because of the law and I am not aware of it occurring in my unit. I have never heard of it from a colleague. Women receive appropriate treatment."

*Dr Mary McCaffrey, OB/GYN, Kerry General Hospital*

"I am not aware of any situation in which the lack of legal clarity prevented appropriate care. It has certainly not occurred in our hospital and I am unaware of it occurring anywhere else. I have never withheld appropriate treatment from a patient when it was required."

*Dr Sam Coulter Smith, Master of the Rotunda Hospital*

### B. They confirmed that doctors do not need to directly end the life of the unborn child in order to save a mother's life

"I was asked if there were circumstances in which a foetus had to be killed in utero rather than delivered. In most circumstances it is possible to deliver the baby or foetus without killing the baby inside."

*Dr Sam Coulter Smith, Master of the Rotunda Hospital*

"We never kill a foetus. That is not our aim. Occasionally it is required that we deliver a pregnancy before the baby is viable or capable of surviving in our neonatal intensive care unit. When there is any possibility at all that we can preserve the life of the baby we will do so. We are able to do so from very low gestations, from 23 weeks on and in those cases members can be very certain that we will make every effort to preserve life."

*Dr Rhona O'Mahony, Master of the NMH, Holles Street*

"In these exceptional circumstances, it may be necessary to intervene to terminate the pregnancy to protect the life of the mother, while making every effort to preserve the life of the baby."

*Dr Kieran Murphy, President, Irish Medical Council*

### C. Doctors reaffirmed that there is a difference between abortion and the interruption of a pregnancy for a life-saving procedure

"There are a number of issues that I would like to highlight. The first, on what might seem a small point but is hugely important, is the terminology we use when we talk about this subject. Some people will use the term 'abortion', while some will use 'termination of pregnancy'. It is of enormous psychological importance to a woman who is having her pregnancy interrupted for a life-saving procedure whether we call that an abortion or a termination of pregnancy."

*Dr Sam Coulter Smith, Master of the Rotunda Hospital*

Which echoed the *Clinical Practice Guide of the Institute of Obstetricians and Gynaecologists*: "Women are sensitive about references to pregnancy loss. As their loss is not out of choice, use of words like 'abortion' can be sometimes offensive at a vulnerable time. Hence, discussion or documentation of management of early pregnancy loss should be worded appropriately."

### D. A group of 15 obstetricians wrote to the Committee supporting the view that existing medical guidelines protected mothers and doctors. They had been excluded from giving evidence

"The proposed legislation arises not from any evidence-based medical need but from obligations to the Government arising from the European Court of Human Rights," they wrote. And they pointed out that: "Legislation may influence doctors into taking a legal rather than a clinical perspective when making critical decisions. Well-established clinical practice in seriously ill mothers may become subject to regulations that result in delaying clinical ac-

tion to transfer or deliver a patient. Existing guidelines cover such situations."

***The medical experts also warned that:***

"Legalised abortion may affect recruitment of doctors into Obstetrics and Gynaecology in the long term. Compulsion to perform abortions by regulators or employers would exacerbate this."

Section 58 and 59 of the Offences against the Person Act remain the Law in the United Kingdom, and have been used in recent times in the prosecution of illegal abortion providers. The removal of these sections has implications wider than for medical practitioners only."

And they pointed out that "Maternal outcomes in Ireland are acknowledged to be of the highest international standard and better than those of our nearest neighbour, the UK. Psychiatric grounds for abortion on the basis of suicide risk appear non-existent, in the view of experts in this field. An obstetrician, the doctor with a responsibility to two patients, faced with terminating a normal pregnancy on grounds of suicide risk would be placed in an impossibly conflicted situation, where there is no benefit to the mother," they said.

**E. One leading obstetrician described as 'histrionic' claims that doctors were in fear of being jailed because of Ireland's pro-life laws**

***The Irish Independent reported that:***

"Claims by Dr Rhona Mahony that obstetricians work under the shadow of going to jail were described as 'histrionic'. Dr Mahony, who is Master of Dublin's National Maternity Hospital, told the Oireachtas hearings on abortion that: "I need to know that I will not go to jail, if in good faith, I believe it is the right thing to save a woman's life, to terminate her pregnancy."

