



Uplift's Submission to the review of the operation of the Health (Regulation of Termination of Pregnancy) Act 2018

March 2022

The responses of 711 of the Uplift community are represented in this submission.

Submission to the review of the operation of the Health (Regulation of Termination of Pregnancy) Act 2018

About Uplift

Uplift is a people-powered campaigning community of more than 330,000 people who take coordinated action together for a more progressive, equal, socially just and democratic Ireland. Uplift members come from all over Ireland and have many different experiences and backgrounds.

Uplift members seek to bridge the gap between members of the public and decision makers through powerful technology, events and consultation through surveys for submission such as this one.

Read more at <https://www.uplift.ie>

About this submission

Uplift members have taken action on issues of health and gender equality, amongst other issues, for many years. One of the key defining values of Uplift is deep democracy, and members engage in deep listening and engagement at times of public consultation.

As a community, we welcome the opportunity to share our views and input into this consultation. In this regard, we sent a survey based on the review of the operation of the Health (Regulation of Termination of Pregnancy) Act 2018.

We sent the survey to approx 112,705 members, with 711 taking part between 22nd-30th of March 2022 - more than a representative sample of the Irish population. People from across Ireland shared their thoughts and experiences of the operation of the legislation put in place after the Eighth Amendment of the Constitution was repealed by referendum in 2018.

Members who responded to the survey included people who have had abortions - both before and since the law came in - people who have escorted others to get abortion care, those who have travelled abroad for abortion care, others who faced barriers to access care abroad due to visa or passport issues or lack of Personal Public Service (PPS) number. All respondents come from a variety of backgrounds, including some who live rurally, some who are disabled and some who are from minority ethnic backgrounds. We have removed the names of those who responded to the survey to protect their privacy.

Uplift's overall vision for improving abortion care in Ireland

Everyone who needs abortion care should have safe, affordable access to it if and when they need it.

But women and pregnant people are still being forced to travel abroad for the care they need, some GPs can still object to providing care, and many of us are being forced to walk past protesters outside health clinics. [1]

Those of us who are migrants or poor and who can't travel, are locked out of getting care completely. [2]

Everyone - no matter where they come from, or how much money they have in their pocket - should be able to get the care they need.

Ireland's abortion laws were radically overhauled when we repealed the eighth amendment. But the laws as they stand today do not offer equal and accessible abortion care as is clear by the survey responses below from hundreds of Uplift members.

Uplift members want abortion care that removes barriers in place to make it more accessible, including having more information available about it's provision and locations, reduced associated costs, more widely available in localities, free from harassment and judgement, and that people who need abortions are treated with care and compassion, including after having an abortion.

These are just some ways that people are being locked out of abortion care: [3]

- Ireland's restrictive 12 week limit on abortion care (which is actually 10 weeks, as it's counted from the date of the last period - not conception) is severely restrictive for people who need to organise their abortion care. Most people only realise they are pregnant at 5-6 weeks. The international norm is 24 weeks.
- People with non-fatal or non-life threatening late-stage foetal abnormalities cannot access abortion care. The assessment criteria for what is life-threatening is extremely limited. Those who can travel are forced to at their own financial cost, while those who cannot travel due to migration status or poverty are forced to continue with traumatic and dangerous pregnancies.
- Anti-abortion groups continue to harass people outside abortion care providers - meaning that pregnant people can be intimidated into not receiving the care they need.
- The 3-day wait period is not based on any reasonable evidence and locks out people who need urgent care.

- Doctors can still refuse to administer abortion care - women and pregnant people are still denied care they need because medical professionals are allowed to pick and choose what care they administer based on their own personally-held beliefs rather than medical need.
- The criminalisation of doctors who administer abortion care outside of the strict rules (up to 14 years in prison) means that healthcare providers are often too afraid to give their patients the care they need.

These barriers to care are not what Uplift members campaigned for in the lead up to the referendum and need to be addressed in amended legislation or elsewhere.

