Irish College of General Practitioners

ICGP submission to the Oireachtas Committee on the Eighth Amendment

Irish general practice perspective on crisis pregnancy, focusing on the health of the woman, with no distinction being drawn between physical and mental health, in the context of the Eighth Amendment of the Irish Constitution

12 October 2017

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1. Introduction

General practitioners (GPs) are familiar with the reproductive healthcare challenges facing Irish women.

- Irish GPs provide antenatal care to Irish women. For the majority of pregnant women, antenatal care and support, before 20 weeks' gestation (approximately 5 months), is provided by GPs, alone.
  After this date, GPs provide shared antenatal care with hospital colleagues, in obstetrics and midwifery.
- When a pregnancy is unwanted, Irish GPs support and provide evidence based care for women through this difficult experience, which will be articulated in this submission.[1]
- Thirdly, Irish GPs provide high-quality contraception healthcare to Irish women and men.

Thus, the Irish College of General Practitioners (ICGP) is well placed to understand the concerns and fears facing Irish women regarding reproductive healthcare.

The ICGP has been asked by this Committee to focus on **the health of the woman**, with no distinction being drawn between physical and mental health, in the context of the Eighth Amendment of the Irish Constitution.

The World Health Organisation definition of 'health' since 1948 states:

'Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity'.[2]

Evidence-based management of crisis pregnancy – with a focus on the effects on the health of the woman – is included in this submission.

2. Crisis pregnancy

Definition:

A crisis pregnancy is a pregnancy "which is neither planned nor desired by the woman concerned and which represents a personal crisis for her".[1] Crisis pregnancy can affect women at any reproductive age, of any social group and in any geographical community. Effective management requires attention to a broad range of clinical, social, educational and legislative issues. The response of the GP or other healthcare professional at the initial consultation can have a profound impact on the woman's experience of this life crisis.[1]

Prevalence:

- Crisis pregnancy is a common experience for Irish women and is commonly managed by GPs.[3]
- 35% of women and 21% of their partners who experienced a pregnancy have experienced a crisis pregnancy.[4]
- 13% of all pregnancies are considered to be crisis pregnancies.[4]

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Outcomes from crisis pregnancy:

- Considering all crisis pregnancies, most result in parenthood (62%), and others proceed to abortion (21%), miscarriage (14%), and adoption (1%).[1, 4]
- In 2015, 3,267 Irish women reported travelling to the United Kingdom to access abortion.[5, 6] A total of 168,703 women have travelled from Ireland to the UK since 1980 to access abortion services.[6] A total of 5,560 women requested abortion pills between 1 January 2010 and 31 December 2015.[7]

3. Prevention of crisis pregnancy: contraception, emergency contraception and education initiatives

- GPs are very well placed to provide excellent contraceptive care to Irish women. GPs are trusted professionals, knowing patients over time, with a strong doctor-patient relationship. GPs try to promote and be proactive, in making available effective and accessible contraception for all women who are sexually active. Indeed the vast majority of GPs provide contraception, emergency contraception, crisis pregnancy counselling and post-abortion care.[1]
- Colleagues in the HSE Sexual Health and Crisis Pregnancy Programme support a range of educational programmes, awareness-raising initiatives, research, counselling and medical services that focus on prevention as well as providing services and supports during or after a crisis pregnancy. Separate to GPs, the Irish Family Planning Association provides excellent contraceptive care.[1]
- Despite efforts of the Government, educational initiatives and healthcare practitioners, and despite widespread access to emergency contraception, **crisis pregnancy cannot always be prevented**. A total of 35% of Irish women who have been pregnant describe having had at least one crisis pregnancy.[4] It is usual for most GPs, as the first point of contact for individuals, to encounter women and sometimes their partners with unplanned, unwanted pregnancy.
- Abortion rates are lowest in health systems where contraceptive services are most readily available. There are real and important barriers to contraceptive services in Ireland, chiefly relating to cost, and in instances involving adolescent women, due to cost, and their own concerns regarding confidentiality.
- The 8th Amendment does not actually impact upon contraception and emergency contraception management for Irish women.

4. Management of crisis pregnancy

To help outline the typical crisis pregnancy scenario, the ICGP will outline a typical anonymised vignette.

