



**Response to the Call For Evidence - Severe Fetal Impairment Abortion (Amendment) Bill
May 2021**

As members of the Women's Policy Group, Here NI endorses the collective response to this call for evidence.

We would particularly highlight that failing to provide the option of abortion care where there is a diagnosis of severe fetal impairment would constitute a human rights breach. The UN-CEDAW committee recommended that there must be abortion provision for 'severe foetal impairment, including FFA'¹, anything less is a breach of international minimal human rights standards. This recommendation is incorporated into domestic law as part of the Northern Ireland (Executive Formation etc) Act 2019.

We would also highlight that disability rights and the rights of women and pregnant people are not at odds, indeed one person may need access to both. The UN-CRPD and UN-CEDAW jointly stated 'that disability rights and gender equality are two components of the same human rights standard that should not be construed as conflicting, and clarifies that States must take effective measures to enable women, including women with disabilities, to make autonomous decisions about their sexual and reproductive health and ensure that women have access to evidence-based and unbiased information in this regard. It also underlines as a critical issue that all women, including women with disabilities, are protected against forced abortion, contraception or sterilisation against their will or without their informed consent.'²

We also note the comments made by UN-CEDAW that 'While the Committee consistently recommends that abortion on the ground of severe foetal impairment be available to facilitate reproductive choice and autonomy, States parties are obligated to ensure that women's decisions to terminate pregnancies on this ground do not perpetuate stereotypes towards persons with disabilities.'

As well as breaching human rights, restricting the language of abortion legislation also restricts the care medical professionals can give³. Instead of prioritising their patient and their wishes, they are forced to become legal experts to decide whether treating their patients would be lawful or not. Medical best practice should be decided by the regulating professional bodies, not legislation. Already we have seen the impact of restrictive legislative

¹ CEDAW/C/OP.8/GBR/1 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,

² CEDAW and CRPD Committees (August 2018). 'Guaranteeing sexual and reproductive health and rights for all women, in particular women with disabilities': Joint statement by the Committee on the Rights of Persons with Disabilities (CRPD) and the Committee on the Elimination of All Forms of Discrimination against Women (CEDAW)

³ <https://bmjopen.bmj.com/content/bmjopen/7/5/e014716.full.pdf>



language in the Republic of Ireland, where over 100 women had to travel in 2019⁴ to England for 'Ground E' abortion care as their diagnosis was not 'severe' enough to satisfy the legislative requirements.

If SFI is removed as a permitted reason this would put NI once again behind Great Britain in terms of healthcare provision. Those who seek a termination for medical reasons would be forced to travel to England, where they could receive funded treatment, all be it away from their medical team and support structures. Travel for abortion care brings risks to both mental and physical health, with the added risk of Covid-19 at the present time. There is also the issue of remains. People are left to organise transport to bury or cremate their baby, or must leave them behind for tests to be carried out. This is unthinkable, and led to the resignation of Dr Gannon in 2016⁵, unfortunately it seems little has changed for these families. We would urge the Committee to read this father's account of traveling to England as their son's diagnosis did not satisfy the requirement in Irish legislation; "I had to explain to a gentleman three times that I had my son's ashes with me and I didn't want them to go on the conveyer belt. Since Riley was born I had never felt that far away from tears but some moments felt much closer than others. He was able to do a swab test and we went through."⁶ This is the real life impact of restricting termination for medical reasons.

We support improvement in care for those who chose to continue with their pregnancy after receiving a SFI diagnosis, as they care for their child, and for disabled people generally. We also support the commission of abortion care in line with the regulations. These two options do not need to be either or, people should be able to make informed choices and be supported whatever their decision. This is a pro choice position.

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⁴https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/891405/abortion-statistics-commentary-2019.pdf

⁵ <https://www.belfasttelegraph.co.uk/news/uk/doc-who-told-ni-parents-to-put-dead-baby-in-picnic-cooler-bag-quits-over-abortion-interventions-35048334.html>

⁶ <https://www.thejournal.ie/readme/maternity-care-5381970-Mar2021/>