“The 2018 legislation was a huge improvement on the previous situation but it is not enough. Until abortion is easily accessible, without time limits and free - women will not be able to exercise their right to choose” - Uplift member

“I’m really angry that the government can hold a referendum and market or advertise it as being a way to give women access to reproductive healthcare and then, after the referendum passed, the actual outcome for women in Ireland is that not much and definitely not enough has changed.” - Uplift member

Uplift members have highlighted a number of issues with the legislation and access to abortion care provision in place.

The majority of Uplift members who filled in the survey felt that if they or someone they loved needed an abortion, that they would not have enough information to know how to get one. **72% (515) of responders said they did not have enough information if abortion care was needed.**

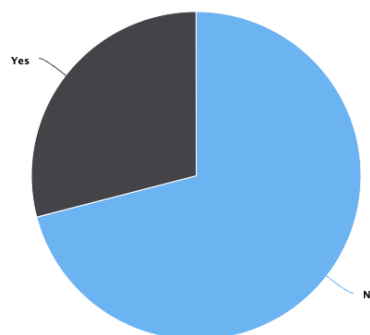


Image 1: Enough information if abortion care was needed

“It feels like we don’t have abortion access, like it’s still a big secret thing. The information isn’t freely available. I’m a healthcare professional and I’ve not been notified of any GP or facility where someone can access abortion. I’d have to research it.” - Uplift member

Further to this, 91% (647) of Uplift members who answered the question indicated that they did not know where the nearest abortion care provider was to them.

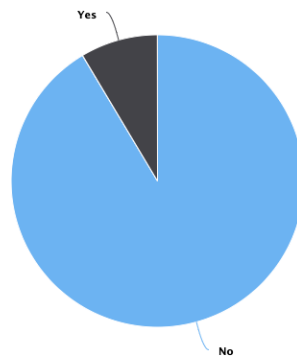


Image 2: Know where nearest care provider is

Only 7% (52) of respondents knew whether their own GP provides abortion care, with the rest unsure or didn’t know. Currently 1 in 10 GPs don’t provide abortion care which is a big barrier to accessing abortion care. On top of this there is a huge knowledge gap among communities as to where their GPs stand on providing abortion care too.

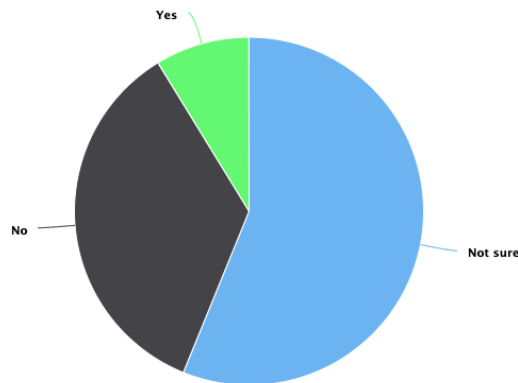


Image 3: Know if their GP provides abortion care

A huge majority of responders - 95% (672 Uplift members) - believe that publicly-funded maternity hospitals should provide full abortion services. Only 10 out of 19 maternity hospitals in Ireland provide full abortion services despite being publicly funded. This needs to be addressed so that all provide abortion healthcare.

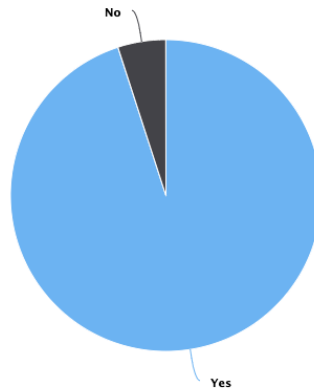


Image 4: Publicly funded maternity hospitals should provide full abortion services.

“Fair access to safe & non-judgemental healthcare & support for all persons regardless of the issues. Society & medical practitioners should not be judge & jury as to what treatment is made available to the half of the population who can physically bear children. There are no restrictions for healthcare for the other half of the population.”

