

6 May 2021

FAO The Chair & Members of the NI Assembly Committee for Health

**Re: Request for Views on The Severe Fetal Impairment Abortion
(Amendment) Bill**

We refer you to our attached 2019 submission to the Consultation entitled: 'A new legal framework for abortion services in Northern Ireland'.

The College is committed to good practice and safeguarding the welfare of all patients.

We would wish at all times to support and encourage practice which fosters positive attitudes towards women and people with mental illness and learning disability.

We thank you for the opportunity to respond.

Yours sincerely,



Dr Richard Wilson, Consultant Psychiatrist
Chair of RCPsych in NI & Vice President RCPsych

A new legal framework for abortion services in Northern Ireland

Implementation of the legal duty under section 9 of the Northern Ireland (Executive Formation etc) Act 2019

Annex D: Consultation questions

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Are you responding as an individual or representing the views of an organisation? If you are responding on behalf of an organisation, please make it clear who the organisation represents and, where applicable, how the views of members were assembled.	

Details of organisation (if applicable)	<p>Royal College of Psychiatrists NI: The Royal College of Psychiatrists is the statutory body responsible for the supervision of the training and accreditation of psychiatrists in the UK and for providing guidelines and advice regarding the treatment, care and prevention of mental and behavioural disorders. Among its principal aims are to improve the outcomes for those with mental illness and to improve the mental health of individuals, families and communities.</p> <p>The College has approx. 400 members in Northern Ireland, including doctors in training. These doctors provide the backbone of the local psychiatric service, offering inpatient, day patient and outpatient treatment, as well as specialist care and consultation across a large range of settings.</p> <p>This is submitted on behalf of the Royal College of Psychiatrists in Northern Ireland Devolved Council after canvassing the Members at large and considering the views expressed by those who made contact.</p> <p>It is clear that the question of termination of pregnancy is a societal and political one rather than a psychiatric issue and the College has restricted its responses to matters relevant to its area of expertise (- see Reply 15 below.)</p>
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Question 1: Should the gestational limit for early terminations of pregnancy be:	Yes	No
Up to 12 weeks gestation (11 weeks + 6 days)		
Up to 14 weeks gestation (13 weeks + 6 days)		
If neither, what alternative approach would you suggest?		
See Reply 15 below.		

Question 2: Should a limited form of certification by a healthcare professional be required for early terminations of pregnancy?	Yes	No
<i>If no, what alternative approach would you suggest?</i> See Reply 15 below.		

Question 3: Should the gestational time limit in circumstances where the continuance of the pregnancy would cause risk of injury to the physical or mental health of the pregnant woman or girl, or any existing children or her family, greater than the risk of terminating the pregnancy, be:	Yes	No
21 weeks + 6 days gestation		
23 weeks + 6 days gestation		

If neither, what alternative approach would you suggest?

This specific question of gestational time limit falls outside our area of expertise.

There is very limited evidence available either on the potential impact of a pregnancy on a woman’s mental health or on the likelihood that a continuation of the pregnancy would lead to suicide, for example. It is recognized that suicide in pregnancy is extremely rare; the prevalence of mental illness in the post natal year is significantly higher for all women regardless of whether the pregnancy was wanted or not.

The relationship between an unwanted pregnancy and risk of mental health problems was the subject of the report ‘Induced Abortion and Mental Health: A systematic review of the evidence - full report and consultation table with responses’ - December 2011. This report was commissioned and published by the Academy of Medical Royal Colleges (AoMRC), funded by the Department of Health, and carried out by the National Collaborating Centre for Mental Health (NCCMH) at the Royal College of Psychiatrists. The report, which was based primarily on epidemiological studies, also commented on the overall poor quality of research in this area and concluded that the rates of mental health problems for women with an unwanted pregnancy were the same whether they had an abortion or where the pregnancy went to term. See report: https://www.aomrc.org.uk/wp-content/uploads/2016/05/Induced_Abortion_Mental_Health_1211.pdf

We acknowledge that the research is equivocal and knowledge is limited in this area. There is a need for ongoing research to be conducted. At the present time, assessment where necessary should be made on the best available evidence to inform clinical discussions, with decisions being made on a case by case basis.

Question 4: Should abortion without time limit be available for fetal abnormality where there is a substantial risk that:	Yes	No
The fetus would die in utero (in the womb) or shortly after birth		
The fetus if born would suffer a severe impairment, including a mental or physical disability which is likely to significantly limit either the length or quality of the child’s life		

If you answered 'no', what alternative approach would you suggest?

