Written submission from Laura Alcorn (ANI0661)

1) DEVOLUTION
Northern Irish people need to decide Northern Irish law as we are the people who have to live and deal with the consequences

2) DISTINCTIVE LAW AND CULTURE
I am grateful to be part of a culture that honours life and accepts diversity within our community, not terminates life that doesn't suit or doesn't fit what is perceived as 'normal' or valuable.

3) HUMAN RIGHTS & EQUALITY
It is sad that the cost of perceived equality is death of an infant. It is also such a dichotomy that we invest so heavily in antenatal care, infertility treatment and neonatal care yet as readily deny the value of a different infant just because a mother doesn't want it. That seems unjust to me and unequal in the rights of the unborn.

4) PERSONAL STORIES
As a doctor working in Scotland I was regularly requested in my role as an SHO in obstetrics to sign prescriptions for abortion medication and be a part of the abortion process whilst oncall. Whilst the ideal is conscientious objection, the reality as the only doctor onsite to sign documentation is awkwardness, difficulty and judgement from other members of staff for not being willing to instigate an abortion and the 'hassle' colleagues felt at having to find a doctor willing to sign. This pressure was harmful to my well being and enjoyment of work and damaging to working relationships. If a mother took unwell during the process i, of course, would never deny treatment but the Hippocratic oath I signed was 'first do no harm'...and yet there is an expectation that I contribute intentionally to the death of a baby or am seen as denying the mother or being awkward. Additinally I know first hand from being in abortion clinics that it was very very rare for an abortion to be requested due to foetal abnormality or rape, but the majority were signed off as 'could affect mental health of mother' as it didn't suit them to have the baby at that time, and for some it wasn't their first abortion either. Minimal effort was given to counselling the patient and it was effectively abortion on demand. So now living back in Northern Ireland I am so grateful that all efforts can be given to preserving life and practising medicine in good conscience and that our law does permit for the rare circumstances whist not opening floodgates for that to be abused to become abortion on demand.

December 2018