- Uplift member

Many of our members described **other issues they may experience in accessing abortion care under the current legislation.**

The main reasons being:

- **Cost of travel** - cost of travelling to an abortion care provider which may not be the nearest medical facility; public transport cost; having to do multiple trips and especially when certain counties don't have abortion care providers at all.
- **Access to transport** - many live rurally
- **12-week limit** - many forced to travel for care even if only a few days past limit
- **Access to visa/passport to travel** - some have restrictions in this regard
- **Cost of childcare** - huge additional cost of getting childcare while getting care or post-abortion.
- **Rejection when seeking care** - due to conscientious objections and/or GPs reluctant to take on a new patient via referral or otherwise due to capacity issues; additional costs having paid for consultation that you're turned away from and having to get another.
- **Cost of travelling abroad** - the cost of the medical procedure itself; flights; accommodation; eating out
- **Work related issues** - being able to take time off work - especially twice in one week to facilitate the 3 day waiting period; not being able to afford to take time off work;
- **Disability or health issues** - ie. chronically ill people have said travelling outside of the county or abroad would be extremely difficult; others have said executive functioning makes it difficult to plan related to the 12-week limit, access to services in general as a disabled person.
- **Intimidation/worry** - from people hassarrsing outside of clinics or fear of judgement from healthcare providers; worried wouldn't get proper care/aftercare
- **Lack of information** - not knowing where to go; unclear with regard to under 18s rights

84% (491) of Uplift members agree that the 3 day waiting period should be removed.

The mandatory 3-day waiting period for abortions under 12 weeks is not based on any medical evidence and is a barrier to urgent care. It places additional stress on women and pregnant people, while undermining their autonomy and agency. It is contrary to the World Health Organisation's guidelines on abortion.

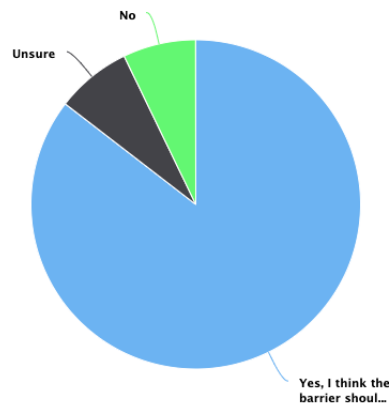


Image 5: 3 day waiting period should be removed

“The 3-day wait is an insult to pregnant people, people should not have their choices questions. The 3-day wait undermines this choice and pregnant people may feel this mandatory wait period is to encourage them to change their mind, and therefore their decision is being influenced. All the wait time says to me is that pregnant people cannot be given full trust to make their own choices about their lives. It also acts as a control Over the reproductive rights of the person which is in breach of human rights law.” - Uplift member

“I think the 3-day mandatory waiting period is insulting, paternalistic and belittling of women...implies women are not capable of knowing their own minds nor does it take into consideration the circumstances that caused a woman to seek an abortion in the first place!” - Uplift member

A huge majority of question respondents - 96% (644 Uplift members) believe that those in situations of serious foetal anomaly should be allowed access to abortion in Ireland. In 2020, for every three women and pregnant people who obtained an abortion because of a Fatal Foetal Anomaly in Ireland, two had to travel to the UK. This is unacceptable and does not address why many voted to repeal the 8th from the constitution.

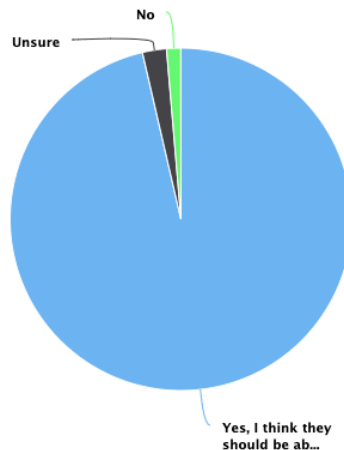


Image 6: Those in situations of serious foetal anomaly should be allowed access to abortion in Ireland

“A close friend experienced an extremely traumatic pregnancy with a non-viable foetus. She was delayed past the 12 weeks, then denied care in this country. She had to endure continuing her pregnancy until the baby passed away at 5 months. Tragic, traumatizing, needlessly cruel, utterly heartbreaking. Change needs to happen.”

- Uplift member

Furthermore, 95% (640 Uplift members) said that they think it’s unfair that people still have to travel for healthcare for this reason, even under the 2018 legislation. 194 women and pregnant people from Ireland travelled to the UK for an abortion in 2020 during a global pandemic.

