

**Oral submission made by Dr Seán Ó Domhnaill to the Joint Oireachtas Committee for Health and Children on the abortion Bill currently before the Committee.**

I'd like to thank the Committee for asking me to comment on the heads of the Bill. I, however, share some of the concerns expressed by Deputy Billy Timmins and others who have queried whether this consultation is meaningful if the government does not take the expert evidence into account in regard to abortion and suicidality.

There was complete agreement from all the psychiatric experts who gave evidence at the hearings held by this Committee in January that abortion - the direct and intentional killing of the unborn child - was not a treatment for suicidality. I find it quite extraordinary then, that this government has seen fit to disregard all the evidence accrued, and to cynically propose legalising abortion on suicide grounds.

I would like to draw the Committee's attention to recent votes at the conferences of the Irish Medical Organisation and the Irish College of General Practitioners where motions in support of abortion, even within the limitations envisaged in the "X-case" ruling, were voted down, and where it clearly emerged that the majority of doctors do not support legalising abortion on suicide grounds. We are a profession which is very much evidence-based in our approach to our work and there is no evidence base for the proposal to allow abortion for suicidality, regardless of any attempts to restrict the scope of the proposal. If there is no case for treatment of suicidal intent using abortion, then there is no point in proceeding with this legislation. We should nail the lie at this point, that Ireland has any obligation imposed by the European Court of human Rights to legislate for abortion. The ECHR has requested that we "clarify" our law, not write new law!

Now to the Bill, which I believe has been misnamed since, while every person wishes to protect women in pregnancy - and I would support absolute clarity for medical

practitioners, (including myself), who are caring for pregnant women - the primary purpose of this proposal is not the protection of life during pregnancy, but the deliberate ending of one life during pregnancy; namely the life of the child.

It would have been possible to provide further clarity for the protection of women in pregnancy without legalising abortion. This government has chosen instead to include the deliberate destruction of unborn human life in this proposed Bill.

This is an enormous change for Irish medical practice, and, in my view, a hugely retrograde step.

Abortion has no place in modern medicine; it is a medieval solution to crisis pregnancy. This Bill is not about saving lives - as it allows the killing of a physically healthy baby carried by a physically healthy mother. All of this is despite the evidence which shows that abortion does not reduce mental health risks and may be associated with an increased risk of mental health problems.

**There are 5 key points I would like to make briefly about the Bill.**

1. How would this proposal operate in practise? It's time for a reality check. I have enormous respect for Irish medical practitioners who are very often working under extremely difficult conditions and in under-resourced hospitals. However, I would like to introduce some reality to the debate around Head 4 of this Bill.

It is a fact that there are some psychiatrists who are ideologically supportive of abortion, and who believe that abortion should be available on request or on demand to Irish women. It stretches the boundaries of credibility to suggest that those psychiatrists would not be more likely to approve abortions if this Bill becomes law. As it is, abortion campaigners are demanding that only Psychiatrists who are in

agreement with them be allowed to participate in the panels outlined in the Heads of Bill.

We have seen this play out in practice in many other jurisdictions. I would remind the Committee of the experience of California, where abortion was legalised in 1967 on several grounds, one being to preserve the mental health of the pregnant woman, under supposedly very restrictive conditions. It was required that a hospital committee unanimously agreed that the pregnancy was causing such an extreme mental health risk to the pregnant woman that she would be required to be committed to a psychiatric institution.

Despite this, in 1970 more than 65,000 abortions were approved and almost 63,000 abortions were performed - 98% being for “for reasons of mental health.”

Did all 63,000 abortions take place according to the spirit of the law? The notion is ridiculous. **The California Supreme Court questioned the integrity of the process saying that “serious doubt must exist that such a considerable number of pregnant could have been committed to a mental institution.”** Evidently some doctors who believed that women had a right to access abortion used the subjectivity of making a judgment on mental health grounds for abortion in order to make abortion freely available. We all know of the experience in Britain. It mirrored almost exactly that of California. We need to be honest, something that has been lacking in this debate so far, and to stop fooling ourselves that things will be any different here in Ireland.

2. My own experience in psychiatry has been that abortion can be harmful to women and that this is largely ignored by those supporting abortion legislation. I find it extraordinary that Women Hurt By Abortion have been excluded from these hearings. This is a broad-based consultative process, not simply a professional forum, because

abortion is not primarily about medical emergencies. It is usually about psychosocial stressors and the choices people make in response to these.

We have all read the tragic story of Miss C, forcibly taken abroad for an abortion by the State into whose care she had been placed and which, she says quite categorically, left her suicidal and caused her to attempt to take her own life many times.

The distress is very real, and the loss felt by these women feel is very acute. The harshness and lack of sympathy expressed by abortion supporters towards Women Hurt and towards Miss C is, frankly, breathtaking.

3. I am in full agreement with Dr Sam Coulter Smith who spoke for many of his colleagues when he said that "our psychiatric colleagues tell us that there is currently no available evidence to show that termination of pregnancy is a treatment for suicidal ideation or intent and, as obstetricians, we are required to provide and practice evidence-based treatment. It, therefore, creates an ethical dilemma for any obstetrician who is requested to perform a termination of pregnancy for the treatment of someone with either suicidal ideation or intent."

It is my opinion that psychiatry cannot support a provision which obliges Obstetricians to deliberately end the life of a child being born to a physically healthy mother, when the evidence that abortion is a treatment for suicidality simply does not exist.

I noted, as did many others, that two Obstetricians from the National Maternity Hospital gave evidence on Friday and I wondered why two obstetricians from the same institution were invited to give their opinions, especially since they are so

closely related. I would like to ask if the view of the Master of the Coombe was sought.

4. The reality of abortion is being ignored in these hearings as much as it is in the general discussion around this issue. The heads of the Bill make no reference to how abortion procedures should be carried out. This Bill seeks to turn doctors into abortionists. We know from the website of the British National Health Service that unborn children before 12 weeks gestation will be sucked from the womb by a razor vacuum, while after 15 weeks of pregnancy the doctor will have to cause a fatal heart attack and deliver the baby whole or piece by piece. Do not be fooled: the suicide clause in this Bill is about killing babies, not about early delivery.

5. Finally, the evidence of medical experts has been remarkably consistent during these hearings. You have heard from St Patrick's University Hospital - Ireland's leading psychiatric hospital - who said that there is "no evidence either in literature or from the work of St Patrick's University Hospital that indicates that termination of pregnancy is an effective treatment for any mental health disorder or difficulty".

You have now heard Professor Kevin Malone who has stated in his submission that abortion is not a treatment for mental illness in any textbook of psychiatry and asked how can it suddenly become a recommended psychiatric treatment in this legislation. This is one of the world's leading suicide researchers. He must be listened to.

This Committee, and this Government, has heard this evidence before.

I sincerely hope that you display the integrity expected of you by the People of this nation and that you respond to what you have heard, on this occasion. Mothers and

babies deserve better than an ideologically-driven Bill which seeks to end, rather than protect, human life in pregnancy.