Written submission from a member of the public (ANI0047)

Firstly, 99% of the responses in Northern Ireland to the Justice Department’s public consultation in 2015 opposed changing the law on abortion.

Secondly, you are warned that under NO circumstances whatsoever should you intervene to bring about any amendments to liberalise Northern Ireland’s extremely worthy and Biblical - based abortion laws which have saved some 100,000 lives because of this law. Our law must be respected and Westminster should and must NOT set out to undermine the will of the Province’s devolved Assembly, which was made abundantly clear in February 2016.

Thirdly, in 2017, the Court of Appeal in Belfast upheld Northern Ireland’s right to determine its own abortion legislation.

I believe it is not possible to discuss the vital issue of abortion without bringing in ‘the wider issues’ such as deeply held beliefs about the value of life itself and human dignity together with the further liberalisation of the law. I feel very strongly that we should all be concentrating our focus on the precious preservation of life and not seeking to promote in any way that of death, and thus I vehemently oppose any form of direct action that culminates in the unacceptable ending of a life prematurely. Government and the wider society should be very careful not to facilitate premature death either medically, legally, morally or culturally.

I firmly believe that abortion is a deliberate act of death upon a human being (one that is made in the divine image of God) which gives all, including the unborn, inherent dignity and worth) and thus breaks God’s own 6th Commandment: “Thou shalt not kill”. Also, God’s Word in Proverbs 31:8 states: “Open thy mouth for the dumb in the cause of all such as are appointed to destruction”. Abortion is not just an issue of personal morality but it is also a social justice issue about relationships and equality of personhood; advocating for vulnerable women and their unborn babies. Abortion, simply is the manifestation of the wholly unacceptable and unnecessary death by the murder of and total destruction of an unborn child, and clearly violates the sanctity of human life. It is overwhelmingly clear that most abortions are for reasons of social/personal convenience, and are an instant short-term fix because of today’s wide-scale detachment of sex from marriage and relationship.

President H S Trueman said: “The measure of progressive civilised society is how we treat our most vulnerable”.

Every abortion takes the life (kills) an unborn baby and carries the great risk of serious mental harm for the mother. Post abortion stress is now widely recognised and is a form of post-traumatic stress disorder that can range from distress and depression to deep trauma. It can be defined as the psychological, emotional, physical and spiritual trauma caused by abortion which is an event outside the range of usual human experience’. No woman is completely unaffected by an abortion. At the very least, a pregnancy has been part of her life’s experience. Post abortion stress can occur months or even years after an abortion when the initial feelings of relief may have worn off and other factors trigger a reaction to an abortion that has taken place in the past. For any woman even a miscarriage can cause immense feelings of loss and grief.

Our society must always be aware of the culture it portrays towards dealing with disability, suffering and abuse. Any devaluing or de-humanising of the most vulnerable members in both our families and societies affects us all very profoundly, and if the rationale is that a life is going to end anyway and an abortion is simply bringing forward the inevitable, then the basic argument for the introduction of euthanasia will have been conceded. By using this same logic, then the law must allow euthanasia for adults in other ‘terminal cases’ such as that of serious life-threatening illnesses like the many cancers. If law and medicine will enable us to legally end the life of another human being, then why not our own? Belgium law and medicine has already ‘progressed’ to allow child euthanasia in cases where the child is terminally ill and suffering pain. This is so sad and I do not want this in Northern Ireland.

I would highly recommend that the DHSS/PSNI offer a comprehensive and tailored pathway of care to each woman who is facing a pregnancy crisis, and that a multi-disciplinary team type approach should be so constituted which would include all of the following persons such as medical practitioners, counsellors, social workers, financial/benefits advisors, chaplaincy care, etc.

I strenuously oppose any change whatsoever to Northern Ireland’s existing law on abortion because the existing law here in Northern Ireland has always proved to have been absolutely pertinent in the utter protection of the mother’s health here in Northern Ireland. I feel very strongly that we all should seek to work closely together in order to fundamentally change today’s most alarming growing culture around pregnancy crisis care.