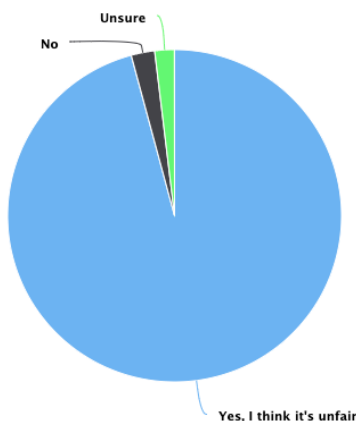


Image 7: Unfair that people still have to travel for healthcare

“My friend had to travel abroad. Current time restrictions on generic testing meant she was 12.5 weeks when she decided to terminate her pregnancy and this meant she could not be cared for in Ireland. It was incredibly stressful for her, particularly leaving her young toddler and making childcare arrangements for 2 days while she and her husband travelled abroad.”

- Uplift member

When asked if Uplift members felt the costs of accessing termination for medical reasons in another jurisdiction should be borne by the State through its usual arrangements for overseas healthcare provision? **84% (563) said yes costs should be covered by the State if we are forcing them to travel and 10% (69) were unsure.**

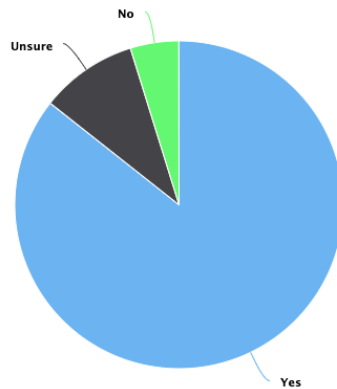


Image 8: Costs of accessing termination for medical reasons in another jurisdiction should be borne by the state

Uplift members strongly believe that the legislation should fully decriminalise abortion - with 92% (619) indicating as such. Some have said the criminalisation of medical practitioners is causing a chilling effect on the ability to provide the care needed as they fear they could face up to 14 years in jail, as it states in the law currently.

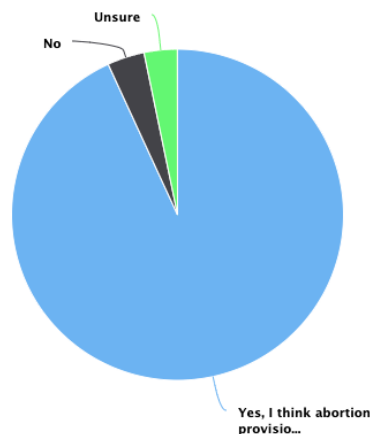


Image 9: Fully decriminalise abortion

95% (639 Uplift members) who those completed the survey believe that those seeking abortion in Ireland under current rules should not have to wait a long time to hear from the doctors, which can be an issue for those seeking care.

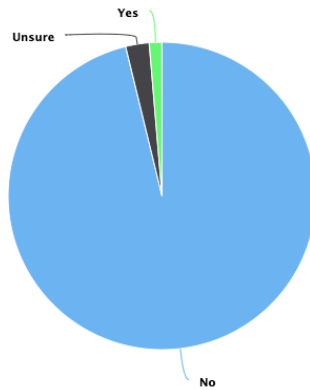


Image 10: should not have to wait a long time to hear from the doctors

95% (643) of members filling in the survey believed that exclusion zones should be put in place. In addition to the results of this survey, two **Uplift petitions with 2,137 and 4,347 signatures** respectively, also call for safe access/exclusion zones to be put in place. [4]

Exclusion zones would prevent people from being harassed about their choice when going to access reproductive care at medical providers. As we have seen from the results from other questions to this survey, without this, the intimidation experienced or feared acts as a barrier to people accessing care they need.

