

Evangelical Alliance

'Ending the life of an unborn child' Amendment to Justice Bill 2014

The Evangelical Alliance is the largest body serving the 2 million evangelical Christians in the UK. Its membership includes denominations, churches, organisations and individuals. The mission of Evangelical Alliance is to present Christ credibly as good news for spiritual and social transformation. The Evangelical Alliance office in Northern Ireland was opened in 1987 specifically to meet the needs of the community here. Our two main objectives are Unity and Advocacy- bringing Christians together and providing a voice to government, media and the public square.

As an organisation we believe that life in all circumstances is a generous gift from God. We believe in the sanctity of that life from the beginning and that is never to be ended at our convenience. The death of any child before birth is always a particular tragedy. Our members in Northern Ireland care deeply about the life, wellbeing and relationships of those affected by pregnancy crises and abortion.

The Evangelical Alliance broadly welcomes this amendment.

We will firstly outline our position in relation to the proposals in the amendment. We will then raise a few questions about terminology and phrasing.

Why we broadly welcome this amendment.

- **Ending the life of an unborn child is completely different to the provision of everyday health care services.**

Generally we are cautious when it comes to the State restricting personal freedoms and choice. We are also hesitant when the State attempts to reserve certain activities within only their control. However in this case we see

an argument for limiting the provision of abortions to Health and Social Trust property. This is partly for the accountability and regulatory reasons outlined below. The main reason however is that we believe that government has a duty in upholding the sanctity of life. In other parts of the UK, America and world-wide the provision of abortion 'services' on demand under the guise of 'reproductive rights' has led to a growth in the abortion industry. An industry making financial gain from the death of unborn children. Most of these abortions, over 99% in England and Wales are not for reasons that would be legal in Northern Ireland¹. It is the ultimate consumerisation of humanity – the consumer's right to choose whether another human being lives or dies. Woven into the legal power to provide abortions in Northern Ireland comes the responsibility to protect the life of the mother and unborn child. As our law currently stands, we believe this responsibility is best held by the Health and Social Care Trusts and not those actively campaigning to change the law here for a narrow ideological or financial gain.

- **Lawful terminations outside premises operated by a Health and Social care Trust are hard to track.**

For the past few years the Health Service here has been able to provide figures relating to the number of abortions carried out by them in Northern Ireland. There is currently no mechanism to regulate or compel private providers of abortions to do likewise. This data is important to identify trends and the information, pertaining to such a fundamental issue, is certainly in the public interest.

Allegations have been made that private health care providers are currently practicing unlawful abortions. In 2007 a Marie Stopes programme director admitted at a conference in London to carrying out '...illegal abortions all over the world'². Comments like this do little to foster trust that such private

¹ Abortion Statistics: England and Wales 2013 - Section 2.13 'Abortions are rarely performed under grounds F or G. In the past 10 years, 4 such abortions have been performed, 1 in each of years 2006, 2011, 2012 and 2013.'

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/319460/Abortion_Statistics__England_and_Wales_2013.pdf

² <https://www.youtube.com/watch?v=9Cf7Rg8zxd>

providers will operate inside the law. In fact as the law stands it is impossible to determine if an abortion occurring in a private health care environment has been carried out within or outside the law. In an interview with the Justice Committee, Marie Stopes representatives refuse to state the number of abortions that had been carried out within the Belfast clinic until there was a legal framework that required them to do so³. There is currently no mechanism to provide accountability or transparency in Northern Ireland for private health providers which perform abortions. It is assumed that the implementation of this amendment, and making all abortions illegal outside of premises operated by a Health and Social Care Trust, will go some ways to avoiding this issue.

- **The issue of standards of clinical practice outside Health and Social Care Trusts.**

Guidelines have been produced by the Department of Health and Social Care entitled 'The limited circumstance for a lawful termination of pregnancy in Northern Ireland'. Although delayed and still in draft form this guidance document provides a practical steer for health and social care professionals within the Trusts. However these preferred practices do not apply to private health care facilities. We have concerns about the standards of care and accountability of private organisations operating outside of this framework.

There are a number of cases in recent years in other parts of the UK where private abortion procedures have gone wrong. In 2007 a fifteen year old girl died five days after an abortion at a Marie Stopes centre in Leeds. The clinic failed to give the young girl the antibiotics she required in order to combat infection, as a consequence the fifteen year old died of a heart attack⁴. In 2011 a doctor practicing in a Marie Stopes centre in London perforated a woman's uterus and left parts of her baby inside her after conducting an abortion⁵. Again in the Marie Stopes clinic in London a woman died after travelling from the Republic of Ireland to have an abortion. It is reported that

³ <http://www.niassembly.gov.uk/Assembly-Business/Official-Report/Committee-Minutes-of-Evidence/Session-2012-2013/January-2013/Marie-Stopes-International-Compliance-with-Criminal-Law-on-Abortion-in-Northern-Ireland/>

⁴ <http://www.dailymail.co.uk/news/article-1165048/Coroner-hits-Marie-Stopes-abortion-clinic-15-year-old-dies-following-termination.html>

⁵ <http://www.independent.ie/world-news/europe/doctor-struck-off-as-abortion-nearly-kills-irish-woman-26798027.html>

she suffered a heart attack caused by extensive internal blood loss⁶. Although all of these cases involve Marie Stopes, the principle applies that guidelines for clinical practice relating to abortion cannot be enforced on any private hospital, clinic or health care provider in Northern Ireland. This amendment will ensure that all facilities that practice lawful terminations within Northern Ireland do so within the limits of the law and best medical practice.

