

Thursday, May 10th, 2018

Dear voter,

Ireland is one of the safest countries in the world for women and their babies in pregnancy. Under the Eighth Amendment women are entitled to and receive all necessary medical care in pregnancy, even if this unintentionally results in the death of their baby. Over the last 30 years, Ireland's Maternal Mortality Rate has been among the world's lowest¹. Out of 183 countries measured by the WHO, Ireland's ranking has remained consistently around joint 6th - this would not be possible if Irish women were being denied necessary care.

The following points outline in brief why, as doctors, midwives, nurses and pharmacists, we will be voting **against** repeal of the Eighth Amendment and why we are asking you to join us and **vote NO**.

1. The Eight Amendment is Progressive

The Eighth Amendment makes the Irish Constitution a true defender of all human rights because it acknowledges the right to life of the human being in the womb. The Eighth Amendment recognises that there are two human lives involved in pregnancy and, therefore, two patients. Irish health care has a long tradition of treating both patients in pregnancy, the expectant mother and her developing child. If the Eighth Amendment is repealed, the unborn child will lose that right to life and **has no other rights under the Irish Constitution**.

2. The Eight Amendment protects Women's safety

The Eighth Amendment **does not restrict health professionals from giving necessary treatment** to a pregnant woman, **even if that treatment prematurely ends the pregnancy**. Chemotherapy and other medications can be administered and surgery undertaken if necessary to preserve the life and health of the mother. The Irish Medical Council Guidelines, working within the Eighth Amendment, make it clear that:

"You have an ethical duty to make every reasonable effort to protect the life and health of pregnant women and their unborn babies.

During pregnancy, rare complications can arise where a therapeutic intervention is required which may result in there being little or no hope of the baby surviving. In these exceptional circumstances, it may be necessary to terminate the pregnancy to protect the life of the mother while making every effort to preserve the life of the baby."²

Footnotes

¹MacGuill, Dan. "FactCheck: Who's Right about Ireland's Record on Maternal Deaths?" TheJournal.ie, www.thejournal.ie/maternal-deaths-mortality-rate-ireland-pro-life-campaign-statistics-2921139-Aug2016/.

² Guide to Professional Conduct and Ethics for Registered Medical Practitioners, 8th Edition, 2016, no. 48.1-2

*On May 25th let's be lifesavers together
by Voting NO*

Contrary to what some of those calling for repeal state, the Eighth Amendment did not cause the death of Dr Savita Halappanavar. All necessary treatment to save the life of the mother is permissible under the Eighth Amendment, even if it inadvertently results in the loss of the life of her child. Early provision of appropriate antibiotic therapy is the treatment required for suspected or evolving sepsis. When miscarriage proceeds to the stage where it is medically described as 'inevitable', then early delivery of the baby is the required medical intervention with appropriate antibiotic cover, even in the presence of a foetal heartbeat.

Therefore, **an early termination of the pregnancy was the appropriate treatment and was permissible under the Eighth Amendment**.

Three independent reports undertaken by the HSE³, HIQA⁴ and the Coroner's office, each concluded that Dr Halappanavar's death was a result of medical mis-management of sepsis and that there were many missed opportunities to intervene in her care. Lessons have been learnt from her death and the pathway of care of all patients admitted to Irish Hospitals for any area of medicine has changed as a result. Doctors for life Ireland extend our deepest sympathies to Dr Halappanavar's family.

3. The development of the child

The proposed cut-off point of 12 weeks for abortion on demand chosen by the government is completely arbitrary. It is based, not on any medical or scientific facts, but on the fact that some women are using abortion pills at this stage without medical supervision. Doctors for Life reject the notion that making something legal automatically makes it "safe". Women continue to self-medicate for abortion even in those countries which have easy access to termination.

Advances in the study of embryology and in ultrasound techniques have enabled us to follow the development of the baby in the womb in detail. Even as early as 6 weeks, the baby's eyes and eyelids, nose, mouth and tongue have formed and brain activity can be detected. By 12 weeks, the child is sucking her thumb and moving in the uterus. Health-care must be guided by science and science tells us that the baby in the womb is a human being.

³HSE. Investigation of Incident 50278 from time of patient's self-referral to hospital on the 21st of October 2012 to the patient's death on the 28th of October, 2012 13 June 2013.

⁴HIQA. Patient Safety Investigation report into services at University Hospital Galway (UHG) and as reflected in the care provided to Savita Halappanavar 2013

4. The experience of other countries

Other countries have introduced abortion for restricted circumstances and have seen these restrictions progressively widened and ignored. In the UK, 1 in 4 pregnancies ends in abortion⁵. Increasingly, babies in the womb who are diagnosed with disability or terminal illness are targeted. 90% of babies diagnosed in Britain with Down Syndrome were aborted in 2011⁶. **The human being in the womb who is sick or who has a disability deserves to be treated with the same respect and care as any other human being.** Health care workers do not discriminate between patients on the basis of disability or terminal illness but seek to serve them all, born and unborn. Our aim should be to support and protect both mothers and their babies, whether sick or healthy.