The existing law on abortion in Northern Ireland is unique and very different to the abortion laws in Great Britain and the rest of Western Europe. In Northern Ireland abortion is unlawful unless it is deemed in ‘good faith’ and only for the purpose of preserving the life of the woman. We here in Northern Ireland are extremely proud to celebrate our distinctive law which strikes a most delicate balance between protecting the life and wellbeing of both the mother and her unborn child. Not only do we advocate for the life, health, dignity and care of each
The term ‘fatal foetal abnormality’ has been already been bandied about recently here in Northern Ireland and was proposing ‘to allow clinical judgement to determine when a foetal condition is compatible with life, meaning that no treatment would be offered after birth, as it was deemed impossible to improve the chances of survival. This would then enable a woman to decide whether or not she wanted to continue with the pregnancy.’ Current laws in Northern Ireland clearly state that every human being, born and unborn, has a right to life; and most importantly a right not to be intentionally killed. One has only to look at the practice of abortion in Britain to see that abortion in ‘certain limited and clearly defined circumstances’ in legislation has eventually led to abortion on demand. The phenomenally staggering statistic of over 8 million abortions performed since the enactment of The Abortion Act 1967 reveals the vast incredible residing power in the hands of the medical profession who, with the tick of a box, can authorise the killing of an unborn baby. I would be extremely concerned of two doctors, either wilfully or otherwise, making a wrong decision because this then could allow babies to be aborted because of a misdiagnosis. To have two doctors sign off an abortion ‘in good faith’ is not at all in any way a sufficient safeguard. The 1967 Abortion Act has a similar rule for the rest of the UK which has been widely abused, with instances of doctors pre-signing forms to allow abortions.

Some of the most common congenital abnormalities accounting for abortions in England and Wales are ‘Trisomies’, such as Down’s, Edward’s and Patau Syndromes. There are still great difficulties of interpretation as to what is a ‘substantial risk’ that would amount to ‘serious handicaps’. In 2010, there were 128 abortions for Spina Bifida, 181 abortions for Club Foot, 7 abortions for Cleft Palate. A really incredibly sad and shamefully staggering statistic is that 90% of unborn babies diagnosed with Down’s Syndrome are aborted. I myself had [a relative] who had [a condition], and she was tenderly cared for and lived to the age of [50-60]. My [relative] has a [relative with a condition] who is now the age of [20-30], and she is really loved and cared for by all of her family. So why ever kill a [condition] child?

The protection of all human beings after they have been born alive has been undermined by court judgements which have held that life-saving treatments may be withheld solely on the basis of the doctor’s opinion that the life of a disabled infant is not worth living, and that it is in the child’s ‘best interests’ to die. What are the real implications of any liberal changes in the current law for those babies born with disabilities, and deemed ‘incompatible with life’? Will they all be abandoned and left to die?

Women who abort babies for foetal disability are at a high risk for symptoms of severe post-traumatic stress and intense grief such as anxiety, depression, social disruption, and emotional pain impacting on marital intimacy, communication and trust. This high susceptibility to mental health problems is due to pressure of decision making, and as the abortions are late, an established emotional bond prevents the mother, father and family from saying goodbye to their baby.

One of the abortion methods used is Dilation and Evacuation (D&E) and it is wholly repugnant, cruel and inhumane. It uses razor-edged instruments to rip the unborn baby into pieces and then to remove it from the mother’s womb. Other methods used in late second trimester D&E’s relies on a means to soften the limbs of the unborn baby in the womb in order to make dismemberment easier. These can be either by an injection of concentrated salt solution into the amniotic fluid which when the baby breathes in and swallows the salt results in death by poisoning, or the membranes are ruptured and the umbilical cord is cut thereby resulting in death. Another method of abortion is Premature Induction of Labour (Feticide) which results in death by injection, avoiding signs of life at delivery, and this one is practised widely. The Royal College of Obstetricians and Gynaecologists recommend Feticide for abortions over 22 weeks. Where the foetal abnormality is not lethal, failure to perform Feticide could result in live birth and survival, an outcome contradicting the intention of abortion.

Another method of abortion is that of Left to Die. It has been reported that 1 in 30 babies who are aborted for disabilities survive up to several hours. Over the 10-year period 1995-2004, of the 3189 cases of abortion for foetal abnormality, there were 102 live births, with 6 of these babies surviving for 6 hours or more. If immersion in a bucket of water was used to kill a baby that was born alive, a premature baby born alive or an aborted baby born alive, then these are all instances of murder.