Vignette

- Sandra is 38 years of age and presents to her GP. She has three children, but separated from her husband three weeks ago, as he had become increasingly abusive towards her and her children. The GP has become increasingly concerned about Sandra's isolation and lack of supports.

Crisis pregnancy

- Sandra comes to see her GP and states that she missed her period two weeks ago. She thinks she may be pregnant but she hasn't done a pregnancy test herself. She looks concerned and anxious.
- Before the GP performs a pregnancy test, she explores Sandra's feelings and asks if she would be happy if she found out that she was pregnant. Sandra bursts into tears. The GP listens to her many concerns for ten minutes and explains that no matter what happens, the practice will be there to support Sandra.
- The GP proceeds to check a urine sample and it confirms she is, in fact, pregnant. Sandra looks despondent and says she does not want to be pregnant.

Every crisis pregnancy is different. Reasons why a pregnancy is unwanted are personal and unique to each individual woman (and her family). However, the approach to managing crisis pregnancy is the same.

a) Confirming the pregnancy

- As the vignette outlines, the GP cannot assume all pregnancies are always wanted. GPs are very well placed to sensitively enquire about the woman's feelings and confirm a pregnancy.[1]

b) Non-directive counselling and discussing options

- The next step in management is to support the woman to reach the best decision for her, providing a safe reflective space for her to do so.[1] The main goals involve establishing trust, helping the woman formulate a clear definition of the problem and establishing the goals of management so that the crisis can be resolved.[1] This involves non-directive, non-judgemental, compassionate, empathetic listening, sometimes over two or more consultations. There is a legal obligation on those providing pregnancy counselling in Ireland to discuss all options in a non-directive manner where a woman wants information on abortion.
- There are three options available to women: a) continuing the pregnancy, b) abortion and c) adoption (although this is rarely chosen).
- A doctor has an ethical obligation not to allow his/her personal moral standards to influence treatment of patients. Where the doctor has a conscientious objection to a course of action, he/she must explain this to the patient and provide the names of other doctors available to the patient. [1]
- Effective communication in a crisis situation demands time, considerable patience and careful thought. The GP must enable women to reach an informed decision, to minimise

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emotional disturbance, whatever decision is made, and to lessen the risk of further unwanted pregnancy.

- In the GP setting, women find space, are listened to, and can share, explore and address their concerns. Supporting this is a core value of the ICGP so that these consultations, and indeed any other consultations involving the woman and the process of decision making, are all undertaken in a non-directional and supportive process. The role of the GP and practice nurse is chiefly concerned with the provision of support, information, and clear commitment to follow up care in the practice.
- Sometimes specialist counselling is required. For example, if a woman is younger, has poorer support structures or has a mental illness, she may benefit from specialist counselling services. In this case, Irish GPs may recommend a specialist, accredited, counselling service, which offers accurate information. These services are funded by the HSE Sexual Health and Crisis Pregnancy Programme, and locations and descriptions can be found on www.positiveoptions.ie.[1]

c) Continuing the pregnancy

- If a woman chooses to continue her pregnancy, the GP will continue to provide compassionate antenatal care to the woman, ensuring adequate supports are present.

d) Choosing abortion

- **In the clinical vignette above, Sandra chooses to travel to the UK for an abortion.**
- For women who choose an abortion, GPs cannot refer or make an appointment on behalf of the woman at a clinic in the UK. GPs may provide a copy of their medical records to the patient.
- GPs would also encourage women to return to the practice after having an abortion, if they have any concerns. GPs would also discuss post-abortion contraception. Irish GPs may need to consider a dating ultrasound if the dates are uncertain.
- Any GP who has a conscientious objection **must** refer women to another GP.
- Abortion is a very safe medical procedure.[1]
- The ICGP understands that an increasing proportion of women will purchase **online hormonal abortifacient medications.**[7] In these instances, it may or may not become known to their GP in subsequent consultations. There is clearly increased use of 'illegal abortifacients' both from anecdotal evidence from GPs, objective measures such as customs seizures, and a recent paper which suggests that 5,560 women requested abortion pills between 1 January 2010 and 31 December 2015.[7]

5. Impact on the health of the woman

As requested by the Committee, the ICGP has been asked to outline how the health of the woman can be affected.