See Reply 15 below.
 Beyond this, we would comment that the terms are poorly defined.
 Women must not be pressurized either to continue with a pregnancy or to undergo a termination. It is important that women are given as much information, advice and support as possible regarding all options when faced with this situation so as to make their own informed decision free from any undue influence.

Question 5: Do you agree that provision should be made for abortion without gestational time limit where:	Yes	No
There is a risk to the life of the woman or girl greater than if the pregnancy were terminated?		
Termination is necessary to prevent grave permanent injury to the physical or mental health of the pregnant woman or girl?		

If you answered 'no', what alternative provision do you suggest?

See Reply 3 above.

Question 6: Do you agree that a medical practitioner or any other registered healthcare professional should be able to provide terminations provided they are appropriately trained and competent to provide the treatment in accordance with their professional body's requirements and guidelines?	Yes	No

If you answered 'no', what alternative approach do you suggest?

See Reply 15 below.

Question 7: Do you agree that the model of service delivery for Northern Ireland should provide for flexibility on where abortion procedures can take place and be able to be developed within Northern Ireland?	Yes	No
If you answered 'no', what alternative approach do you suggest? See Reply 15 below.		

Question 8: Do you agree that terminations after 22/24 weeks should only be undertaken by health and social care providers within acute sector hospitals?	Yes	No
	X	
If you answered 'no', what alternative approach do you suggest? As medical practitioners, we say that any procedure should take place in the most clinically appropriate environment to provide safe clinical care.		

Question 9: Do you think that a process of certification by two healthcare professionals should be put in place for abortions after 12/14 weeks gestation in Northern Ireland?	Yes	No
Alternatively, do you think that a process of certification by only one healthcare professional is suitable in Northern Ireland for abortions after 12/14 weeks gestation?		
If you answered 'no' to either or both of the above, what alternative provision do you suggest? See Reply 15 below.		

Question 10: Do you consider a notification process should be put in place in Northern Ireland to provide scrutiny of the services provided, as well as ensuring data is available to provide transparency around access to services?	Yes	No
	X	
If you answered 'no', what alternative approach do you suggest?		

Question 11: Do you agree that the proposed conscientious objection provision should reflect practice in the rest of the United Kingdom, covering participation in the whole course of treatment for the abortion, but not associated ancillary, administrative or managerial tasks?	Yes	No
		X
If you answered 'no', what alternative approach do you suggest?		
<p>The proposed statutory framework for conscientious objection should address the unique legislative situation which this would create in Northern Ireland as the detail of what is proposed differs from the situation pertaining in GB.</p>		

Question 12: Do you think any further protections or clarification regarding conscientious objection is required in the regulations?	Yes	No
	X	
If you answered 'yes', please suggest additional measures that would improve the regulations:		
<p>There must be no discrimination against anyone exercising his/her conscientious objection nor against anyone who is involved in the provision of abortion services.</p>		

Question 13: Do you agree that there should be provision for powers which allow for an exclusion or safe zone to be put in place?	Yes	No
	X	
If you answered 'no', what alternative approach do you suggest?		

Question 14: Do you consider there should also be a power to designate a separate zone where protest can take place under certain conditions?	Yes	No
If you answered 'no', what alternative approach do you suggest?		
See Reply 15 below.		

Question 15: Have you any other comments you wish to make about the proposed new legal framework for abortion services in Northern Ireland?

As previously noted, the College has restricted its responses to areas in which its expertise lies.

The College accepts that this is an emotive issue with strongly held views on either side of any discourse on same. The same applies within our membership and we have tried to achieve consensus and common ground. These are complex and difficult issues and the opinions expressed in this submission will not represent the views of all our members.

All women should have access to advice and the opportunity to avail of counselling if they wish.

As the science and evidence base in this area develops, particularly in the area of foetal development, there must be provision for regular review of the legislation in this area.

We note that, in the Equality Screening Template, it is not considered that the Section 75 category of disability will be affected in a major way, as women with a disability will have equal access to services. However, it is vital that people with disabilities have full access to this consultation and their views sought as to the potential impact of the legislation on perceptions of those with disabilities. Similarly, those who represent those with disabilities should be consulted on this.

Issues of consent and capacity should be dealt with in line with any other medical procedure.

We reiterate from the GMC's 'Good Medical Practice, Domains 3 & 4: Maintaining Trust' document:

<https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-medical-practice>

“Paragraph 48

You must treat patients fairly and with respect whatever their life choices and beliefs.”

“Paragraph 59

You must not unfairly discriminate against patients or colleagues by allowing your personal views to affect your professional relationships or the treatment you provide or arrange.”