5. Mental Health

The Protection of Life in Pregnancy Act 2013 allowed for abortion in cases where the pregnancy adversely affected the mother's mental health. There is absolutely no medical evidence that abortion is necessary to treat any mental illness. On the other hand, there is evidence that **abortion can make some psychiatric conditions worse**⁷.

6. Crisis pregnancy

Rape and incest are often cited as a reason to remove the Eighth Amendment so as to allow for abortion in these terrible cases. Pregnancy in these cases is rare. Abortion is not the answer and it is not what most violated women choose. Of the women who attended Irish Rape Crisis Centres in 2015, 5% became pregnant. The majority (48%) went on to give birth and to parent their children or place their babies for adoption. 28% suffered stillbirths. Only 24% elected to terminate the pregnancy⁸. According to Dr. Mary Holohan, medical director of the Sexual Assault Treatment Unit in the Rotunda Hospital, "Under the present law, we have full freedom and support for the requirements of ethical and safe practice"⁹. Abortion is a further traumatic experience for a woman who has experienced the trauma of rape and then the shock of finding she is pregnant. The child is innocent. Jack Nicholson, the famous actor, is one such person whose mother found she was pregnant with him after rape.

7. Conscientious objection

The legislation being proposed allows doctors the right to conscientious objection in the case of **abortion provided the doctor refers the patient to another doctor who will undertake the abortion**. This is not conscientious objection, but forced involvement against the conscience of the doctor. This is abhorrent to the majority of doctors who do not wish to be involved in the abortion process¹⁰. Renaldo, the famous soccer player, was not aborted because of a doctor's conscientious objection.

Nurses and other health care workers will also wish to claim the right to conscientious objection but this has not been guaranteed and is far from certain.

Footnotes

⁵UK Department of Health, Abortion Statistics, England and Wales, 2015.

⁶Parliamentary Enquiry into Abortion on the Grounds of Disability, 2013, p. 15.

⁷Ferguson et al, British Journal of Psychiatry, 2008, 193: 444-451

8. Bodily autonomy

Of course a woman has right to bodily autonomy as far as it affects her body. However, **there are two bodies involved in pregnancy** and once a person's right of bodily autonomy starts affecting another person's body, **there has to be a limit**. The unborn baby has a right not to have their bodily autonomy violated through abortion. Bodily autonomy is limited to a certain extent when it comes to medicine and healthcare. We are not given free reign over what prescription medicines we can take for instance. These measures are in place for our safety and protection. In fact, it is stated in the pharmacist code of conduct that we must "endeavour to ensure the safety of the patient in all circumstances by decision-making, which may at times conflict with the stated requirements of the patient"¹¹. It is not always the patient's choice that takes precedence. The concept of choice is superseded by the professional duty of care in this instance.

The Future

If the Eighth Amendment is repealed, **there is nothing in the Constitution to replace it**. Decisions and laws will be made, not by women nor by doctors, but by the Oireachtas. Politicians, as we have seen, can change their minds. We have no idea what could emerge from the Oireachtas as this proposed legislation makes its way through the Dáil and the Senate.

In the **proposed** Heads of Bill (The Regulation of Termination of Pregnancy Bill 2018), Minister Harris, states clearly that "termination of pregnancy means a medical procedure which **is intended to end the life of the foetus**". This entirely contradicts the **current efforts** and indeed ethical responsibility of doctors **to preserve life where possible, starting with the mother and making every attempt to save the unborn baby as far as practicable**. Early delivery of a baby is sometimes medically necessary when there is a substantial risk to the mother's life, even if there is little or no chance of the baby's survival. The Medical Council guidelines are clear that this risk to her life need not be "immediate or inevitable". In these cases, the possible or probable death of the baby is a foreseen but unintended consequence. However, **there is no medical condition for which the intentional ending of the life of the baby is a treatment**.

Doctors for Life Ireland calls on the government to set aside the resources they would put towards abortion, and instead dedicate these resources to helping women in crisis pregnancies manage their crisis and to care for them and their children. For some adoption, open or closed, provides an alternative to abortion. There is always a better solution than abortion.

Irish Doctors For Life therefore are asking you to **stand with us to protect the 8th Amendment** and to **protect mothers and babies**.

⁸RCNI, Rape Crisis Statistics and Annual Report, 2015.

⁹Irish Times, Letters, 13/4/2018

¹⁰O'Regan, Eilish. "Two-Thirds of GPs Will Refuse to Provide Abortion Pills." Independent.ie, Independent.ie, 7 Mar. 2018.

¹¹www.thepsi.ie/Libraries/Publications/Code_of_Conduct_for_pharmacists.sflb.ashx.