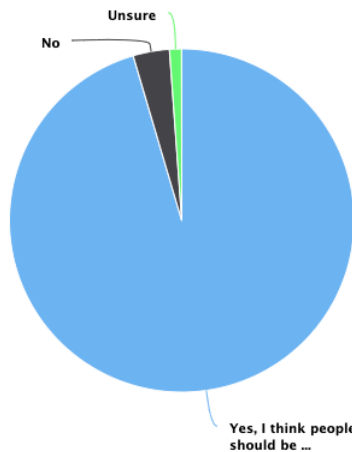


Image 11: exclusion zones should be put in place

“It’s very upsetting to know that people are still being harassed when they are in a vulnerable position.” - Uplift member

Some further suggestions by Uplift members named that **improve their experience in accessing abortion care** or helping someone else.;

1. Providing quality public care through a well-funded health service
 2. Ensuring services can be provided domestically without the need to travel abroad
 3. Ensuring they were not harassed about their choice outside abortion providers
 4. Removing of the 3-day consultation waiting period
 5. Providing access to telemedicine (medical professionals providing care on the phone/web/apps/Zoom)
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Here are some quotes from Uplift members describing their experience of when they have tried to access abortion healthcare or support a loved one since the new law was in place.

"I had to travel because my much desired and loved baby was not going to survive but didn't fit neatly into one of the categories. The worst period of my life and I have never recovered from the additional trauma of having to travel and keep it a secret."

"Traumatic."

"My friend had to travel abroad. Current time restrictions on genetic testing meant she was 12.5 weeks when she decided to terminate her pregnancy and this meant she could not be cared for in Ireland. It was incredibly stressful for her, particularly leaving her young toddler and making childcare arrangements for 2 days while she and her husband travelled abroad."

"Over all a horrible experience, felt like I had no help or support from my gp and there was literally 0 aftercare, shockingly bad."

"I had a horrendous experience with trying to access an abortion in Ireland. I was told by my doctor that they could do nothing for me and suggested I get my self a box of chocolates and ring a hotline which I did. I still felt I was being judged by the lady on the line and had to travel 1.5 hours to be told I had to return 3 days later incase I changed my mind which was a massive inconvenience for me. There was no follow up call from a doctor, no pain relief I was told it was like having a heavy period. I bled out in my bath for 10 hours straight and could barely walk."

"There was no GP in the locality that provided abortion care. My friend had to travel to Dublin to access care."

"Getting info was difficult. The local GPs don't provide the service and the GP contacted was degrading."

"My friend had to travel to the UK in March 2021 when the foetus was diagnosed with a fatal foetal abnormality. It was an additional trauma for her and her partner at what was already a horrendous time and in addition was in the middle of a global pandemic. She should have been able to access this care in Ireland."

"It was hard to find a GP providing the service as my own GP would not carry out the medical abortion. I found an amazing one through many phone calls. The 3 day wait was absolutely horrible because the doctor didn't have an appointment apart from the day that I rang for over a week but it obviously couldn't be that day over the wait law, so it ended up being 3 days before Christmas. No aftercare."

"Following a diagnosis of fatal foetal abnormality I had an abortion in my closest maternity hospital Limerick Maternity. The care was excellent from midwives to doctors and including a very compassionate bereavement councillor. On the other hand I felt that my GP was not supportive at all but fortunately I didn't have to deal with her as it was all taken care of by the maternity hospital."

"My friend was very stressed, because she thought her period was just late. When she took a pregnancy test it had already been 6 weeks into her pregnancy. When she contacted the abortion clinic they said they were booked solid for 2 weeks. She finally got the appointment, but the waiting time really took a toll on her, understandably."

"It was terrifying. The hard part was travelling alone to the UK but I was helped by a charity organisation."

"I know one couple who had to travel abroad after receiving a devastating diagnosis of a complex condition their baby wouldn't survive, yet the hospital in Ireland still refused them an abortion. I also have one loved one who successfully accessed abortion care in Ireland but she had to wait a significant time for an appointment as the clinic was overstretched and she found this wait, along with the mandatory 3 day wait torturous."

"They were diagnosed with a fatal foetal anomaly and could not access care. Had to travel to England in the middle of COVID lockdowns and leave the remains behind."

"I was looking for health care in the UK then realised that it was approved here in Ireland, so a lot of migrants still don't know that abortion services are provided. I was against abortion all my life but when I found myself in a situation where I needed that care, I learnt that I must never judge someone walking in shoes I have never worn. I'm glad this law was passed."