- **We welcome the fact that in circumstances of urgency no fee will apply to the woman.**

It would surely be morally wrong to charge a woman for life-saving emergency care while she is in such a medically vulnerable state. We also wish to highlight the glaring conflict of interest when a private clinic counsels vulnerable women and yet receives revenue from providing the same woman with an abortion.

Words and Phrasing

- **Clause 11A (1) *'End the life of the unborn child at any stage of that child's development'*.**

This turn of phrase is not seen anywhere else in UK legislation and while we welcome the intention, we wonder if it could potentially be miss-interpreted? This phrasing appears at first reading to prohibit the distribution of contraceptives like IUD's and the morning after pill. Contraceptives prevent fertilised eggs, referred to as zygotes, from implantation in the womb lining. This zygote is new life; it is the first stage of a child's development. A zygote has all the characteristics of a unique human organism; given the right environment it can continue its own self-directed growth. We understand that the morning-after-pill is used as an 'emergency contraceptive' but that it also has contraceptive properties, taking effect after fertilization occurs in some instances.

⁶ <http://www.bbc.co.uk/news/world-europe-23401781>

We note that in the last debate in the Assembly on this amendment, this phrasing and the morning-after-pill and IUD's were discussed. We welcome that many opponents of the clause readily accepted the premise that the life of the unborn child began at conception. Some were therefore concerned that a person supplying the morning after pill could be prosecuted for ending this life. At that time, Mr Edwin Poots and others stated that no-one could be prosecuted for an offence of ending a life where it could not be proved that a life indeed existed at the point when the morning-after-pill was taken⁷.

Applying this logic, does it also need to be proved that a life existed before someone could be prosecuted under clause 3 of the amendment? i.e. Does the PPS have to prove a specific life existed before successfully prosecuting someone who supplies a woman with the abortion pill with the clear intention of ending her pregnancy? Perhaps the PPS or the Attorney General could clarify this point further?

- **Clause 11A (2b) 'Circumstance of urgency'**

Is there a clear definition of what is meant by a 'circumstance of urgency'? Would this include a threat to the mental health of the woman? This phrase 'circumstance of urgency' could be used to defend abortions performed outside the Health and Social Care Trust for a spectrum of mental health reasons. There is great ambiguity in what is termed as adverse effect on the woman's mental health. For example, if the amendment passes as it is, could a counsellor operating outside the Health and Social Care Trust decide that a woman's mental health constituted a 'circumstance of urgency' under the law and advise an abortion in a private clinic? We would suggest that this be amended to something like 'circumstance of urgency where the physical life of the woman is at immediate risk.'

- **Clause 11A (3) 'If that person does any act, or causes or permits any act'**

⁷ 'How could Minister Ford suggest that someone could be prosecuted for giving out the morning-after pill or, indeed, IUDs — to say that there could be some prosecution involved in that, or the law was not clear on it — when there was no evidence of a pregnancy in the first instance? You could not prosecute someone for terminating that pregnancy.' Mr Edwin Poots - <http://www.niassembly.gov.uk/Assembly-Business/Official-Report/Reports-12-13/12-March-2013/#7>

Does the amendment seek to include the distribution and/or purchase of abortifacients within Northern Ireland? Many women in Northern Ireland are now buying abortifacients online⁸⁹. This is unlawful both within existing law and within the proposed amendment. We are very concerned about the potential health risk for the women and the unborn child. There is however little or no evidence of these unlawful terminations and it is hard to imagine how this practice could be policed effectively. There are also potentially difficulties with prosecution as outlined above. If we are to protect the unborn child from online abortifacients we need to increase commitment to prevention of crisis pregnancies through relationship and sex education. We also need to focus on pregnancy crisis care giving woman practical help and positive alternatives like adoption.

Existing problems which need to be addressed

As previously mentioned there is already admittance to illegal abortions within certain private clinics¹⁰ and there has already been a refusal to provide evidence of procedures carried out within private healthcare facilities¹¹. Bearing this in mind, how will the department provide a legal framework to ensure implementation of the amendment by all private healthcare providers? We would suggest that such an amendment should be coupled more generally with the mandatory requirement to report (with due regard to patient confidentiality) on the types and numbers of medical procedures carried out in private clinics.

We would further suggest that every woman who identifies or presents with a pregnancy crisis within each Trust should be offered a tailor-made care pathway which operates with the law in Northern Ireland. This would help to identify the nature of the crisis and outline the financial, practical, social support which is available. A pathway of perinatal hospice care should be offered where the pregnancy crisis relates to a fatal life-limiting disability in the unborn child.

⁸ <http://www.safeabortionwomensright.org/myth-1-ireland-is-abortion-free/>

⁹ <http://www.niassembly.gov.uk/Assembly-Business/Official-Report/Committee-Minutes-of-Evidence/Session-2012-2013/January-2013/Marie-Stopes-International-Compliance-with-Criminal-Law-on-Abortion-in-Northern-Ireland/>

¹⁰ <https://www.youtube.com/watch?v=9Cf7Rg8zxls>

¹¹ <http://www.niassembly.gov.uk/Assembly-Business/Official-Report/Committee-Minutes-of-Evidence/Session-2012-2013/January-2013/Marie-Stopes-International-Compliance-with-Criminal-Law-on-Abortion-in-Northern-Ireland/>

We make these propositions in line with our efforts to affirm the life and wellbeing of our entire community from the most vulnerable unborn child to the most vulnerable woman in the midst of a pregnancy crisis. This fundamental family relationship between woman and child cannot be reduced to mutually exclusive individual rights.

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