Humanists UK

ISLE OF MAN: ABORTION REFORM BILL 2017 SECOND ROUND CONSULTATION

Response from Humanists UK, January 2018

ABOUT HUMANISTS UK

1. At Humanists UK, we want a tolerant world where rational thinking and kindness prevail. Our work helps people be happier and more fulfilled, and by bringing non-religious people together we help them develop their own views and an understanding of the world around them. Founded in 1896, we are trusted by over 65,000 members and supporters to promote humanism. Through our ceremonies, pastoral support, education services, and campaigning work, we advance free thinking and freedom of choice so everyone can live in a fair and equal society.

2. Humanists UK campaigns in favour of women's sexual and reproductive rights, in particular with respect to abortion. Our position on abortion is 'pro-choice'. We are a member of the steering group of Voice for Choice, the coalition of UK pro-choice groups. We also work with and support Alliance for Choice in Northern Ireland, being a member of the Trust Women Coalition, as well as other pro-choice groups across the UK such as Abortion Rights, FPA, Brook, Education for Choice, and the Abortion Support Network.

Response to the current draft of the Abortion Reform Bill 2017

3. Overall, we believe that the revision of the proposed Bill has addressed many of the issues that we raised in the previous consultation, and as a result is a major step forward towards the realisation of the women's sexual and reproductive rights on the Isle of Man. In many areas, the Bill either provides parity or improves upon the provisions of the 1967 Abortion Act that regulates abortion procedures in England, Scotland and Wales.

4. We would like to use this consultation to suggest areas where we think the Bill should move beyond parity with the rest of the UK, specifically in the settings in which abortion procedures can be carried out and in cases of sexual crime, and to address concerns about the provision of counselling services.

5. **Section 5(1)(b) Abortion Services - where provided**
   This provision creates parity with the 1967 Abortion Act in limiting the places in which abortion procedures can take place to either a hospital or approved clinics such as those operated by BPAS or Marie Stopes. However, the 1967 Abortion Act was created over fifty years ago and no longer reflects the medical advances that in the majority of cases mean that admittance to a hospital or clinic is no longer necessary and is in fact a burden to women accessing services. The vast majority of terminations occur in the first 12 weeks of pregnancy and are carried out by the taking of two medications, which can be self-administered on the same day or one to two days apart. For example, in 2016 82.9% of terminations in Scotland were performed medically in the first 12 weeks of pregnancy.

6. Such medications can be safely taken in the woman's home or location that she decides is suitable for managing the after-effects of the procedure. A study carried out by the University of Texas, published in the British Medical Journal in May 2017, found that in 95% of cases, women in Northern Ireland and the Republic of Ireland who used online-purchased abortion pills safely ended their pregnancies and did not require medical attention, and none of those who did require medical attention had any serious lasting side-effects.[1] The study looked at data from 1,000 women between 2010 and 2012, who were less than ten weeks pregnant and had used the drugs misoprostol and mifepristone, both of which are used in abortions provided by the NHS. This evidence suggests that taking these medications at home is effective and safe.

7. In October, Scotland announced that it will become the first part of the UK to allow women to take the abortion pills at home.[2] This change in policy was welcomed by senior gynaecologists, including Professor Lesley Regan, President of the Royal College of Obstetricians and Gynecologists, who described the decision as 'another step I think in their pathway to make it easier to access safe care for girls and women.'[3] **We recommend that the Bill is amended to introduce a similar provision to Scotland, and allow women to take abortion pills at home**. This Bill is a unique opportunity to reassess abortion provision on the island and therefore it should seek to be take account of current medical advances rather than taking the outdated 1967 Act as a guide on medical matters.

8. **Section 6(6) Abortion services - conditions for provision**
Although we are pleased that the current Bill removes the barrier experienced by victims of sexual crime of having to report the crime to police, we recommend that this provision should apply after the 23rd week of pregnancy. The inclusion of this provision before the 24th week is an improvement upon the 1967 Abortion Act, which fails to adequately recognise the unique circumstances that might result in a victim of sexual crime being delayed in seeking an abortion. However, due to the trauma of the experience, fear of prosecution (in the case of incest), or cases where the woman is a minor, it might often not be practical for her to seek an abortion before this time-limit. **We recommend that this provision is replicated in section 6(8).**

9. **Section 6(8)(a) Abortion services - conditions for provision**
We recommend that the language used in the provision of abortion services after 23 weeks is revised. Specifically, that the term 'long-term' is removed. It is difficult to determine exactly what constitutes a long-term injury and some long-term injuries may be of little significance, while other injuries that are of a severe nature and should count as grounds for an abortion may be expected in due course to mend themselves and therefore not be considered 'long term'. For example, it may be in the interests of women who, at the time of their pregnancy, are at risk of suffering severe but temporary illnesses, including feeling suicidal,