If the woman decides to continue with her pregnancy, what help and support would be provided for her and her baby for the remainder of her term and thereafter should the baby be born alive? Will there be intervention provided say should the baby need help to breathe? If not, then would the baby be taken away and be left to die? What about the proper provision of perinatal hospice care as parents would choose that alternative and rest secure in the knowledge that they shared in their baby’s life, no matter however brief that time shared may be.

woman and her unborn child, but we seek the true flourishing life and wellbeing of each woman, her family, the unborn child and the wider community.
The term ‘incompatible with life’ is medically meaningless, and is used to dehumanise unborn babies with disabilities and life-limiting conditions. I now ask the question, is the term ‘incompatible with life’ only to be restricted to ‘lethal foetal abnormality’? To dismiss a woman’s precious unborn baby as ‘incompatible with life’ and decide that no medical intervention or treatment will be provided, but promote the killing of her baby as the ‘best available care’, is an utterly shameful reflection of a eugenic society. Abortion on the grounds of foetal disability sends a clear discriminatory message that those with the same disability should not have been born, and that their lives are not worth living. Babies with foetal disabilities are no less human than other children and share the same right to life as all other human beings. There have been certain medical conditions where the babies have survived for many weeks or indeed even months.

Here are some extremely alarming and very sad statistics on abortion:

1. The World Health (WHO) estimates that there are around 40-50 million abortions carried out each year around the world.
2. In the UK, since the 1967 Act, there have been over 8 million abortions in England and Wales. That is more than the whole population of Ireland.............thus a really incredible number indeed.
3. In 2011, in England and Wales there were 729,913 live births and 189,931 abortions............ so for every 4 children born, one was aborted.
   If Scotland is included, the number of abortions each year is over 200,000 (1 every 3 minutes).
4. In 2013, in England and Wales 1 in 3 women undergoing abortion had 1 or more previous abortions.
5. In 2013, 98% of abortions in England and Wales were funded by the NHS, up from 80% in 2003.
6. In 2013, in England and Wales there were 773 abortions to girls under 15 years of age.
7. The abortion rates in England and Wales for the various ages are as follows:
   - Under 16’s...............2.6 per 1,000
   - Under 18’s...............11.7 per 1,000
   - Aged 22......................30.0 per 1,000, and this is the highest rate for women.
8. Each year in England and Wales there are about 2,000 abortions because of the risk the child may be born with a disability..............about 1 in 5 are thought to have Down’s Syndrome. According to the Bruce Inquiry, approximately 90% of babies with a definite diagnosis of Down’s Syndrome are aborted.
9. By the age of 45, 1 in 3 women in England and Wales will have had an abortion.
10. In the last 10 years in England and Wales, out of almost 2 million abortions..............only 4 were recorded as the purposes for ‘to save the life of the mother’.
11. In 2013, in Northern Ireland there were approximately 50 abortions. Even if you add the 800 women who travelled to Great Britain to have an abortion, the Northern Ireland abortion rate per capita is still about 7 times lower than the abortion rate in the rest of the UK.

Simply, the child will be prenatally detected, destroyed and discarded.

My overarching concern is that any changes whatsoever in the Northern Ireland law could so very easily lead to further unwelcome changes, thus clearly presenting us with the ‘slippery slope’ argument, and this is often criticised as scare-mongering. The warning (scare-mongering!!) issued due to grievous concerns in England and Wales under the 1967 Act was indeed so very well founded when one studies the ‘slippery slope’ that was so easily created by its subsequent abuse, I do not want this wholly unacceptable and blatant murderous situation in Northern Ireland.

Whilst I clearly recognise the very great trauma for women in the circumstances of rape and other sexual crimes, these women need all the support and love that they can get and be given, because abortion is not the answer as the unborn child, who is innocent of any crime, has an absolute right to life. Abortion of the baby can bring additional trauma, as it is well documented that such a step greatly increases the risk of mental illness, including deep depression and even suicide.

The woman should always be strongly encouraged to either have the baby herself or to bring it to full term and then to have it adopted because in the latter case there are many families who really desire a child as they cannot have a baby of their own and so yearn for one. I recently heard from a [man], [identifiable information], speak very openly saying he was so grateful that his mother did not abort him, and he clearly confirmed to us all present there that his mother was so glad that she did not have an abortion.

I also firmly believe that there must be a right to conscientious objection for those who do participate in treatment for abortion in respect of: (i) fatal foetal abnormality, and (ii) sexual crime? There must be, as on the UK mainland, the protection under the law for freedom of conscience which upholds the right of conscientious
objection for all professionals who may be asked to participate in any abortion under the law. The law should not seek to compel people to act against their conscience on such profoundly important moral issues as abortion.

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