Written submission from Dr Deidre Duffy (ANI0155)

About the submission
The submission is based on Dr. Deirdre Niamh Duffy’s ground-breaking research on (i) the health impacts of abortion travel and (ii) on the quality of online information on how to access services available to women in Northern Ireland.

The research is the only published academic evidence on either health workers’ perspectives of the impact of current law on practice or the quality of information available to Northern Irish women.

Executive summary
- The law in Northern Ireland creates an environment of fear in health settings.
- Front-line workers are fearful of the professional ramifications of supporting access to abortion.
- Legislation undermines health workers professional responsibilities to patients as stipulated in professional codes of conduct.
- Women face multiple barriers to identifying and accessing abortion services. Over 50% of online information webpages on how to access services retrieved through internet searches from Northern Ireland is inaccurate. This includes NHS webpages.
- Vulnerable women are disproportionately affected.

General comments
1. A climate of fear currently exists within health care practice in Northern Ireland. Fear of the legal and professional repercussions of being found in breach of abortion law result in overly conservative interpretations by health workers (a ‘chill effect’).
2. Health workers feel it is safer to walk away from abortion seekers than to support them access abortions (‘don’t ask, don’t tell’).
3. Abortion is highly stigmatised in Northern Ireland. Research shows that health seekers for stigmatised services rely heavily on online information. However, much of this information – including that produced by ‘official’ health providers - is either irrelevant, inaccurate, or misleading.

Question 1: What are the views of medical professionals in Northern Ireland about the law on abortion and whether it should be reformed?

1 Dr. Deirdre Niamh Duffy is a Senior Lecturer in Social Care, Faculty of Health, Psychology and Social Care, Manchester Metropolitan University.
1.1 Legal restrictions in Northern Ireland have significant impact on medical professionals. My qualitative interview research with health professionals and members of professional representative groups indicated that medical professionals believe the law has a ‘chilling effect’ on practice. Analysis of research data found that medical professionals believed the law needed to be liberalised for two key reasons:

**The law creates a climate of fear in front-line provision**

1.2 Respondents described a climate of fear in health settings. As one interviewee (a representative of a professional body stated front-line staff are:

> petrified of giving any information which may be construed as advice, that might be interpreted as advocating or assisting a women in procuring an abortion.

1.3 Another respondent supported this account stating that:

> I do feel that nurses are really scared, if they are seen to be pointing a women in a particular direction, particularly if that involved accessing information on termination obviously outside of NI that they are putting themselves in a serious position with regard to the law.

1.4 These respondents argued that this fear stymied the provision of care legally permissible – including information on abortion access - in Northern Ireland. For respondents, this overly-conservative and incorrect interpretation of abortion law, is the product of the ‘climate of fear’ created by Northern Ireland’s hyper-restrictive abortion law regime.

1.5 **Medical professionals see abortion law reform as essential to ensure health professionals are able to provide legal care to women effectively.**

**The law contradicts professional care ethos**

1.6 My research suggests a direct conflict between professional care ethos and abortion law in Northern Ireland. Under professional care ethos, health professionals are bound to confidentiality agreements and their primary responsibility is to their patient. However, the interpretation of Northern Irish abortion law and policy implies that medical professionals and health workers must report patients who they believe have procured abortions illegally to the police. This, respondents in my research argued, creates a significant conflict. As one respondent stated:

> Under the National Midwifery Council’s code you are required to protect confidentiality but that has limits and crime can override that duty. It is unfair that

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4 Details of research methodology, sampling, and analysis are available on request. As a ‘small-n’ pilot study I cannot reveal names or identifiers of participants in accordance with UK data protection legislation.
individual midwives are put in that position – where is the midwife's primary obligation? To her patient or to society?

1.7 Medical professionals see abortion law reform as undermining health workers' professional ethos and obligations.

Question 2: What are the experiences of women in Northern Ireland who have been affected by the law on abortion?

2.1 Women in Northern Ireland face significant barriers to care outside of the legal frameworks. This submission will focus on one specific barrier based on my research on online abortion access information.

2.2 Abortion is a highly stigmatised health condition. Research on health care access and stigma has found that those seeking stigmatised services rely heavily on online health information. However, this presents a substantial problem for women in Northern Ireland. My research with Dr. Claire Pierson (University of Liverpool) and Dr. Paul Best (Queens University Belfast) found that information retrieved by users is not always accurate within the jurisdiction where the search took place. Even ‘good’ web pages – including those produced by the NHS - are flawed.

2.3 Shockingly, in online searches conducted in 2016, only 2% of webpages retrieved provided information on accessing abortion services accurate within Northern Ireland.

2.4 Women living in Northern Ireland face substantial barriers in accessing abortion services.

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7 While accurate information is available on the NHS website, this accurate information is not always on the first webpage users reach and as evidence from Sillence et al (2007; https://doi.org/10.1016/j.socscimed.2007.01.012) shows online health information seekers rarely move beyond the first webpage.