[1] http://www.bmj.com/content/357/bmj.j2011
[2] https://www.theguardian.com/world/2017/oct/26/women-scotland-allowed-take-abortion-pill-at-home
[3] https://www.theguardian.com/world/2017/oct/27/top-obstetrician-supports-women-taking-abortion-pills-at-home

that they should be able to access abortion services to prevent further injury. **We recommend that the severity, and not the duration, of the injury should be the primary consideration.**

10. **Section 6(13)(d) Abortion services - conditions for provision**
We recommend that subsection (d) is removed from the proposed Bill. Section 13(a) makes provision that counselling is balanced, impartial and non-judgemental. Subsection (d) seems to contradict this provision by privileging information from groups who have traditionally been opposed to abortion on the grounds of foetal impairment and therefore are not impartial. We have serious concerns over some of the alternative advice services available, as many are operated by anti-choice religious organisations. Far from being independent and impartial, these organisations promote a specific political and religious agenda, and not the best interests of individual women and their families. **Subsection (d) would open a backdoor to these groups to offer anti-abortion propaganda under the guise of disability representation and therefore should be removed.**

11. **Section 7(1) Persons authorised to provide abortion services**
We recommend that this section is amended to remove the wording 'that person is authorised by the Department'. This would require the creation of an unnecessary centralised list of abortion providers on the Isle of Man. All suitably trained and registered healthcare professionals should be able to provide abortions.

12. **Section 8(3)(b) Conscientious Objection**
Similar to paragraph 9, we recommend that the provision of conscientious objection in emergency abortion procedures omits the term 'permanent'. It is difficult to determine exactly what constitutes a permanent injury, particularly in an emergency situation. Some permanent injuries may be of little significance, while some short-term injuries are of a severe nature and a woman should not be prevented or delayed in obtaining an abortion in these circumstances on the grounds of conscientious objection. **Again, it is the severity, and not the duration, of the injury should be the primary consideration.**

13. **Section 9(3)(a) Informed consent a condition of provision of abortion services**
This section grants too much authority to a parent or guardian of a pregnant woman, and could result in her own determination regarding her healthcare to be overridden. It is reasonable that a young person below of the age of 16 who possesses Gillick competency is able to make her own determination about whether or not to access abortion services. **The young woman should not be required to gain parental consent in these instances. Indeed, such a requirement may well be incompatible with the European Convention on Human Rights.**

14. **Section 11(3)-(4) Provision of medicinal products to procure abortion**
As described in paragraphs 5, 6, and 7 the taking of pills to induce a miscarriage can be done safely and effectively without medical supervision and outside of a hospital or clinical setting. Scotland has already announced its intention to allow women to do so as it reduces the complications, bleeding, and discomfort

associated with experiencing the miscarriage whilst travelling, often by public transport, from a clinic. Although this Bill makes progress in exempting the pregnant woman from prosecution in these cases, **the law would be clearer and better reflect the reality of contemporary medical care if this criminal offense was abolished altogether.** At the very least the wording of 11(3)(a) should be amended to correspond with the provisions of Section 5(b) and thus should read 'in a national health service hospital or in other premises approved for the purpose by the Department.'

15. **Section 13(1) Post-termination counselling**
We recommend that this section is reworded to read 'The Department must secure the provision on request to any woman who has undergone the termination of a pregnancy in accordance with this Act, of suitable and sufficient post-termination counselling and support.' The inclusion of the term 'on request' should add clarity that this service is not compulsory nor a condition required in order to access a termination. It is for the woman herself to determine whether she wishes to receive counselling or not.

Summary of recommendations

- Amend Section 5(1)(b) to allow for women to take abortion medication prescribed by a healthcare professional outside of a hospital or other clinical setting.
- Replicate Section 6(6) in Section 6(8)(a)-(d) so as to allow the victims of sexual crime access to abortion after the 23rd week of pregnancy.
- Remove the word 'long-term' from Section 6(8)(a).
- Remove Section 6(13)(d).
- Remove the requirement for abortion providers to be authorised by the Department in Section 7(1).
- Remove the word 'permanent' from Section 8(3)(b).
- Remove the requirement in Section 9(3)(a) for a woman under the age of 16 to have parental consent for a termination when in the good-faith of the healthcare professional she possess Gillick competency.
- Remove Sections 11(3)-(4) so as to abolish the offense for the person providing women with the means to access medical abortion outside of a hospital setting.
- insert the phrase 'on request' into Section 13(1).

For more details, information and evidence, contact Humanists UK:

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