



7th May 2021

Dear Chair,

I am writing on behalf of Belfast Feminist Network (BFN) who are grateful for the opportunity to contribute to your Committee's scrutiny of the Severe Fetal Impairment Abortion (Amendment) Bill. BFN is a collective established in 2010 to advocate on all issues that affect women. We have long been supporters of liberalising abortion law in Northern Ireland due to the harms cause by criminalisation. Many of us have had personal experiences of abortion in a range of circumstances and we speak from that standpoint.

We endorse the information provided to the committee from Alliance for Choice and the Women's Policy Group. Our members have contributed to the Women's Policy Group submission and it represents the views of this group. In addition we would urge the committee to engage with the clinical expertise of groups like the Northern Ireland Abortion and Contraception Taskgroup¹, Doctors for Choice and the Royal Colleges representing those frontline healthcare workers involved in patient care.

In addition BFN would like to offer the following comments on the Bill for the committee's considerations:

- If this legislation were implemented it would be in breach of both domestic legislation and international human rights standards. In order to comply with the terms of Section 9 of the Northern Ireland (Executive Formation etc) Act 2019 access to abortion must be available on the grounds of severe fetal anomaly and that this must be clear in law and accessible in practice. This is a requirement under international human rights law as articulated by the United Nations Committee for the Elimination of Discrimination Against Women and it is now justiciable under our own domestic legal system via the NIEFA. Should this Bill be passed by the NI Assembly it will immediately be challenged in court and likely to be struck down. We see this Bill as a futile exercise that only serves to cause further harm to people with complex pregnancy diagnoses.

¹ <https://bsacp.org.uk/northern-ireland-abortion-and-contraception-taskgroup-niact-report/>

- However, this is not just about the letter of the law. The CEDAW committee and the UK Parliament have enforced this provision due to years of campaigning from people with direct experience here in Northern Ireland as well as those in the South. It is from listening to the painful stories of those let down by our system, that turned its back on them when they needed care the most, that these laws have been derived. We cannot continue to abandon people or export their painful experiences and call ourselves a compassionate society. How many more times do people who've been through these situations have to pour out their trauma before we will act to prevent it happening to more families?
- There is myth-making at the heart of this bill. The Bill's authors want to suggest that abortion is routinely offered after 24 weeks to people who have received diagnoses of specific conditions such as Down's Syndrome. In the reality of clinical practice, the circumstances in which abortion will be made available on the grounds of a fetal anomaly is not a blanket approach based on the presence of a particular condition. The clinical guidance of the Royal College of Obstetricians and Gynaecologists states that there is "no legal definition" and "[a]n assessment of the seriousness of a fetal abnormality should be considered on a case-by-case basis, taking into account all available clinical information"². This means that in practice, doctors do not offer terminations after 24 weeks for any condition without a clinical assessment of the likely seriousness of the impairment in that particular case. We would urge the Committee to seek the experience and expertise of the excellent clinicians that work here in Northern Ireland providing care to families as well as those who have worked in GB for many years in the legal framework that this Bill's authors are critical of.
- Our own members and our partners in organisations like Terminations For Medical Reasons (TFMR) have painful experiences of the realities of fetal anomaly diagnosis and it is clear that restricting access to fatal anomalies would not deliver effective care. In the majority of circumstances where a devastating diagnosis is given, the best that doctors can offer families is a balance of probabilities as to how long their baby might survive. A fatal diagnosis, with concrete definition in law, is not an adequate tool for dealing with the reality of most cases. The legal framework in the South of Ireland has been heavily criticised in this regard and this restriction is likely to be a central focus of the forthcoming review. TFMR campaigners have highlighted that the vast majority of people with severe diagnoses are still having to travel to England as doctors are uncertain about calling these diagnoses fatal. They are calling for the division between severe and fatal to be removed³. If this Bill were to be introduced it would mean families receiving a complex diagnosis at the 20 week scan having only 4 weeks to explore their options, including the possibility of a referral to fetal medicine, and ultimately making a decision about whether or not to continue the pregnancy. This leads to additional trauma for people in grief.

² <https://www.rcog.org.uk/globalassets/documents/guidelines/terminationpregnancyreport18may2010.pdf>

³ <https://www.thejournal.ie/fetal-diagnosis-5386250-Mar2021/>

- BFN is grateful to the doctors and other healthcare professionals who have fought for these changes in law so that they can provide compassionate care to people. We reject the suggestion in the Bill that these same doctors will pressure families to make a particular decision. As a social justice organisation, we believe there needs to be a social and rights based understanding of disability throughout our society, including in the healthcare system. This would lead to greater support for both disabled people seeking reproductive healthcare and families raising disabled children. Given that the vast majority of abortions where a fetal anomaly diagnosis has been received take place before the 24 week cut off, this Bill will do nothing to change the decisions families make. What would be much more likely to impact on those very personal decisions would be a commitment to social support, providing financial security for parents who have to give up work to become full time carers, a package of education support that effectively addresses barriers disabled children face, a welfare system that values disabled people rather than vilifying them and a commitment to eliminating the discrimination disabled people face throughout their lives. This Bill is therefore extremely misguided.

We are grateful for the opportunity to contribute to evidence-based, participative policy making and look forward to the outcome of the Committee's consideration.

Yours sincerely,

Kellie Turtle

Organiser with Belfast Feminist Network