"My own GP would not treat me. I went to another GP who would offer treatment. She advised me not to go to the local hospital if I needed treatment because doctors there are generally against abortion, and advised me to attend the university hospital instead. My GP advised me that I needed a colposcopy review due to cell changes, at the same appt as telling me I was pregnant. GP told me that colposcopy would not assess me fully as I was pregnant. This left me and my partner to the decision that we needed an abortion, as we feared I might have cancer. It turns out colposcopy would absolutely have assessed me. GP has never contacted me since that day. This GP is a woman. I have since changed to another GP practice."

"I used the service. 10/10 - minus the 3 calls within 3 days each, it delayed the process and I just wanted to proceed asap as I knew it was the right choice."

“Nightmare the 3 day wait is so insulting. You think I’m doing this because I’m just in a silly goofy mood? It’s dramatic enough, isn’t it sadistic to make people who need this procedure regardless of their reasoning to jump through hoops?”

“Shockingly the clinic was picketed by a catholic organisation and it felt deeply distressing trying to get inside. Given the emotional state of the friend I was accompanying this added significantly to her mental distress.”

“Getting clear info at the first was difficult. The local gp centre doesn’t provide the service - citing economic reasons but surely if q overdone can avail of the service especially in a remote rural area then it’s a job well done. and the first gp who was approached to talk about the option was dismissive, rude and removed which led us to officially complain about him. Access to transport was OK for us but we’d be an issue for others as we had to travel 90km for the procedure - twice. The only saving grace was the first doctor at the clinic who was empathetic, professional and well informed. The second doctor was clearly uncomfortable and quite dismissive in the conversation regarding future contraception and gave conflicting information. The event is lonely regardless of where it takes place. I’m unaware if there was a follow up conversation or contact from the clinic.”

“She had to travel for abortion because foetal abnormality was discovered after Irish deadline. Very very cruel rules.”

“For my friend, I think the trauma of ending the pregnancy was enough to manage without having to deal with all of the obstacles that were put in her way. There was so much shame associated with seeking this form of treatment that the person had to make the decision on her own without any support due to fear of hearing negative opinions and fear of being judged. She should have been provided care with dignity. This will stay with her forever!”

Conclusion

It is clear from the people-powered Uplift community respons of 711 members, from a wide range of backgrounds and experiences, that the laws as they stand today **do not offer equal and accessible abortion care to people who need it**. There are a range of issues that need to be addressed which will require a range of solutions to address them.

These are just some ways that could improve access to abortion care: [4]

- Extend Ireland’s restrictive 12 week limit on abortion care for people who need to organise their abortion care more in line with the international norm of 24 weeks.
- Amend the law and assessment criteria so that people with non-fatal or non-life threatening late stage foetal abnormalities can access abortion care,

that means people are not forced to travel for care or are blocked from receiving care due to not being able to travel.

- Introduce safe access zones around abortion providers.
- Remove the 3-day wait period for accessing care.
- Stop allowing maternity hospitals and doctors to refuse to administer abortion care.
- Decriminalise the provision of abortion care for medical practitioners.
- Paid leave should be made available for those who need to access care and for recovery.
- Remove the cost of GP consultation
- Supports should be made available to cover childcare costs when accessing abortion care.
- Information should be made widely available on how to access abortions services in Ireland.
- Extend access to telemedicine, including for abortion provision.
- Improve public transport to healthcare centres.
- Provide quality care through a well funded and managed health service.

References

[1] [Abortion Rights Campaign \(ARC\) & Lorraine Grimes: 'Too Many Barriers: Experiences of Abortion in Ireland After Repeal'](#) & [NWCI: 'Accessing Abortion in Ireland: Meeting the Needs of Every Woman'](#).

[2] [Daily Edge: 'Our access to basic healthcare is determined by whether we can afford it, our visa status, our passport and our language'](#)

[3] [NWCI: The Abortion Review: A quick guide to making your submission](#)

[4] [Uplift petition: Exclusion zone legislation for abortion providers](#) & [Uplift petition: Bring in safe access zones around Irish hospitals and healthcare centres](#)