

Abortion in Ireland and Northern Ireland

Abigail RA Aiken

Dana M Johnson

Kathleen Broussard

Abstract

Abortion rights are a controversial topic in Ireland and Northern Ireland, but since the historic Irish abortion referendum in May 2018, the two countries have had vastly different abortion laws. In this article, we provide an overview of the current laws and policies governing abortion rights in both Ireland and Northern Ireland, discuss the ways in which people access abortion in each setting, including both online telemedicine and the particular roles and challenges for healthcare providers, and consider the future trajectory of abortion rights and service provision.

Keywords abortion; Ireland; Northern Ireland; public policy

Introduction

Until just last year, abortion laws in both the Republic of Ireland (hereafter Ireland) and Northern Ireland were among the most restrictive in the world. But in May 2018, the law in Ireland changed dramatically, while the law in Northern Ireland remained the same. In this article, we will examine current abortion policy in both countries, as well as the different routes to access, and the possible future trajectory of abortion rights on the island of Ireland.

Law and policy

In 1983, the Irish people voted by referendum to outlaw abortion in Ireland through the Eighth Amendment to the Constitution. The Eighth Amendment, which afforded fetuses the same right to life as pregnant women, effectively banned abortion in all circumstances and left healthcare professionals with a dilemma when trying to manage pregnancy loss. Almost 30 years later, in 2012, Savita Halappanavar died from sepsis following a miscarriage at 17 weeks' pregnant. Doctors at the hospital in Galway where she died felt they could not intervene without breaking the law because of the presence of a fetal heartbeat. This tragedy proved to be a turning point for abortion rights in Ireland.

Abigail RA Aiken MD MPH PhD Assistant Professor, LBJ School of Public Affairs, University of Texas at Austin, Austin, TX, USA. Conflicts of interest: none declared.

Dana M Johnson MPAff Doctoral Student, LBJ School of Public Affairs, University of Texas at Austin, Austin, TX, USA. Conflicts of interest: none declared.

Kathleen Broussard MA Doctoral Student, Population Research Center, University of Texas at Austin, Austin, TX, USA. Conflicts of interest: none declared.

Following public outrage over Savita's death, abortion became the subject of intense debate in Ireland. It also became a human rights issue, with several other cases concerning the need for abortion due to fatal fetal anomaly and mental health issues being elevated to the European Court of Human Rights. These issues were also highlighted by the United Nations in their report stating that Irish abortion law violated international human rights conventions by subjecting women to "cruel, inhumane, and degrading treatment". Finally, on May 25th 2018, the Irish people voted again by referendum to repeal the Eighth Amendment and pave the way for legal abortion in Ireland.

In Northern Ireland, however, abortion remains illegal and is governed by the 1861 UK Offences Against the Person Act. This Act makes procuring or providing an abortion a criminal offense, with a maximum penalty of life in prison. While no one has been prosecuted to the full extent of the law in recent memory, there have been prosecutions resulting in suspended sentences and police raids on the houses of people involved in the abortion rights movement. Abortion remains legally permissible in Northern Ireland only to preserve life or permanent physical or mental health.

Abortion access

Northern Ireland's highly restrictive abortion law does not mean that people living in the country do not have abortions. For decades, people have traveled to Great Britain by boat or by plane to access abortion care in the clinic setting. Between 1970 and 2015, 61,311 women who accessed care at a clinic in England or Wales provided Northern Irish addresses. Historically, Northern Irish people have had to pay out of pocket for abortion care at clinics in Great Britain, even though they can access other types of care at no upfront cost through the National Health Service. Since 2006, however, people in Northern Ireland have also had the option to self-manage their own abortions at home using abortion medications provided through online telemedicine. Between 2010 and 2015, 5650 people living in Northern Ireland requested medication abortion through non-profit online telemedicine organization Women on Web (WoW). The service works by asking people to fill out an online consultation form that includes their medical history, gestational age, and demographic information. The form is reviewed by a doctor, and if the person is under 10 weeks' gestation and has no contraindications, mifepristone and misoprostol are prescribed in the WHO-approved dose and sent by mail to the person's home. The service requests a donation of £80, but those who have trouble affording it can receive the service at a discount or even for free. Once the medications are received, the person self-manages their medication abortion at home, with instructions, advice, and support provided through a specially-trained online helpdesk.