Dr Trevor Hayes, a consultant obstetrician at St Luke's Hospital, said he found her remarks to be 'histrionic'.

"I never heard of any doctor being concerned about the gar-

dai coming in. When you are a doctor, your first law is to above all, do no harm. If you have to bring forward a delivery to save a mother's life, you are clear, as a doctor."

[www.independent.ie/national-news/maternity-chief-accused-of-histrionics-3350345.html](http://www.independent.ie/national-news/maternity-chief-accused-of-histrionics-3350345.html)

## OTHER ADVOCATES AT THE HEARINGS

**1. Pro-life advocates asked the government to protect mother and baby, a requirement which does not ever require legalising the direct and intentional killing of an unborn child.**

"Abortion and maternal health care is the crux of this issue. It goes without saying that Ireland is a world leader in maternal health. Our excellent track record and high standards of maternal health care, coupled with our extremely low rate of maternal mortality, are second to none. We have achieved such high standards without legalised abortion."

This is because Irish obstetricians and other specialists will always intervene to save the life of a mother when she has a life-threatening complication of pregnancy. As a medical practitioner, I believe the current Medical Council's guidelines are crystal clear on the question of intervening in pregnancy when a woman's life is at risk. I echo Professor Fionnuala McAuliffe's recent comments that obstetricians know they have absolute freedom to intervene to save the life of a woman, even if it means the loss of the life of her unborn baby."

***Dr Eoghan de Faoite, Youth Defence***

"There has been some discussion of the decriminalisation of abortion. That is a very worrying suggestion because the 1861 Act does not just apply to doctors, it applies to anybody who attempts to procure an abortion. It has an important function in deterring back-street abortions. It also deters abortion clinics from opening on the streets of our towns and cities, such as we recently saw in Belfast."

***Maria Steen, the Iona Institute***

“The third edition of *Revision Notes in Psychiatry*, edited by Professor Basant Puri, which is the major text book on psychiatry states, ‘Only 10% of women suffer with severe or prolonged sequelae as a result of induced abortion.’ The word ‘only’ shows the approach being taken to women who suffer as a result of abortion. This percentage amounts to approximately 19,000 women in Britain and 400 in Ireland per year.”

*Dr Seán Ó Domhnaill, The Life Institute*

**2. They also pointed out that official statistics showed that not one single abortion had been carried out on an Irish woman in Britain to save the life of a mother**

"Claims are often made by pro-abortion campaigners that women need to leave Ireland to access, so called, life-saving abortions in the UK or elsewhere. Almost always, these claims are made without foundation or fact. Figures freely available under FOI legislation from the Department of Health show these claims to be entirely false.

The most recent data from the Department of Health for the years 1992 to 2010, inclusive, show that zero abortions were carried out on Irish women in Britain under category F of the Abortion Act which records abortions carried out to save the life of the mother. Furthermore, zero abortions were carried out on Irish women in Britain during the same period under category G, which records abortions carried out ‘to prevent grave permanent injury to the physical or

mental health of the pregnant woman.’ That number is zero because Irish women are never denied the life-saving care they need during pregnancy. The truth remains that Irish women are safe in Ireland and are receiving, today, whatever life-saving treatments they need.”

*Dr Eoghan de Faoite, Youth Defence*

**3. Abortion supporters want to see abortion on demand legalised without term limit. They also support the ‘right’ to kill an unborn child simply because she is a girl**

“The issue which is left for this government to resolve, is whether there should be a cut off point for obtaining an abortion . While this cut-off date is common internationally, I recommend that one should not be included in our legislation.”

*Ciara Staunton, School Of Law, NUI Galway*

“Any ban on abortion for the purpose of sex selection would not counteract the entrenched gender bias that underlines this practice. It has been the experience of other cultures that such bans have been ineffective and have further exacerbated gender discrimination by undermining women's autonomy and creating additional obstacles to women's health care.”

*Jacinta Fay, Choice Ireland*



LIFE INSTITUTE