Crisis pregnancy

- By reflecting on the vignette above – a typical crisis pregnancy – the process of travelling for an abortion has been implicated with possible impacts on health, as per the WHO definition.[3]

- Physical health: Women who return to Ireland post abortion do not have access to post abortion services that are available in the country where it was performed, and may be reluctant to present to Irish health services, due to taboo and stigma, which leads to risk of physical ill health.[3] Women who use abortion pills ordered online may fear presenting to Irish health services if they develop problems.[8]
- Psychological health: Stress, loneliness, guilt and embarrassment can arise as well as secrecy and stigma associated with travelling.[3]
- Social health: Financial difficulties and logistical difficulties (e.g. organising childcare) can arise due to travel and accommodation costs.[3]
- Inter-healthcare professional communication: Impaired communication can impact continuity of care. Under the 1995 Abortion Information Act, GPs can discuss options pertaining to crisis pregnancy, but it does not permit a GP to refer a patient.
- Crisis pregnancy can also have a profound effect on the woman's partner and wider family, in addition to its effect on the woman herself.[1] For the purposes of this presentation, we have focussed on the woman only.

Some women cannot travel

- The ICGP notes that some women (e.g. disabled, without financial means, socially isolated, asylum seekers) are unable to travel to access abortion services.

Later abortions

- A total of 92% of all UK abortions took place before 13 weeks' gestation in 2016, of which a majority were medical abortions (62%).[5]
- However, on account of travelling, Irish women have later abortions and have surgical abortions.

Inaccurate information from counselling agencies

- The ICGP would like to point out that inaccurate information which is delivered by unaccredited counselling agencies is harmful and needs to be regulated.

Protection of Life During Pregnancy Act (PLDPA) 2013 guidelines for severely unwell pregnant women

- The PLDPA 2013 allows for lawful abortion when there is a real and substantial risk to the life of the mother. There are very few terminations performed under the PLDPA. The third annual report on the PLDPA showed that 25 terminations of pregnancy were performed in Ireland in 2016.[9] Most of the terminations related to severe sepsis or haemorrhage and were performed by our obstetric colleagues.
- In terms of the PLDPA Act, GPs would only typically be involved when a patient is pregnant and is at a risk of suicide as a result of pregnancy. To put it in context, in 2016, there was one termination granted on the grounds of suicidal risk (Section 9 of the PLDPA).[9] The clinical pathway in this context requires referral from the GP to local, general (non-perinatal) psychiatry service. Two psychiatrists and one obstetrician then need to agree that an abortion is lawful under that Act.
- Though few cases have been performed, it is worth reflecting on the experience of Miss Y [10] who was cared for under Section 9 of this Act. The experience, in these rare cases, has

been seen as difficult and traumatising for the woman concerned. The process is characterised by substantial delays in accessing termination of pregnancy (typically 4-6 weeks). Further, evaluation by the second psychiatrist is frequently outside the woman's community, and the requirement for travelling in such difficult circumstances, in early pregnancy, adds another level of difficulty.

Criminalisation

- As stated, many and increasing numbers of Irish women procure abortion pills online.
- It is concerning that these women are criminalised with the potential for a 14-year prison sentence under the PLPDA 2013. It is likely that many women may not report this to Irish doctors, which could impact their health.

6. Summary

The ICGP is thankful that the Oireachtas Committee on the Eighth Amendment invites our input. Abortion is a divisive, difficult and polarising topic. Indeed, Irish general practitioners have debated this theme, and similarly to the broader population, we have witnessed conflicting opinions, concerns and beliefs amongst GPs.

The constitutional criminalisation of abortion in Ireland has made this a more difficult issue to discuss in public. However, crisis pregnancy is a reality facing Irish women.

Many Irish women choose to access abortion services, which we must deal with as a society.

The 8th Amendment clearly raises difficult ethical and moral issues for the public and healthcare providers. We hope that the ICGP has informed on how crisis pregnancy can impact the health of the woman, and how GPs care for such women.

Today, we outlined the impact on the health of Irish women, as requested by the Committee. Today, we will not recommend solutions for that is for this Committee to decide.

Thank you.

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