Self-managed abortion is often thought of as a desperate and inherently dangerous act. However, the emblem of self-managed abortion in Northern Ireland is not a coat-hanger or back alley provider, but the same abortion medications that are used in the clinic setting. Moreover, when provided using online telemedicine, self-managed medication abortion is safe and effective. A 2017 study examining the outcomes of 1000 medication abortions provided using online telemedicine to women in Ireland and Northern Ireland found that 95% were able to end their

pregnancy without surgical intervention and that rates of adverse outcomes were extremely low. In addition, several studies analyzing the experiences of women in Ireland and Northern Ireland who self-managed their abortions using online telemedicine have demonstrated that the experience is acceptable, and in some cases even preferable to the emotional and financial upheaval of traveling. Many found the ability to remain in their own home environment afforded greater comfort, privacy, and social support. Indeed, the main negative experiences was the fear engendered by the criminalization of abortion. Fear of prosecution led to avoidance of healthcare professionals due to concerns about being reported, as well as being judged and stigmatized. Those who expressed a wish to visit a healthcare professional for resources and support prior to their abortion, or for a check-up afterwards often felt that they either had to lie — compromising the doctor-patient relationship — or simply avoided seeking care at all.

In Ireland, both travel and self-management have also been historically important routes to abortion access. Following repeal of the Eighth Amendment, the Irish government passed legislation that allows legal abortion without restriction up to 12 weeks' gestation and later when a pregnant woman's life or health is at risk, or a fatal fetal anomaly exists. In January 2019, abortion became legally available through the Irish healthcare system. The short time period between the referendum and the availability of services produced healthcare system challenges in terms of training, stocking, and overcoming stigma. So far, the majority of provision has been through GPs and hospitals, and the service is free at the point of access. Barriers to care remain, however, particularly for those living in rural areas or who are disenfranchised from the healthcare system. In particular, a required 72-h waiting period risks causing undue delays (particularly for those close to the gestational limit), as well as complicating travel for those with no provider nearby and causing additional stress and anxiety by forcing people to wait to end an unwanted pregnancy. The waiting period has also created uncertainty for doctors, who face a potential 14-year jail sentence for running afoul of the law, and who have raised questions about whether the 12-week limit refers to the day an abortion begins or the day that it ends. In addition, the new services are targeted towards women instead of being all-and trans-gender inclusive. These barriers are apparent through the fact that Irish people still seek abortion care at clinics in Great Britain (albeit in smaller numbers), and that WoW still receives requests for abortion medications.

The future trajectory of abortion rights

Abortion law in Northern Ireland has shown few signs of changing. The Northern Irish Assembly (Northern Ireland's devolved legislature) has not met since January 2017, meaning that there has been little opportunity for politicians to discuss

abortion rights in light of the major policy changes in the Republic. However, the 1861 Offences Against the Person Act is a UK law, and therefore not specific to Northern Ireland. For that reason, the UK Parliament could repeal the sections of the Act that criminalize abortion at any time, thus effectively decriminalizing abortion in Northern Ireland and opening the door for new legislation. Recent inquiries by the UN Commission on the Elimination of All Forms of Discrimination Against Women (CEDAW) and the UK Parliament Women and Equalities Committee have found the current situation in Northern Ireland to be a "grave" and "systematic" violation of human rights and have called for a timeline to address these issues. In July 2017, the UK parliament made abortion services available for free in England and Wales for women traveling from Northern Ireland. However, while alleviating some of the financial pressures of seeking abortion care, this policy change did not eliminate other major barriers including stigma, difficulty taking time away from work or family, and the need for secrecy. Analysis of the number of women living in Northern Ireland who received abortion medications from WoW in the year prior to the policy change compared with the year after indicated only a 3% decrease in demand. In addition, those living in Northern Ireland are not eligible for free abortion care in the Republic of Ireland.

As Ireland continues to adjust to providing clinical abortion services under the new law, it will be important to assess how many people use these services, versus how many opt for online telemedicine or to travel to the UK, and the reasons why they do so. Meanwhile, people in Northern Ireland will continue to travel for services, and medication self-management through online telemedicine will remain an important path to safe abortion pending any future change to the law. ◆

FURTHER READING

- Aiken AR, Digol I, Trussell J, Gomperts R. Self reported outcomes and adverse events after medical abortion through online telemedicine: population based study in the Republic of Ireland and Northern Ireland. *BMJ* 2017 May 16; **357**: j2011.
- Aiken AR, Johnson DM, Broussard K, Padron E. Experiences of women in Ireland who accessed abortion by travelling abroad or by using abortion medication at home: a qualitative study. *BMJ Sex Reprod Health* 2018 Jul 1; **44**: 181–6.
- Aiken AR, Padron E, Broussard K, Johnson D. The impact of Northern Ireland's abortion laws on women's abortion decision-making and experiences. *BMJ Sex Reprod Health* 2019 Jan 1; **45**: 3–9.
- Bloomer F, Fegan E. Critiquing recent abortion law and policy in Northern Ireland. *Crit Soc Policy* 2014 Feb; **34**: 109–20.
- Bloomer F, O'Dowd K. Restricted access to abortion in the Republic of Ireland and Northern Ireland: exploring abortion tourism and barriers to legal reform. *Cult Health Sex* 2014 Apr 21; **16**: 366–80.